

Age Friendly Island Local Evaluation

Annual Evaluation Report 16/17



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Executive Summary

Age Friendly Island (AFI) is one of 14 Fulfilling Lives: Ageing Better partnerships funded by the Big Lottery. AFI is a partnership of older people and voluntary and public sector agencies working together across the Isle of Wight (IOW) to reduce social isolation, empower older people and influence local culture so that older people are seen as assets rather than burdens. The Programme will run for five years from April 2015 to March 2020. The Programme consists of 12 separate projects that complement one another to help create an Age Friendly Island.

Evaluation

The National Development Team for Inclusion (NDTi) have been commissioned to conduct a four-year local evaluation of the AFI Programme to look at its impact on the IOW in relation to the four agreed Programme outcomes. This first annual local evaluation report provides an overview of findings from the period April 2016 and March 2017, reflecting on a wide range of data gathered across Year 2 of the Programme.

Methods

This evaluation is based on a mixed methods approach that draws on both quantitative and qualitative methods of data collection including

- National evaluation survey data for IOW (collected by projects for the Ecorys national evaluation) (N=520)
- Fieldwork with the 12 projects conducted in September 2016 and February to March 2017 (interviews N=73, observations N=13).
- IOW population survey of people aged 63 and over (collected by Ecorys through a household survey in Oct 2015 to June 2016) (N=409)
- Project monitoring data
- Change stories written and submitted by project delivery partners (N=64)
- Project-level data, where collected by project delivery partners and where this is of relevance to Programme outcomes

Age Friendly Island Programme delivery and reach

The projects reported a total of 9,962 new participants in the period 2016-17. An average of 1,594 people participated across the 12 projects each month. The projects reported a total of 131 new volunteers in the period. An average of 197 people volunteered with the Programme each month.

Responses to the national evaluation survey found that:

- 68% of respondents are female and 30% are male
- The average age of respondents is 72
- 51% of respondents have a long-standing illness or disability
- 31% of respondents care for another person
- 42% of respondents live with a spouse or partner, 42% live alone, 9% live with family and 1% live in residential accommodation

The scale used to measure social isolation in the national evaluation survey is The De Jong Gierveld scale which measures overall loneliness, emotional loneliness, and social loneliness. Within this scale it is the social loneliness measure that most closely aligns with the concept of social isolation. The overall level of loneliness score of national evaluation survey respondents is 2.4 compared to 1.8 in the older IOW population. As higher scores indicate higher levels of loneliness, this suggests that the Programme is reaching older people who are lonelier than the average older population on the IOW. Programme participants report similar scores for social loneliness (social isolation) to the older IOW population, but for emotional loneliness (a lack of “intimate relationships” with others) they have a higher score. This suggests that the Programme is reaching participants with particularly high levels of emotional loneliness.

Progress towards Programme outcomes

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

There is clear evidence that the projects give people the opportunity to extend their social connections, meet new people, and develop friendships which continue outside of the project. Many of the projects support or facilitate the formation of new social connections and thus play a clear role in addressing social isolation.

It is less clear about the impact the projects are having on loneliness. Loneliness is a complex subjective phenomenon with many causes. As the national evaluation survey findings suggest that the bigger problem among Programme participants is emotional loneliness, it is likely that interventions will need to focus on more than extending the number of social connections people have if loneliness as well as social isolation is to be addressed.

As well as directly working with individuals to address their social isolation, several of the projects play an important role in preventing social isolation including: those working throughout the island to promote positive ageing or working strategically to address issues which contribute to social isolation; those providing information to prevent social isolation; and those working with individuals to prevent social isolation.

The table below attempts to classify the levels that the Programme is operating at and identify which projects are working at what levels.

SOCIAL ISOLATION TACKLED THROUGH:	AIMED AT	KEY PROJECTS ADDRESSING SOCIAL ISOLATION AT THIS LEVEL	OTHER PROJECTS ALSO WORKING AT THIS LEVEL
Promoting positive ageing - projects working to promote positive ageing or working strategically to address issues which contribute to social isolation	Whole island population	AFI project	Alzheimer's Café Education 50+ Employment Support Olderpreneurs SingAbout
Preventing isolation (universal) – projects providing information to prevent social isolation	Older people population	Isle Find It Alternative transport	Alzheimer's Café Care for Carers Community Navigators Digital Inclusion
Preventing isolation (individual) - projects working with individuals to prevent social isolation (primarily through supporting people to engage in meaningful activity)	Individual older people	Employment support Olderpreneurs Digital Inclusion Education 50+	Men in Sheds Mental Health Peer Support Alzheimer's café Care for Carers Singabout Care Navigators Community Navigators
Early intervention (targeted) – projects providing interventions for groups who have been identified as at risk of social isolation	Older people at risk of social isolation	Men in Sheds Mental Health Peer Support Alzheimer's café Care for Carers Singabout	Employment support Olderpreneurs Digital Inclusion Care Navigators Community Navigators Creative Futures
Intervention (targeted) – projects actively working in the community to seek out and work with the most socially isolated older people	The most socially isolated older people	Care Navigators Community Navigators Creative Futures	Alzheimer's café Care for Carers Employment Support Men in Sheds Mental Health Peer Support

Summary: Progress towards Outcome 1

The Programme is reaching socially isolated and lonely people on the IOW. Participation in the Programme has facilitated opportunities for people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people participating with the projects.

The Programme is also taking a preventative approach, working at an Island wide level to promote positive ageing, and at an individual level aiming to prevent social isolation through providing information and working with individuals before they become isolated or lonely. This is an important element of the Programme and should be recognised and celebrated, even where impact is more difficult to identify.

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

There are many levels of participation including informing, consulting, engaging, co-designing as well as co-producing. Across the projects there is evidence of older people participating at a number of these levels:

Individual support: There is evidence from the fieldwork, of individuals being empowered to co-produce their own support, with some of the more intensive one to one interventions being individualised and person-centred.

Projects: Across the projects there is evidence of older people participating at different levels; informing, consulting and engaging. This includes formal feedback mechanisms, steering groups, advisory groups and consultations on specific issues. There are also examples of more clear co-design or co-production, from the co-production of project literature, to being involved in shaping a recruitment process, to the co-production of a project group or parts of the project.

However, it should also be noted that 56% of national evaluation survey respondents had not been involved in project design, suggesting that, although there are channels and structures established to enable older people to be involved in the projects, there is also room for further progress in this area.

Local policies and services: The Age Friendly Island project is specifically targeting participation and co-production with older people at the level of influencing local policies and services. Other projects have reported different ways in which they have encouraged and facilitated people to become involved in influencing local policies and services. While the activity at this level is primarily engagement and consultation, there are also a small number of examples of projects facilitating co-production.

While the projects are clearly playing a positive and important role in encouraging older people to have a say in decisions affecting local policies and service, the national evaluation survey data shows 38% do not perceive that they can influence decisions affecting their local areas, suggesting that

there is room for further progress to be made to enable older people to feel empowered to influence local services and policies.

Summary: Progress towards Outcome 2

Older people are involved in shaping their own support and services, and in shaping local policies and services more widely. The AFI project is playing a particularly valuable role in supporting and enabling this across the Island.

While there are some good examples of genuine co-production, there are currently more opportunities for older people to participate in the form of informing, consulting, engaging or co-designing rather than true co-production. Responses to the national evaluation survey highlight there is room for further progress to be made to enable older people to feel empowered to influence projects, services and policies.

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

The Age Friendly Island project have done a considerable amount of work around the aim of making the Island an age-friendly environment with approximately 346 young people and 243 professionals attending Age Friendly Training. This has included training delivered to Fire and Police services, libraries, a college, parish council, and Southern Vectis bus company. The Town and Parish council part of the AFI project has been working with Town and Parish councils to embed age-friendliness in their thinking and planning of services. These more practical aspects of improving the age-friendliness of the Island are complemented by work to promote a positive image of ageing including the annual Celebrating Age Festival - a week long programme of events, including in a Celebrating Age awards event which recognises the achievements of local older people.

Many project participants have very positive things to say about the IOW as a place to grow old in terms of both what it has to offer and how they are treated. Several people who have moved to the Island specifically comment that it is better than where they were living on the mainland. There is also a sense that the Island is becoming a better place to live and that people have observed changes and an improvement – while not all changes will be attributable to the Programme as there are significant changes going on in health and social care on the Island, it is likely that the Programme is contributing.

The limitations to health provision on the Island, with a shortage of GPs and needing to travel to the mainland for some health services, appears to be a significant barrier to the Island becoming age-friendly.

A number of the projects include an element of intergenerational work. Between April 2016 and March 2017 around 1,545 children and young people participated in intergenerational awareness sessions delivered by the AFI Project. Part of the purpose of the Education 50+ project is to provide older people opportunities to volunteer with children to bring older and younger generations together. A number of other projects involve younger volunteers.

A challenge for the Programme, projects involved and the local evaluation is to look at ways of measuring the impact on the younger people involved in the Programme. It is recommended that this is a focus for the evaluation over the next year.

Summary: Progress towards Outcome 3

There is some very positive work being delivered which focuses on making the Island an age-friendly environment. On the whole, older people speak positively about ageing on the Island, feeling that it is an age-friendly place to grow older, and there is a perception that this is improving.

Going forward the impact of intergenerational work that several of the projects are delivering will need to be explored to look at the impact of the perceptions of younger people.

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

There is clear evidence that the projects are having an impact on participants' health, wellbeing and quality of life. In terms of wellbeing, participants have reported a sense of reassurance, self-respect, self-confidence, positive outlook and happiness. A number of the participants interviewed reported an improvement in their mental health in terms of reduced anxiety or depression as a direct result of their participation with the projects. A small number of participants also commented on improvements in their physical health.

Summary: Progress towards Outcome 4

Interviews with participants have consistently shown that participation in the Programme has had a positive impact on the health, mental health, wellbeing or quality of life of those involved with the projects.

As numbers of responses to the national evaluation survey increase, we will be able to explore this quantitatively through the use of wellbeing scores.

Operating as a Programme: What's working and what are the challenges?

Across the Programme, a number of factors that are key to supporting progress towards the outcomes were identified:

Working together: There is very clear evidence of the 12 projects working well together on a number of levels including cross referrals, working creatively together in response to need, running a networking event and planned shadowing each other to learn more about how the other projects work. Almost all of the project leads talked enthusiastically about feeling part of a Programme, rather than simply a project operating on its own.

Programme management and support: Overall projects have reported feeling supported positively by the Ageing Better Programme Team. Most do not require support on a day to day operational level but have appreciated advice or support when it has been needed.

Where projects are experiencing some difficulties in reaching their agreed targets they may benefit from additional direction from the Ageing Better Programme Team or the expertise that sits within the Ageing Better Management Group.

Being able to test and learn: A key requirement of the national Fulfilling Lives: Ageing Better programme is that there is a 'test and learn' element to the delivery of interventions to address isolation and loneliness. There have been some really positive examples where projects have quickly learnt from experiences and made changes in response to the needs of people using the services or feedback. Being able to test and learn and make changes as they do, seems to be working well in some cases, ensuring efforts are focused on what is working, learning quickly from what is not and encouraging creativity. However, it is not always clear to some projects how much scope there is for them to do this. The Ageing Better Management Group and Ageing Better Programme Team have an important role in ensuring they give the projects enough freedom to be able to genuinely test and learn and facilitate positive change, while at the same time providing guidance and direction in achieving to ensure projects remain focused on the aims and outcomes of the Programme.

Across the Programme there were also a number of challenges identified that are creating a barrier to making progress towards the outcomes:

Unfulfilled demand: A number of the projects have reported that there is demand for their services or provision that they are not able to fulfil due to limited resources.

Engaging older people: There is an expectation that projects involve volunteers and this is a something they have to report on alongside number of participants. Recruiting and retaining volunteers has been identified as a challenge by projects. Some projects have also experienced challenges in encouraging involvement of older people with Forums, steering groups, co-production and leading.

Administrative demands: It has been raised by a number of projects that the demands of administration, monitoring and collecting evaluation data feels onerous and can feel disproportionate. While they understand the need to monitor project use and to be able to demonstrate impact, they find, particularly where project staff are part time or unpaid, that it competes with time spent on delivery.

Managing expectations: Managing expectations of what can be achieved or what is within scope of the projects has been a challenge for some projects.

Changes to health and social care: The Programme is inevitably affected by changes beyond its control, in particular in the case of changes to health and social care. The Programme is operating in a time where the health and social care sector on the Island is going through significant changes – changes could have a significant but as yet unknown impact on some projects. It is also operating at

a time of funding cuts and shrinking statutory services. Some projects are finding they are filling the gaps or picking up the pieces of cuts.

Sustainability: Two years into a five-year Programme, sustainability of the projects beyond the Programme funding period is something that a number of the projects are concerned about. While it is positive that they are thinking about it at an early stage, some of them are finding it difficult to envisage sustainability without the funding.

Summary

Two years into the five-year funded period, it is clear that real progress is being made towards the four Programme outcomes by the 12 projects that make up the Age Friendly Island Programme.

The Programme's multi-levelled approach seems to be working well – having a range of interventions, and targeting prevention as well as intervention is a strength. In particular, the role of the AFI project, working at Island wide level to make the Island age friendly, supporting the work of other projects and enabling older people to become involved is a real asset. While there are challenges to be addressed and improvements that can be made, by taking a 'test and learn' approach and learning from the experiences of delivery, findings to date suggest that the Programme can make a real difference to the lives of older people on the Island over the next three years, and, importantly, beyond the funded period.



Introduction

Age Friendly Island (AFI) is one of 14 Fulfilling Lives: Ageing Better partnerships funded by the Big Lottery. The Big Lottery is investing £82million to improve the lives of older people by piloting new or joined up ways of working to reduce social isolation and collecting better evidence of what works.

The Age Friendly Island Programme

AFI is a partnership of older people and voluntary and public sector agencies working together across the Isle of Wight (IOW) to reduce social isolation, empower older people and influence local culture so that older people are seen as assets rather than burdens. The Programme¹ will run for five years from April 2015 to March 2020 with an overall budget of £5.7 million from the Big Lottery Fund. The Programme consists of 12 separate projects that complement one another to help create an Age Friendly Island.

- **Community and Care Navigators** – Care Navigators offer home-based support to people 50+ to support them to access and navigate health and social care services and provision and promote health and wellbeing. Community Navigators offer support and advice to people aged 50+ to support them to access community and social activity and address social isolation.
- **Alzheimers Café** – Providing support and information to older people with dementia and their carers and family members in a friendly and relaxed atmosphere, including a café specifically for those with early onset dementia.
- **Care for Carers** – Providing support to carers over the age of 50 who do not know what help is available, and providing carers with opportunities to get involved in their local community.
- **Men in Sheds** – Working with older men to develop Men's Sheds across the Island to combat social isolation and provide peer to peer support for men over 50.
- **Mental Health Peer Support** – Peer to peer support for older people suffering with mental health issues.
- **Education 50 +** - Developing older volunteers to support schools and engage older people in their local community.
- **Olderpreneurs** – Enabling older people to start their own businesses, to build employment opportunities, and changing perceptions of older people.
- **A bit of help** – Delivering Digital Inclusion classes and awareness raising for those aged over 50 and development of an online directory of services and events (Isle Find It directory).
- **Alternative Transport Scheme** – Research into mapping transport options on the Isle of Wight and looking at potential solutions to fill gaps, as well as offering advice on health appointment related transport options.

¹ A note about terminology: In this report 'Programme' is used to refer to the Age Friendly Island Isle of Wight Ageing Better programme (not the national programme) and 'project' refers to one of the 12 projects that make up the Programme.

- **SingAbout and Creative Futures** – Singing groups across the Island for older people and one to one arts therapy based activities to help tackle loneliness and isolation in care homes.
- **Employment Support for People over 50** – Supporting people over 50 to get back into employment or change career.
- **Age Friendly Island project** – Working to achieve World Health Organisation accreditation of Age Friendly status, including through supporting organisations and Town and Parish Councils to become Age Friendly, hosting Age Friendly Public Forums, arranging a Celebrating Age Festival, and delivering intergenerational work with young people.

The AFI Programme is working towards four agreed outcomes:

1. Older people will feel they have improved connections within their local community and reduced social isolation
2. Older people will feel empowered to co-produce local policies and services which become more responsive to their needs, now and in the future
3. Older people will feel the Island is age-friendly; those under 50yrs will see older people as an asset, recognising their contribution to the community
4. Older people will feel an increased sense of health, wellbeing, and quality of life.

Evaluation

The National Development Team for Inclusion (NDTi) have been commissioned to conduct a four-year local evaluation of the AFI Programme between April 2016 and March 2020. The local evaluation runs through years 2 to 5 of the Programme. The purpose of the local evaluation is to look at the impact of the Programme on the Isle of Wight in relation to its agreed outcomes.

Ecorys, working in partnership with Brunel University Institute for Ageing Studies and Bryson Purdon Social Research are conducting a national evaluation of the Fulfilling Lives: Ageing Better programme which involves collecting data at a local level in each of the 14 Ageing Better sites. This data is available for use by local evaluators, and the local evaluation has been designed to incorporate and complement the data collected through the national evaluation. The local evaluation complements the national evaluation by adding in-depth understanding about what works and why on the IOW.

This first annual local evaluation report of the AFI Programme provides an overview of findings from the period April 2016 and March 2017, reflecting on a wide range of data gathered across Year 2 of the Programme. Annual reports will be produced in May of each year, with a final evaluation report to be produced in 2020. In addition, interim findings are reported in November of each year and a short report for each of the 12 projects summarising the data collected relevant for each project is produced in November and May of each year. Designed to be a ‘test and learn’ Programme, the

regular reporting means that findings from the local evaluation can inform the Programme as it delivered over the remaining three years.

Methods

This evaluation is based on a mixed methods approach that draws on both quantitative and qualitative methods of data collection. NDTi has sought to align evaluation activity and data collection with pre-existing data capture mechanisms, and to complement this with additional methods to fill gaps or add depth. The aim is to minimise the burden on projects, and to make full use of data already gathered elsewhere, which includes data collected as part of the national evaluation, project monitoring returns, and data gathered at project level. The following data sources have been analysed for this reporting period:

- National evaluation survey data for IOW (collected by projects for the Ecorys national evaluation) (N=520)
- Fieldwork with the 12 projects conducted by three researchers in September 2016 and February to March 2017. This included a total of 73 interviews (interviews with 27 staff and volunteers, 19 of whom were interviewed twice, and 27 Programme participants) and 13 observations. Fieldwork in September 2016 focused on building up an understanding of the projects, their history and delivery to date. Interviews conducted were primarily with project leads or paid staff and researchers conducted observations of project sessions or groups where possible. Fieldwork in February-March 2017 focused on progress towards agreed Programme outcomes and impact on participants. Interviews conducted were primarily with project leads and project participants.
- IOW population survey of people aged 63 and over (collected by Ecorys through a household survey in Oct 2015 to June 2016) (N=409)²
- Project monitoring data – number of participants and volunteers and project monitoring quarterly reports
- Change stories written and submitted by project delivery partners (N=64)
- Project-level data, where collected by project delivery partners and where this is of relevance to Programme outcomes

An additional element of the planned evaluation activity for 2016-17 was the recruitment, induction and training of volunteer Citizen Evaluators to assist with a range of evaluation activities. Following a recruitment drive, despite a number of people expressing an interest in being involved, only one Citizen Evaluator undertook evaluation activity during the year. Addressing the challenges experienced in recruitment and retention of Citizen Evaluators will be a focus for the local evaluation team in 2017-18.

² Ecorys, Brunel University and Bryson Purdon Social Research (2016). Fulfilling Lives: Ageing Better National Evaluation Population Survey (Wave 1).

A note about national evaluation survey responses

The national evaluation survey is designed to be completed by participants at baseline (i.e. when they start participating in a project) and at follow up (when they stop using the project or at yearly intervals). The survey contains a number of quantitative measures such as loneliness, wellbeing and health scores, frequency of social contact and participation and engagement levels. Comparing the baseline and follow up surveys should allow a measure of the impact of the Programme on individual participants.

The interim local evaluation report produced in November 2016 analysed the initial baseline returns. It was hoped that for the analysis in this report (which includes survey responses up to the end of March 2017) there would be sufficient number of follow up responses to conduct comparisons between baseline and follow up responses. At the end of March 2017, a total of 61 follow up responses had been received. Five of the 12 projects did not return any follow up responses. The low number of follow up responses and the very small proportion of the people that have participated in the Programme that these represent, means that the numbers are too low to be able to conduct comparisons between baseline and follow up at this stage. It is hoped that sufficient follow up responses will be received within the next six months to be able to conduct statistically robust comparisons in the interim evaluation report in November 2017.

Report structure

The first section of this report describes the Programme's delivery and reach in terms of numbers of participants and their demographic profile. The second section addresses each of the four Programme outcomes in turn, looking at the progress towards each one. The final section takes an overview of the Programme in terms of how the projects are working together, what is working, what the challenges are and makes some recommendations.



1. Age Friendly Island Programme delivery and reach

Referring primarily to project monitoring data and national evaluation survey baseline responses, this section describes the activity that has taken place as part of the Programme in terms of number of participants and number of volunteers per project. It also looks at what we know about the profile of those using the Programme to consider reach in terms of demographics and levels of loneliness of those participating in the Programme.

Summary of Programme activity

The table below in Figure 1 shows the number of participants reported by projects in the period April 2016 to March 2017. It should be noted that participation has a different meaning for each project and reflects a wide range of levels of participation from visits to the Isle Find It online directory to in-depth one to one support over a period of time.

The projects reported a total of 9,962 new participants in the period 2016-17. It is important to bear in mind that participants that are new to one project may have already participated in one of the other projects so are not necessarily new to the Programme.

An average of 1,594 people participated with the 12 projects each month excluding visits to Isle Find It online directory. This includes both new and ongoing participants. As people may participate in more than one project the number of individual people participating in the Programme may be lower than this.

Figure 1 The number of participants by project

	New Participants			All participants
	2016-17 Total	2016-17 Target	% achieved	Average (mean) number of new and ongoing participants per month
Age Friendly Island	153	24	638%	19
Alternative Transport Project	489	1125	43%	41
Alzheimers Café	163	108	151%	179
Care for Carers	253	100	253%	90
Care Navigators	1504	2484	61%	496
Community Navigators	819	300	273%	112
A bit of help - Digital Inclusion	438	290	151%	45
Education 50+	37	40	98%	30
Employment Support	67	60	112%	11
A bit of help – Isle Find It	5610	-	-	-
Men in Sheds	90	70	129%	77
Mental Health Peer Support Project	71	60	118%	76
Olderpreneurs	64	75	85%	19
Sing About and Creative Futures	204	40	510%	399
Total	9962	4776		1594

The table below in Figure 2 shows the number of volunteers involved in the Programme by project for the period April 2016 to March 2017.

The projects reported a total of 131 new volunteers in the period. As with new participants it is important to bear in mind that volunteers that are new to one project may have already volunteered in one of the other projects so are not necessarily new to the Programme.

An average of 197 people volunteered with the Programme each month. This includes both new and ongoing volunteers.

Figure 2 The number of volunteers by project

	New Volunteers	All volunteers
	2016-17 Total	Average (mean) number of new and ongoing volunteers per month
Age Friendly Island	13	20
Alternative Transport Project	2	11
Alzheimers Café	19	48
Care for carers	3	10
Care Navigators	4	3
Community Navigators	31	25
A bit of help - Digital Inclusion	8	27
Education 50+	0	0
Employment Support	12	2
A bit of help – Isle Find It	0	0
Men in Sheds	0	0
Mental Health Peer Support Project	3	11
Olderpreneurs	0	1
Sing About Creative Futures	36	39
Total	131	197

Who is the Programme reaching?

The findings reported in this section are based on the total of 520 IOW baseline responses to the national evaluation survey. The chart in Figure 3 shows the number of responses to the national survey by project. Because of the varying nature of the projects, survey questionnaires are not distributed to all participants of all projects. Questionnaires are not distributed to users of Isle Find It online directory, and are only distributed to steering group volunteers for the Alternative Transport project. For the Age Friendly Island project, questionnaires are only distributed to Forum members and one to one participants of the intergenerational project. Questionnaires are no longer distributed to Alzheimer’s Café participants due to issues around mental capacity to consent to take part.

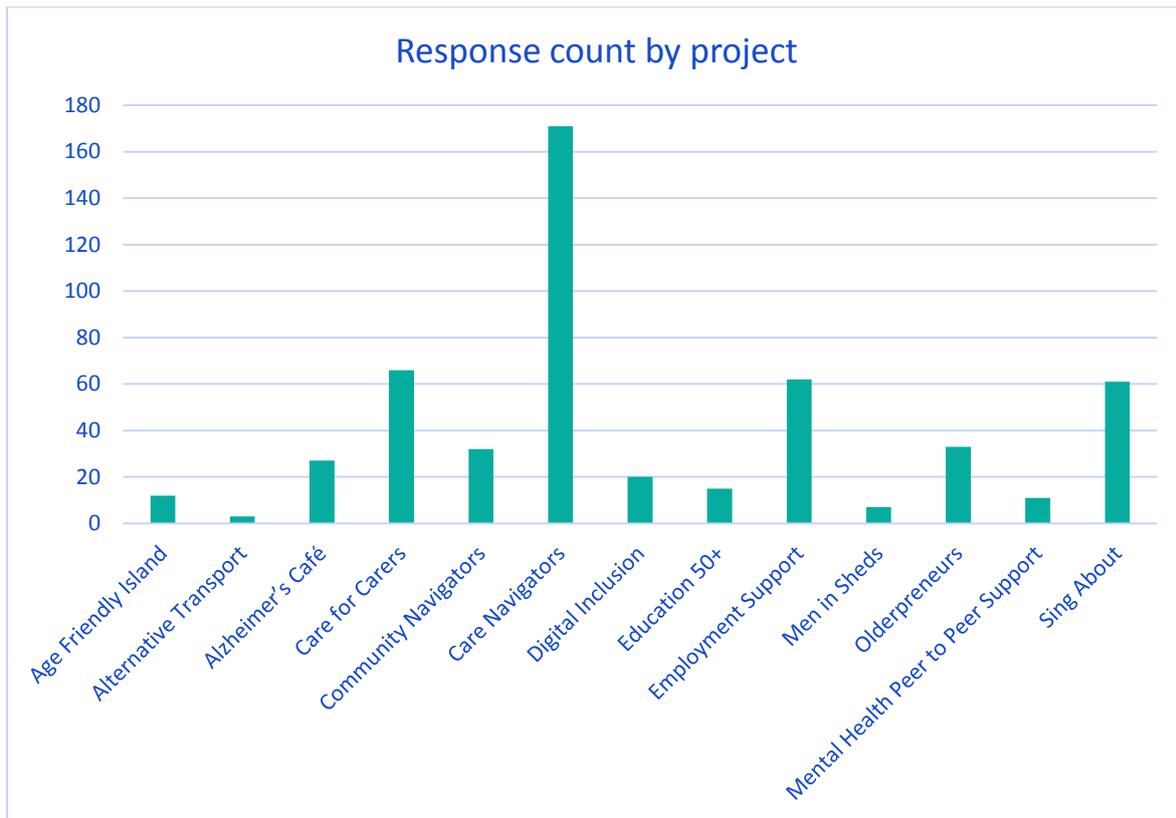
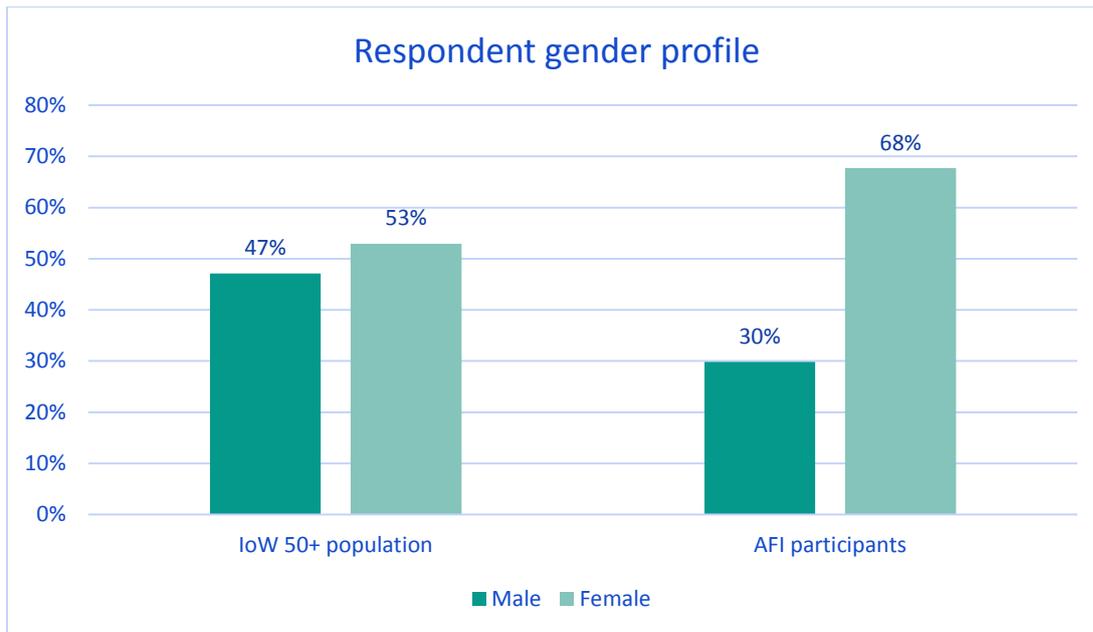


Figure 3 Responses to the national evaluation survey by project

As well as acknowledging that not all projects are distributing the questionnaires to all participants, it should be noted that while the numbers of responses will vary according to the number of participants per project, there is a marked level of variation in response rates between projects. The sample is also non-random, as 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, although they can be used to provide a useful indication of the profile of Programme participants. Higher number of responses from projects will increase the accuracy of findings going forward. As some of the projects returned very few responses, any differences between projects reported below are unlikely to be statistically significant.

Gender, age and disability

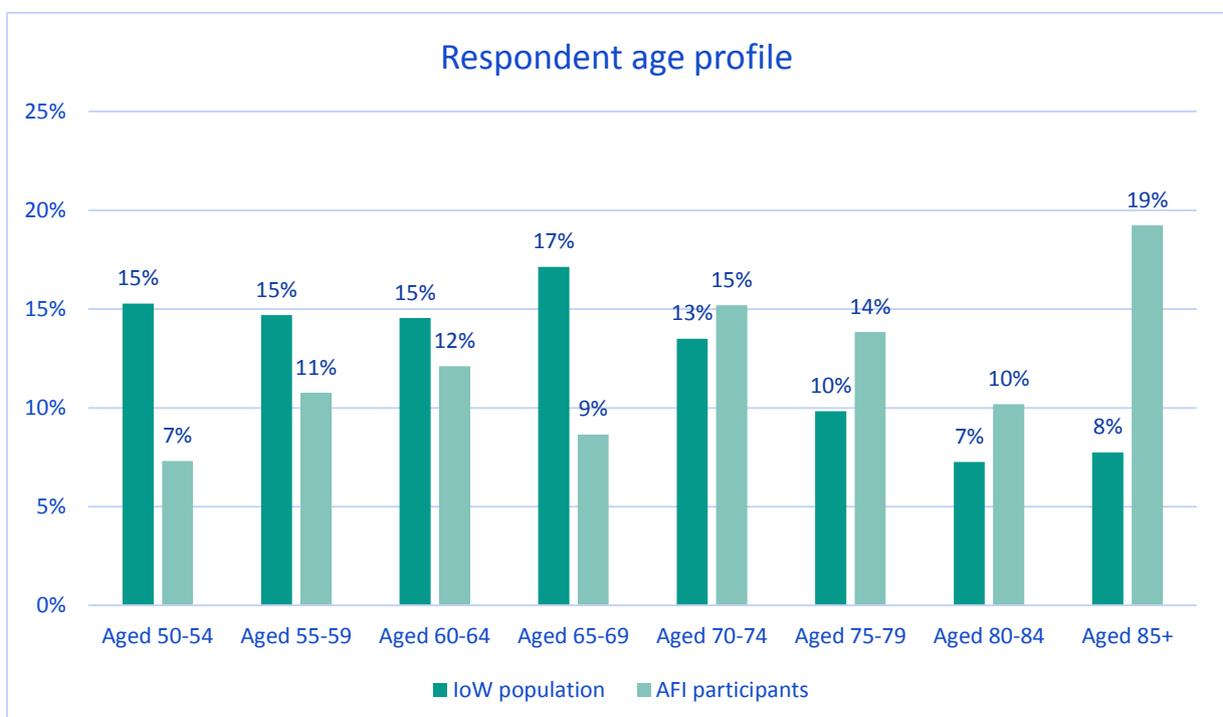
68% of respondents to the national evaluation survey are female and 30% are male (2% of respondents did not answer). In comparison 53% of the IOW population aged 50 and above are female and 47% are male (see Figure 4). This suggests that the females are over-represented among Programme participants. However, this will be partially explained by the high number of people aged 85 and above participating in the Programme (see Figure 5), as two thirds of the IOW population aged 85 and over are female.



Population data source: ONS population estimates (2015), Nomis

Figure 4 Respondent gender profile

The average age of respondents is 72. Figure 5 compares the age profile of respondents to the national survey to the age profile of the IOW population aged 50 and above. This shows that those aged 70 and over are over-represented among respondents, suggesting that the Programme is reaching older age groups.



Population data source: ONS population estimates (2015), Nomis

Figure 5 Respondent age profile

The chart in Figure 6 shows the average age of participants per project for the responses received. Because of the low number of responses from some projects, average age differences between projects may not be statistically significant, but at this stage it appears different projects may be reaching different age groups; perhaps unsurprisingly those projects supporting people into employment and self-employment are working with younger age groups. This will be explored further when a greater number of responses are collected from each project.

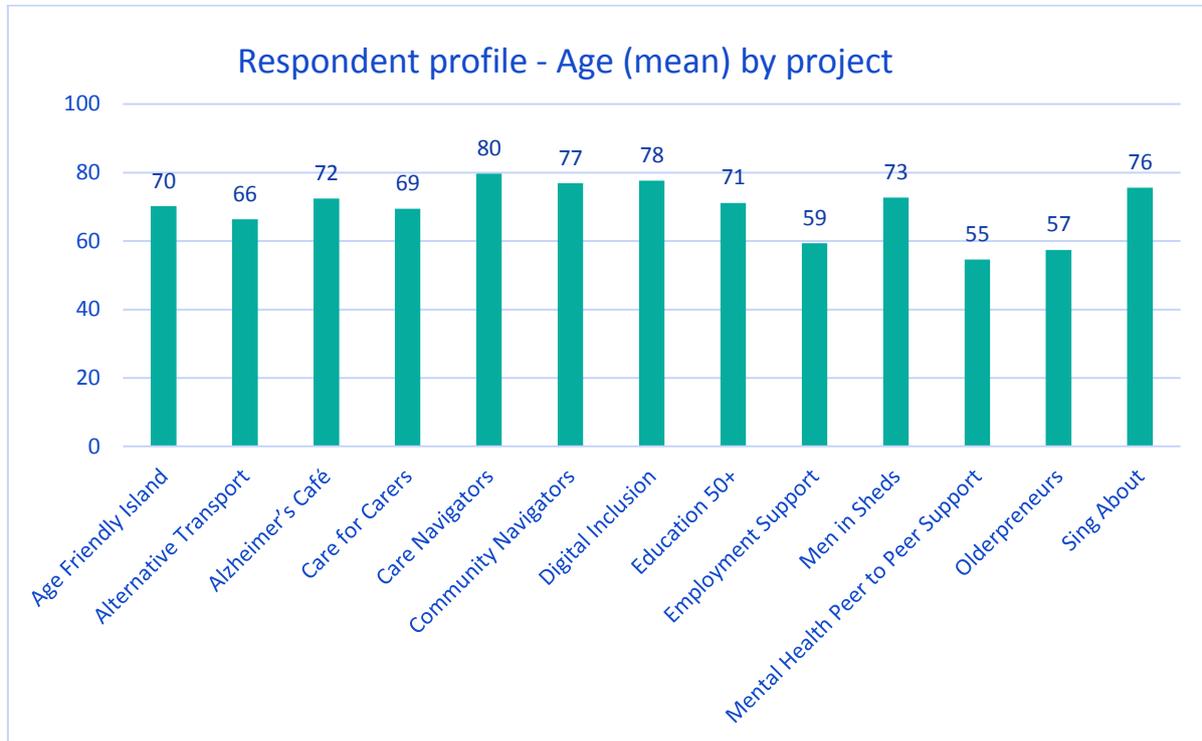


Figure 6 Average age of respondents by project

51% of respondents have a long-standing illness or disability, and 31% of respondents care for another person.

Living situation

The chart in Figure 7 shows that 42% of respondents live with a spouse or partner, 42% live alone, 9% live with family and 1% live in residential accommodation. It is interesting to note that less than half of the respondents live alone.

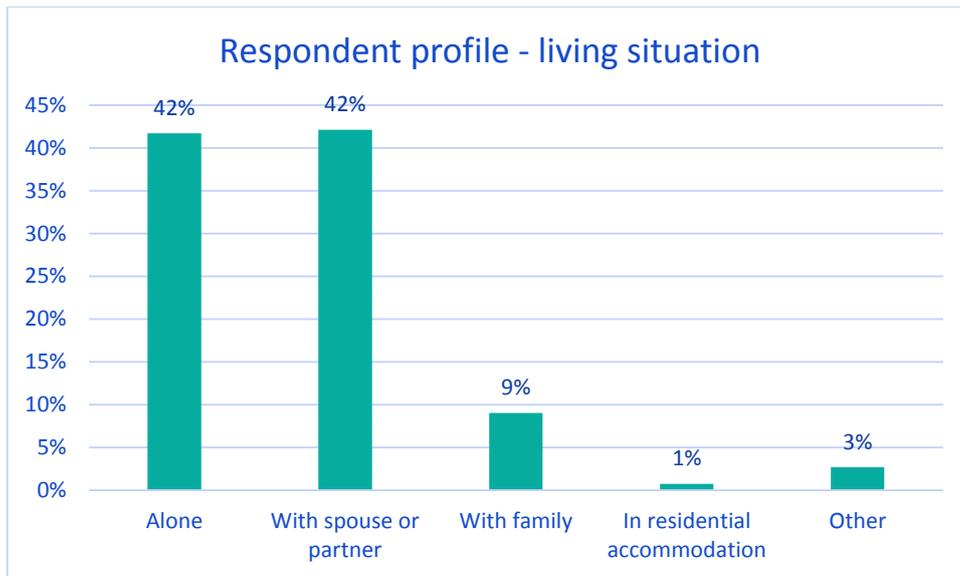


Figure 7 Respondents' living arrangements

Geographical location

Based on postcodes of home addresses, the map in Figure 8 illustrates the geographical spread of national evaluation survey respondents. As numbers of national evaluation survey responses increase it may be possible to compare survey response distribution to the older people population by area.

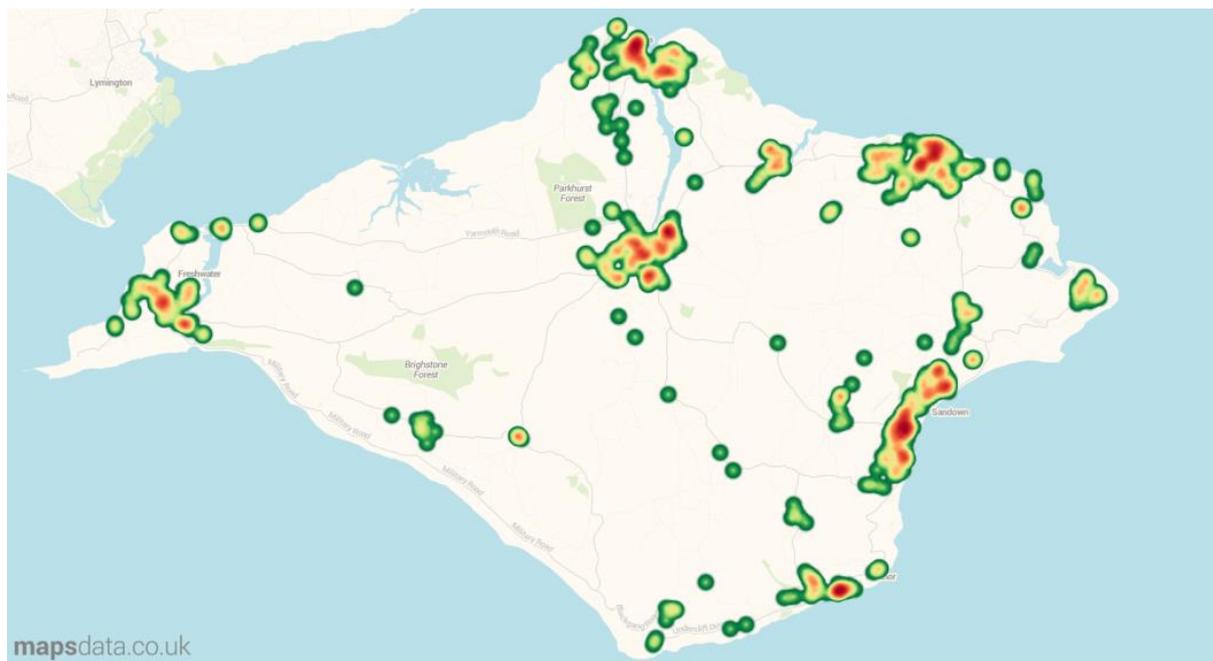


Figure 8 Geographical location of national survey respondents

How socially isolated are Programme participants?

The data reported in this section is based on IOW baseline responses to the national evaluation survey. As noted above this should not be taken as representative of all Programme participants but can provide a useful indication.

The scale used to measure social isolation in the national evaluation survey is The De Jong Gierveld scale. The De Jong Gierveld scale is a reliable and validated measurement instrument for overall loneliness, emotional loneliness, and social loneliness³. Social loneliness occurs when someone is missing a wider social network, and emotional loneliness arises when a person is missing “intimate relationships” with others. Within this measure it is social loneliness therefore, that most closely aligns with the concept of social isolation.

The De Jong Gierveld loneliness scores reported by respondents to the national evaluation survey have been compared to the loneliness score of the older IOW population as measured by the Ecorys population survey (as shown in Figure 9).

The overall level of loneliness score of national evaluation survey respondents is 2.4 compared to 1.8 in the older IOW population. As higher scores indicate higher levels of loneliness, this suggests that the Programme is reaching older people who are lonelier than the average older population on the IOW. Interestingly, the Programme participants report similar scores for social loneliness (social isolation) to the older IOW population, but for emotional loneliness they have a higher score. The differences reported here are statistically significant. This suggests that Programme participants have particularly high levels of emotional loneliness (a lack of intimate relationships). The complexity of loneliness and the difference between social and emotional loneliness, or isolation and loneliness is discussed further in Section 2.

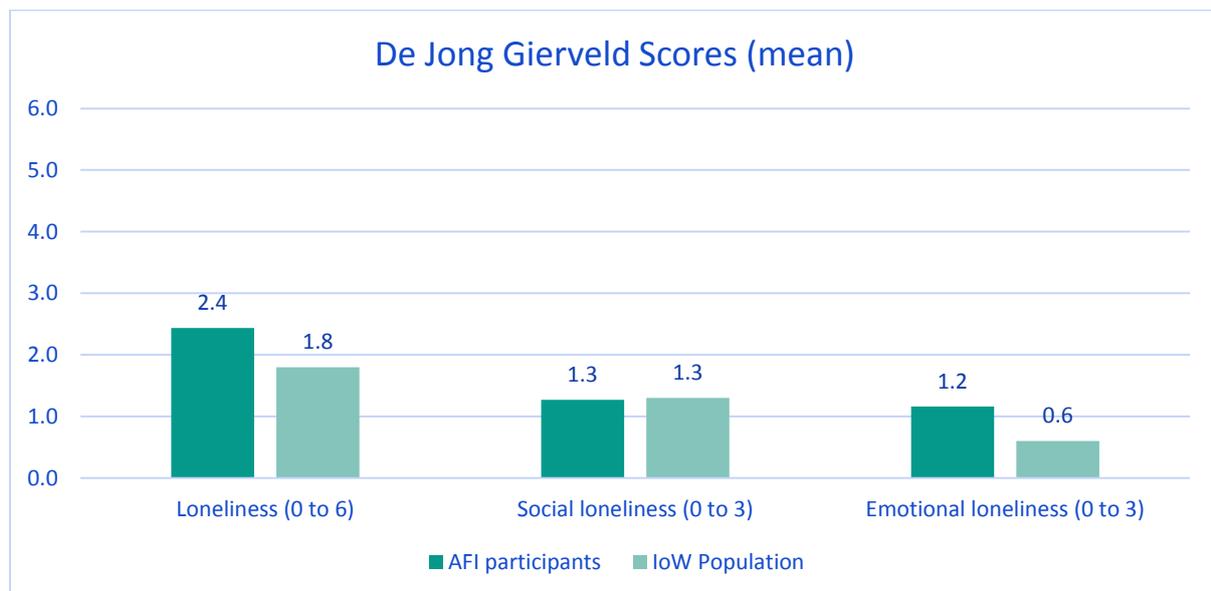


Figure 9 De Jong Gierveld Loneliness Scores

³ 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>

Findings from the interviews with participants confirm the findings of the national evaluation survey; that the projects are indeed reaching people who self-identify as lonely or socially isolated:

"I do consider myself lonely... When you reach a certain age you're just hanging on in there. I think unless you have a really strong network you will feel lonely"

Mental Health Peer Support participant, female, 70, lives alone

"In the Winter I have nothing to do, I get a bit lonely. 99% of people around me work, my neighbours, my children."

Care Navigator and Men in Sheds participant, male, 69, lives alone

"Since moving here a social life is just not happening... I'm figuring out how not to be lonely."

Alzheimer's café, SingAbout and Care Navigators participant, female, 67, lives with husband

"I was definitely socially isolated."

Employment 50+ participant, female, 50, lives with husband

It should also be noted however, that not all interviewees considered themselves lonely or isolated, indeed this is expected and anticipated in a Programme which includes projects primarily aimed at preventing isolation and loneliness. This is discussed in more detail in Section 2.

Social contact and participation

Figures 14 and 15 in the Appendix show the levels of contact respondents have with family and friends and the levels of social participation of respondents in terms of membership of clubs, groups or organisations - 38% of respondents are not a member of any club, group or organisation.

The chart below in Figure 10 shows respondents' *perception* of the level of their social activity compared to others of the same age, with comparisons to the older IOW population. 49% of responding participants feel they participate in social activities less than most other people of their age, compared to just 28% of the older IOW population. This suggests that regardless of actual levels of social activity, those participating in the Programme perceive themselves to have a more limited level of social activity than others of the same age.

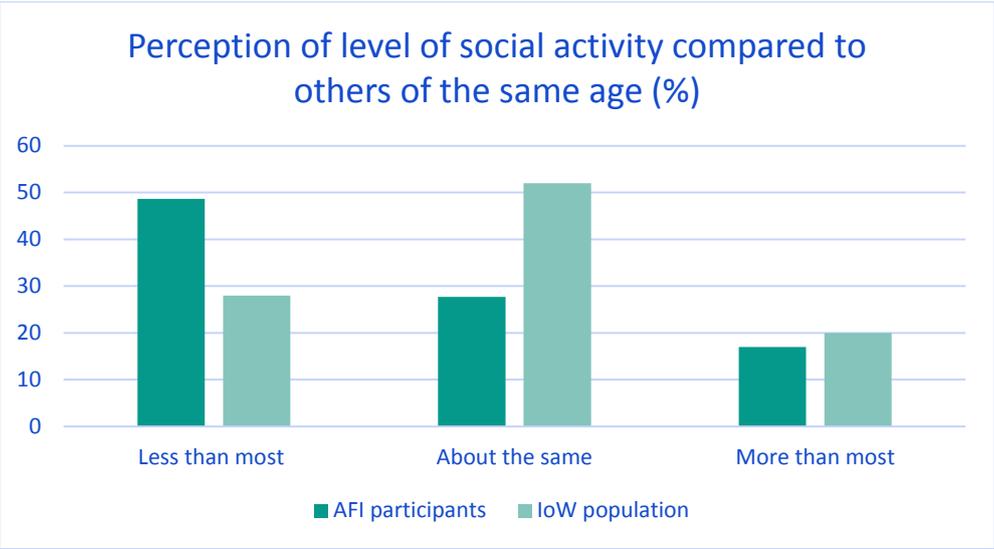


Figure 10 Respondents' perception of their level of social participation



2. Progress towards outcomes

In this section we explore progress towards the four Programme outcomes determined by analysing findings from all methods of data collected. It should be highlighted that at this stage of the local evaluation, the impact on participants is based on a relatively small number of interviews with participants from each project. As well as incorporating follow up responses to the national survey in future analysis, subject to discussions with the evaluation subgroup and Ageing Better Programme Team and Ageing Better Management Group, it is envisaged that the focus of the local evaluation fieldwork in 2017-18 will be on participants.

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

As shown above, comparisons between responses to the national evaluation questionnaire and the IOW population survey suggest that the Programme is reaching people who are more lonely than the older people population on the IOW – in particular the survey findings suggest that there are higher levels of emotional loneliness among Programme participants.

As we consider the impact of the Programme on this outcome, it is important to recognise the distinction between social isolation and loneliness. Weiss (1973)⁴ distinguished between social loneliness (e.g., lack of social integration), and emotional loneliness (e.g., absence of a reliable attachment figure) – concepts measured by the De Jong Gierveld scale.

“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”

(O’Lunaigh et al, 2012, p347)⁵

While social isolation is about the social connections people have, loneliness is how people feel about and experience their social connections. It needs to be recognised that people can be lonely and not socially isolated, and people can be socially isolated and not feel lonely. Although this outcome is focused on reducing social isolation, in practice it is difficult to clearly separate the two, in part because they are closely related, but also because people (interview participants) tend to talk about loneliness as opposed to social isolation. In this section we consider how the Programme works to facilitate social connections, but also discuss the complexity of loneliness and hence

⁴ Weiss, R.S., (1973), *Loneliness: the experience of emotional and social isolation*, Cambridge, Massachusetts: MIT Press

⁵ O’Lunaigh et al (2012) Loneliness and cognition in older people: The Dublin Healthy Ageing study, *Ageing & Mental Health*, 16:3, 347-352

solutions to loneliness. We also discuss the important function of the Programme in preventing as well as addressing social isolation.

Facilitating new social connections

The interviews with participants found clear evidence that the projects give people the opportunity to extend their social connections and meet new people. For some people a fairly straightforward intervention, simply providing an opportunity for people to get together or facilitating opportunities to meet and be with people is what is needed to make a difference:

“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”

Participant of Care for Carers (IT group), female, 80, carer for husband

“I didn’t mind what the activities would be, I wanted to meet people too. It must have been the third Wednesday I came down and then there was about 8 of us. They range from my age to 80ish, we were chatting. It was lovely. Talking about old days, you know, old times.... I come in, see the receptionist, we have a chat, they ask me what I’m doing today, what I’m working on... 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

“It plays a very big role in reducing isolation. Particularly for myself – I live on my own... It keeps me up and out and I enjoy the things I do”

Participant and volunteer for Mental Health Peer Support, female, 60s, lives alone

“I absolutely love it. I get to meet people, which I love - and so many different people!... A very big thank you, it’s absolutely marvellous, it’s brought in new friends on the same wave length, we know how each other is feeling.”

Participant of Care for Carers (IT group), female, 75, was carer for husband for 18 years

One woman describes how important the Alzheimer’s café was in providing a social life for her parents:

“They 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.”

Participant of Alzheimer’s café, Care for Carers and Care Navigators, female, 61, lives with husband and mother

Mrs K is a 71 year old woman, who lives alone and is confined to a wheelchair. She has a carer three times a day for all personal needs.

Mrs K had not been out of her house for any reason other than hospital appointments for 5 years, she struggles financially so cannot get taxis and is totally dependent on carers for all her personal needs. Attending activities without personal assistance for a prolonged length of time is not an option.

Mrs K was referred to Community Navigators by an Age UKIW volunteer who visits her a couple of times a month.

The initial assessment carried out by the Community Navigator highlighted her desperation to get out to any activity and she was prepared to give anything a go. She likes to play scrabble so the possibility of going somewhere that she could do this was discussed.

Through involvement with this project Mrs K has been able to get out of her house for a social event for the first time in 5 years. Mrs K now attends a coffee morning every month and she has made new friends at the coffee morning. Being able to play Scrabble also brings a smile to her face, especially when 6 people were playing against her and she still won!

Mrs K said: *"This has made such a difference to me, I have something to look forward to and I love the trip in the minibus, take as long as you like to drive me home, I don't mind how long it takes!"*

Building new friendships

While for some people the interaction with others is confined to within the group or sessions run by the project, there is also evidence of people making friendships which continue outside of the project:

"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."

Participant of Olderpreneurs, female, 54

For the woman above who accompanied her parents to Alzheimer's café, the café has also had an impact on her own social life. She moved to the island only a few years ago with her husband to look after her parents, so moved away from the friendships she had built up where she lived previously. Although she initially went to the Alzheimer's café to accompany her mother and to benefit from the information and education elements of the café, she has met other daughters of people with Alzheimer's and they now meet for coffee outside of the café sessions.

A Community Navigator described how a few people who were part of a bridge club formed through the Community Navigators had stopped coming to the group as they had started meeting

themselves outside of the club. While he reported that some of those left in the group had understandably felt put out, he was pleased to see that with a bit of facilitation from him in his role, some real friendships had developed.

It can be difficult to bridge the gap between interacting with people in a group or session, and making friendships. A number of interviewees commented that the projects have helped, but that it they wouldn't yet describe the people they have met as friends:

"It's too early to say I've actually made friends, but it's felt good that the shed want my help and it's someone to talk to. It has helped, I was feeling depressed and lonely."

Care Navigator and Men In Sheds participant, male, 69, lives alone

Complexity of loneliness – different causes, different solutions

We can see from this that many of the projects support or facilitate the formation of new social connections and thus clearly play a role in addressing social isolation. It is more difficult to be as clear about the impact the projects are having on loneliness. As one Project Lead observes:

"I think it does reduce loneliness while they're out but I'm not sure about when they go home... We can't be sure just because they're doing stuff they're not lonely, but they are getting out of the house, they are feeling less isolated."

Project Lead

This links to the distinction between social and emotional loneliness – people can be busy and have social connections, but still feel lonely. A number of the participants who would not typically be described as isolated, because of having friends, partner or family, describe feeling emotionally isolated or lonely:

"I was definitely socially isolated. My husband will sit with his computer on his lap 24/7, when I'm talking to him I might as well not be saying anything at all"

Employment 50+ participant, female, 50, lives with husband

One man describes feeling lonely despite his children living close by on the Island:

"I can't see them 24 hours. I stay for a couple of hours but they're busy, they have their own families."

Care Navigator and Men in Sheds participant, male, 69, lives alone

Loneliness is a complex phenomenon and has different causes. For some it is a lack of social connections, but for others it may be caused by a range of reasons; physical health condition, mobility issues, mental health conditions, dementia, having caring responsibilities or loss of a purpose or role. One woman who moved to the Island in the last year described feeling lonely and isolated. However, her isolation and loneliness is not as a result of moving to a new place and losing old friends, but as a result of her husband's early onset dementia – she found that friends, colleagues and even family have not known how to deal with the dementia, are embarrassed and

have distanced themselves. Since moving to the Island they have been going to the Alzheimer's cafes and SingAbout:

"Alzheimer's cafes 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's café, SingAbout and Care Navigators participant, female, 67, lives with husband

While these projects are not the complete solution and she still considers herself lonely, she described how both Alzheimer's café and SingAbout provide her and her husband a place to relax, where she does not have to be embarrassed or worried about her husband. As loneliness is complex and has different causes, solutions for loneliness 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 has 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 describes how addressing her loneliness needs 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 cliquy. 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."

Participant of Mental Health Peer Support, female, 70, lives alone

As the national evaluation survey findings suggest that the bigger problem among Programme participants is emotional loneliness, it is likely that interventions will need to focus on more than extending the number of social connections people have. The AFI Programme is not attempting to deliver a one size fits all solution to social isolation and loneliness; by having projects which target some of the groups of people at risk of loneliness (Alzheimer's cafes, Care for Carers, Mental Health Peer Support, Employment Support) the Programme is potentially well placed to address a range of causes of loneliness. As the evaluation progresses over the next three years, the in-depth question of what works, for whom and why, will need to be explored in more detail to fully understand both the cause of loneliness and what it is about projects that do (and do not) work to address it. O Luanaigh and Lawlor (2008)⁶ suggest that identifying the type of loneliness helps to identify the potential cause, as a result interventions can be more appropriately directed:

"An increased understanding of the complexities of loneliness, its causes, effects as well as possible interventions may lead to improved patient care as well as better health outcomes, quality of life and functioning in older people."

(O Luanaigh and Lawlor, 2008, p1220)

⁶ O Luanaigh, C. and Lawlor, B.A. (2008), Loneliness and the health of older people, *International Journal of Geriatric Psychiatry*, 23, 1213-1221

While other causes of loneliness will be explored in more detail as the evaluation progresses, one cause that was evident in some of the participant interviews so far was that of losing a 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.”

Participant of Mental Health Peer Support, female, 70, lives alone

One male, 68, married, had been a plumber and led a busy work life. He has struggled with retirement and felt bored and lonely on the two days a week his wife worked. Through Community Navigators he has helped to set up and run a games group. He now fills the two days his wife is working by going to a church coffee morning where he recruits people for the games group, helping to run the games club and doing practical plumbing and related tasks to help people he has met through these groups. It has been important to him to be useful, he likes to help other people, *“I need to keep busy. It keeps me young”*.

For some people, simply attending groups or being a passive recipient will not address their loneliness, they need to be more fully involved and feel part of something.

“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.”

Participant and volunteer for Mental Health Peer Support, female, 60s, lives alone

“I enjoy it, it’s someone to talk to plus I’m working as well. I don’t want to just give up, I want to be active and it’s good to use my skills.”

Care Navigator and Men in Sheds participant, male, 69, lives alone

Preventing social isolation

The examples above primarily describe the impact of projects that are working with people who identify themselves as socially isolated or lonely. An important element of the design of the AFI Programme is that it has a mix of projects aimed at reducing social isolation in different ways; as well as directly working with individuals to address their isolation, several of the projects play an important role in preventing isolation.

a) *Those working throughout the island to promote positive ageing or working strategically to address issues which contribute to social isolation*

The AFI project has a clear remit in this area. Through its various projects aiming to make the IOW an age friendly place to live, it addresses both practical issues that affect older people (for example the subjects covered at the Public Forums and issues addressed through the Town and Parish Council work) and attitudinal issues (for example through seeking to change people’s perceptions of ageing, increasing age awareness and promoting intergenerational activity). Other projects also contribute in this area, for example the dementia friendly training delivered by the Alzheimer’s café project, and the intergenerational work that Education 50+ does. The AFI project also does work around promoting a positive image of ageing through the Celebrating Age Festival and awards ceremony.

Other projects contribute in this area in different ways – for example Olderpreneurs promote a positive image of ageing through sharing success stories of businesses set up by older people, and SingAbout received a significant amount of positive media attention through the Christmas song they produced. Through making the Island a good place to grow old, tackling issues that contribute to causing social isolation and promoting a positive image of ageing, these projects are working at a universal, Island level to prevent social isolation.

b) Those providing information to prevent social isolation

Another level of prevention is the work of those projects which are equipping people to find information about the different projects, services, organisations and events which on the Island which can help prevent or address social isolation. Alternative Transport advice line provides advice to assist people in getting to health and hospital appointments, including to the mainland, and the Isle Find It website, an online directory provides information about services, organisations, events and information on the Island. It currently has 1,200 listings and 300 local events. Launched in the last year, the table in Figure 11 shows how use of the resource is increasing rapidly. In March 2017 the site reached the 5,000th user milestone.

Quarter	Number of unique users
April-June 2016	154
July-Sept 2016	357
October-December 2016	1,756
January-March 2017	3,343

Figure 11 - Number of unique users of Isle Find It online directory

Supporting this, Digital Inclusion and some of the IT sessions provided by other projects including Care for Carers and Employment Support are providing training and support to enable older people to access the internet and the information available online.

c) Those working with individuals to prevent social isolation

Finally, there are those projects working on a one to one basis with individuals to prevent social isolation, primarily through supporting older people to engage in meaningful activity – employment through Employment Support, self-employment through Olderpreneurs and volunteering through Education 50+, as well as many of the projects which offer volunteering opportunities. It is recognised that redundancy or retirement in older age can be a cause of isolation and loneliness; working with people to remain in or start paid or unpaid employment can give people a purpose, a role and can help them meet new people thereby preventing social isolation. Digital Inclusion works on a preventative level with individuals through supporting people to use the internet and enable them to maintain contact with existing friends and family who are not local, and to build new connections online.

“It’s given me a new life... I can email friends – it’s new, it’s exciting. I can talk to my sister in Australia, we can see each other”

Participant of Digital Inclusion

From an independent perspective it is clear that this preventative work is an important part of the Programme. However, the fieldwork revealed that although some projects are very confident of the impact they are having on isolation and loneliness, other projects where the focus is more on promoting positive ageing or prevention, were less confident in articulating their project’s contribution in this area. Furthermore, the national evaluation survey places a strong emphasis on measuring the impact of the projects on isolated individual participants – it is not a tool that is well suited to measuring the impact of preventative approaches. Some projects whose focus is on prevention have highlighted that their project may not show signs of reducing social isolation in this way and they have expressed concern about the implications this may have in terms of their ability to demonstrate their impact. The difficulties of measuring the impact of preventative work around loneliness are well recognised⁷. As well as recognising the contribution of the projects focusing on prevention through qualitative methods in the local evaluation, if enough national evaluation survey responses are received, it may be useful going forward to analyse impact on loneliness scores by projects classified as prevention and intervention (see below for suggested classification).

A multi-levelled approach to addressing social isolation

Leading on from the concerns noted above, it is important for the Programme and the projects to fully recognise and describe the levels the Programme is working at in addressing social isolation. It is by design rather than coincidence that the Programme has taken this multi-levelled approach to addressing the multi-faceted phenomena of social isolation. The table below attempts to classify the levels that the Programme is operating at and identify which projects are working at what levels. Capturing the different levels that the Programme is working at in this way helps to illustrate that the approach to addressing social isolation that the Programme has taken and may support projects to recognise their contribution as one part of a wider Programme. It may also support the Programme when sharing and communicating messages about its impact (i.e. in terms of sustaining what works in the future).

⁷ Fernandez, J.-L. (2015), Key challenges when evaluating loneliness interventions, London: PSSRU [available: [sscr.nihr.ac.uk/PDF/SSCRpresentations/Loneliness/Fernandez.pdf](https://www.sscr.nihr.ac.uk/PDF/SSCRpresentations/Loneliness/Fernandez.pdf)]

SOCIAL ISOLATION TACKLED THROUGH:	AIMED AT	KEY PROJECTS ADDRESSING SOCIAL ISOLATION AT THIS LEVEL	OTHER PROJECTS ALSO WORKING AT THIS LEVEL
Promoting positive ageing - projects working to promote positive ageing or working strategically to address issues which contribute to social isolation	Whole island population	AFI project	Alzheimer's Café Education 50+ Employment Support Olderpreneurs SingAbout
Preventing social isolation (universal) – projects providing information to prevent social isolation	Older people population	Isle Find It Alternative transport	Alzheimer's Café Care for Carers Community Navigators Digital Inclusion
Preventing social isolation (individual) - projects working with individuals to prevent social isolation (primarily through supporting people to engage in meaningful activity)	Individual older people	Employment support Olderpreneurs Digital Inclusion Education 50+	Men in Sheds Mental Health Peer Support Alzheimer's café Care for Carers Singabout Care Navigators Community Navigators
Early intervention (targeted) – projects providing interventions for groups who have been identified as at risk of social isolation	Older people at risk of social isolation	Men in Sheds Mental Health Peer Support Alzheimer's café Care for Carers Singabout	Employment support Olderpreneurs Digital Inclusion Care Navigators Community Navigators Creative Futures
Intervention (targeted) – projects actively working in the community to seek out and work with the most socially isolated older people	The most socially isolated older people	Care Navigators Community Navigators Creative Futures	Alzheimer's café Care for Carers Employment Support Men in Sheds Mental Health Peer Support

Summary: Progress towards Outcome 1

The Programme is reaching socially isolated and lonely people on the IOW. Participation in the Programme has facilitated opportunities for people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people participating with the projects.

The Programme is also taking a preventative approach, working at an Island wide level to promote positive ageing, and at an individual level aiming to prevent social isolation through providing information and working with individuals before they become isolated or lonely. This is an important element of the Programme and should be recognised and celebrated, even where impact is more difficult to identify.

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

Co-production can be described as: “Organisations and local citizens working together, as equals, to design, deliver and improve opportunities, support and services that enable people to have a good life and communities to flourish.” Co-production can happen both at the level of the individual, when individuals plan and direct the care and support they need, and at community level where a range of people groups and organisations come together to discuss, plan and produce solutions to any given issue.

As this ‘ladder of participation’ produced by the new economics foundation illustrates, co-production can be seen as the ‘top’ of the participation ladder, the form of participation which involves the most equal form of participation.



Source: new economics foundation

While co-production is the focus, 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, co-designing as well as co-producing.

Co-production at the individual level

There is evidence from the fieldwork, of individuals being empowered to co-produce their own support, with some of the more intensive one to one interventions being individualised and person-centred. For example, the support provided by Care Navigators is based around person-centred individual support plans; the ethos of Mental Health Peer Support is that it is peer led and peers are able to shape their own involvement from the weekly timetable of groups and activities; and the basis of Creative Futures is that volunteers are matched with residents of care homes based on the residents' personal creative interests. The support provided by Community Navigators is 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. As an example, one person approached a Community Navigator because they were interested in finding a club to play bridge. As the only bridge club the Community Navigator could find was a serious bridge club playing at an advanced level, the Community Navigator supported the individual to set up a new club.

Co-production at project level

Across the projects there is evidence of project participants participating at different levels of the participation ladder; informing, consulting, engaging, co-designing and co-producing.

Many of the projects have formal feedback mechanisms to collect participants' views in order to inform future delivery. Digital Inclusion, Employment Support and Olderpreneurs collect feedback on the courses and workshops they run and Care for Carers has used focus groups and questionnaires to get people's views on their services. Alzheimer's cafes have comments books at cafés to encourage feedback and suggestions. Several projects have set up steering groups or advisory groups to involve participants in informing the delivery of the projects, though sustaining people's interest has proved difficult in some cases with both Care Navigators and Alternative Transport mentioning problems with maintaining numbers. Education 50+ plans to set up a steering group from September. Other projects do not have formal mechanisms for feedback but encourage direct face to face feedback through conversations between participants and Project Leads. Most of this activity is at the consulting and engaging level of participation.

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

There are also examples of more clear co-design or co-production. From small things such as the co-production of Care Navigators leaflet with the steering group, to being involved in shaping the recruitment process for session practitioners for SingAbout, to the co-production of one of the groups under the Alzheimer's café project. The Ace7 group for people with early onset dementia is run differently to other Alzheimer's cafes which follow the strict structure and criteria required to be

an Alzheimer's café⁸. The Ace7 group members decide how the group will run and what they want to do – it is led by the individuals in the group and genuinely co-produced. Through this experience the Project Lead has learned a lot about co-production and this has influenced how other elements of the project are run *“I've been absolutely swayed by co-production... I've learnt that co-production works”*.

The Men in Sheds project is a good example of co-design and co-production. Two of the sheds began with a 'Biscuit and Banter' group, where men came together to talk about what they would like to do. From there, 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. The ultimate aim is for each shed to be autonomous and run by a committee. The Project Lead acknowledges that it will take time to get to this stage for all sheds but one of the sheds now has a committee that makes decisions about the future of the shed.

The Mental Health Peer Support project is part of a peer and volunteer led organisation. People who are referred are known as peers and those who lead groups or activities are known as volunteers. The weekly schedule of groups and activities that run from the centre (which currently includes art, crafts, walking, brunch club, creative writing, culture club, music, bridge and yoga) is user led, designed and is constantly evolving in response to ideas and suggestions. There are monthly meetings of staff, volunteers and peers – anyone can put something on the agenda, and things are put to a vote. If they cannot implement what has been suggested, a reason and explanation is given.

“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.”

Participant of Mental Health Peer Support, female, 60s, lives alone

These examples show that projects are providing opportunities for participation at varying levels and most have an ethos towards engagement and involvement of participants. While there is some participation activity which can be described as co-production at project level, more of the participation is consultation and engagement.

It should also 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 IOW national evaluation survey responses also shows that 56% of respondents had not been involved in project design (see Figure 12 below). This suggests that, although there are channels and structures established to enable older people to be involved in the projects, there is also room for further progress in this area.

⁸ See www.alzheimercafe.co.uk/ for more details

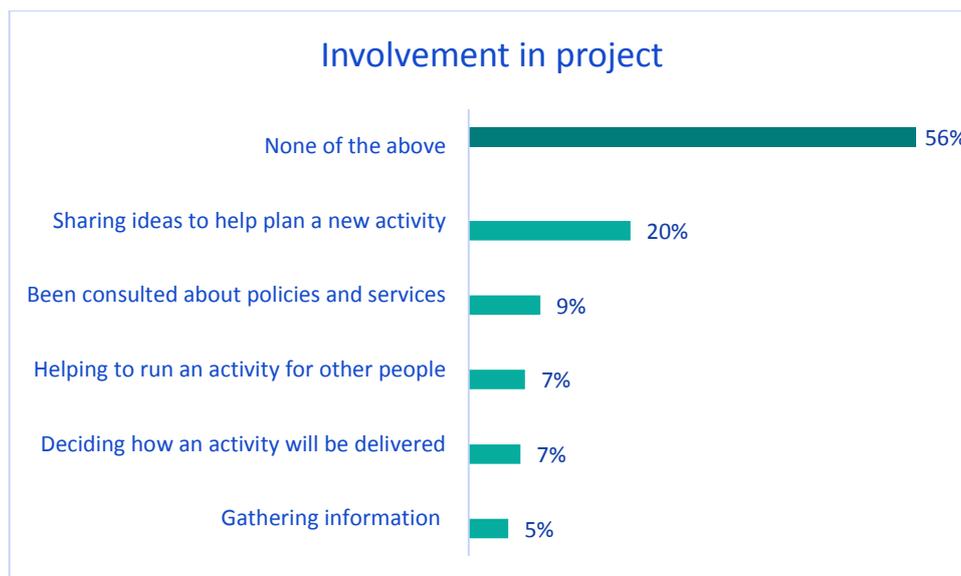


Figure 12 – Involvement in projects

Co-production of local policies and services

The AFI project is specifically targeting participation and co-production with older people at the level of influencing local policies and services. The Age Friendly Island Public Forum is a group made up of three separate meetings every quarter, one in the Central and West Wight, one in the North and East Wight and one in the South Wight. The Public Forums are a space where people have the opportunity to shape important changes happening on the Island such as health and social care, employment, transport and outdoor spaces. With the exception of the autumn meeting 30 or more people attended each round of the Forums over the year.

The Forums provide a platform for engaging and consulting with older people on the Island. One example of consulting being facilitated through the Forum is the most recent set of meetings in February to March where the AFI project officer led a session with Trading Standards focused on preventing older people from being a victim of scams. The session was designed to gather people’s ideas about what would help to stop people from being a victim, and what sort of reminders or messages they would need. As Trading Standards do not have the resource to get a group of this kind together for their work on scams, the Forum has given them an opportunity and platform to do co-production work, that they would otherwise not be able to do.

A specific example of co-production led by the AFI project is some work that the project team have done 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 and adapt where necessary. The project applied for and received a grant of £1,000 from NHS England and £1,000 from My Life a Full Life to co-produce with the patient group a short film and a toolkit to help practices on the Isle of Wight 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 and as well as featuring on NHS England website the toolkit will be disseminated across the Island.

Encouraging people to become involved in having a say about local policies and services is not only within the realm of the AFI project. A number of projects have reported different ways in which they have encouraged and facilitated people to become involved: Mental Health Peer Support have 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 the Community Navigator, a Parish Council has 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 have responded to an issue raised by participants to influencing the Carers Assessment process; and the Employment Support project panel has been looking at producing a code of conduct for local employers.

The projects are clearly facilitating some co-production of local policies and services, however, more of the participation is at the level of consultation and engagement.

There are clearly opportunities for older people to have a say in decisions affecting local policies and service, however, the national evaluation survey data shows that 29% of respondents perceive that they can influence decisions affecting their local area but 38% do not (see Figure 13). Again, this suggests that while there are some really positive things happening in this area which should be celebrated, there is room for further progress to be made to enable older people to feel empowered to influence local services and policies.

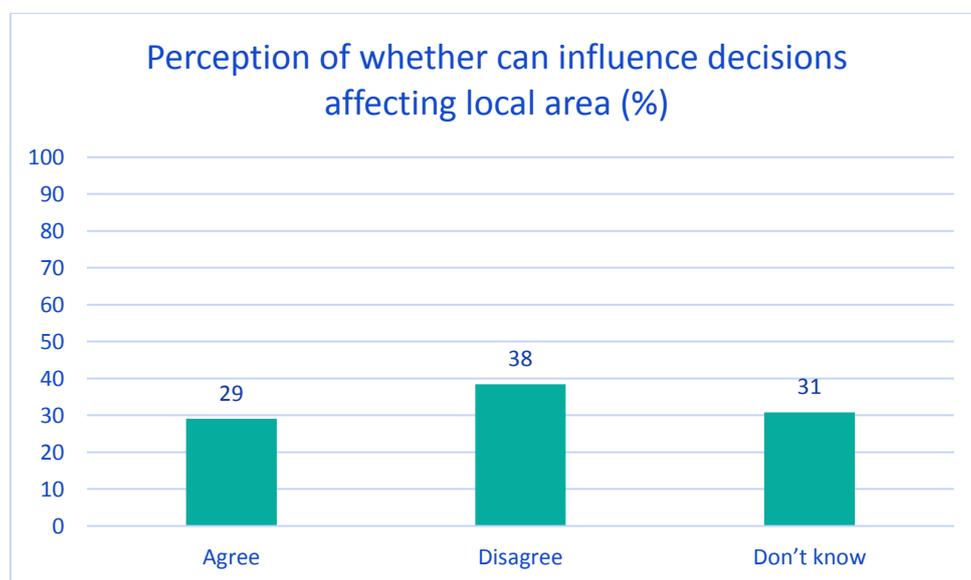


Figure 13 – Perception of whether can influence decisions affecting the local area

Summary: Progress towards Outcome 2

Older people are involved in shaping their own support and services, and in shaping local policies and services more widely. The AFI project is playing a particularly valuable role in supporting and enabling this across the Island.

While there are some good examples of genuine co-production, there are currently more opportunities for older people to participate in the form of informing, consulting, engaging or co-designing rather than true co-production. Responses to the national evaluation survey highlight there is room for further progress to be made to enable older people to feel empowered to influence projects, services and policies.

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

This outcome covers two related elements – the extent to which older people experience the Island as age friendly and how older people are viewed by those under 50. This is an outcome area which is not well captured in the national evaluation questionnaire and individual project data and interviews with project staff and participants are the primary sources of data which have been used to reflect progress towards this outcome.

Working towards an Age Friendly Island

The Age Friendly Island project have done a considerable amount of work around the aim of making the Island an age-friendly environment. The project has run a range of Age Friendly Training courses over the last year with approximately 346 young people attending Age Friendly Training in the year April 2016 to March 2017 and 243 professionals attending Age Friendly Training between Feb 16 and March 17. This has included training delivered to Fire and Police services, libraries, a college, parish council, and Southern Vectis bus company. The training is interactive and involves for example use of ageing suits. Evaluations of the training show consistently high responses with 100% rating the course level and content good or very good. Comments about how it will alter their work practices include:

“Use different, more appropriate styles of communication”, “I will treat the elderly with more respect and feel more confident in assisting them” “More empathy” “Aware of how to talk to people with sight/hearing problems” “Be more patient” “Consider projects, events, assets and services from an Age Friendly perspective” “I will incorporate this session into driver training”

The reach of the training is likely to be higher than the numbers reported above as the project has delivered Train the Trainer courses to Southern Vectis Bus company - their trainers are now delivering Age Friendly Training as one module of a five day course that all drivers have to take as part of their ‘Certificate of Professional Competency’. Southern Vectis report having statistics to show that slips, trips and falls on buses have declined significantly since they started the training as well as anecdotal feedback from older people, that they find drivers are more considerate. While the

reduction in accidents will not be entirely attributable to the Programme since this work has been ongoing since before the start of the AFI Programme, it demonstrates the impact that this kind of awareness training can have.

A further example of the impact of the training is reflected in feedback received 3 months after the training was delivered to the library service; as a direct result of the training one of the libraries has set up an Age Friendly area in the library, with good lighting and other resources.

The Town and Parish council part of the AFI project works with Town and Parish councils to embed age-friendliness in their thinking and planning of services and includes the production of reports which make recommendations for improvements that can be made at this very local level.

These more practical aspects of improving the age-friendliness of the Island are complemented by work to promote a positive image of ageing – this includes an annual Celebrating Age Festival run by the AFI project. This involves a week long programme of events, including a Celebrating Age awards event on Older People's day on 1st October which recognises the achievements of local older people.

Is the Island Age Friendly?

A survey conducted by the national evaluation that sampled IOW population aged 63 and over between 2015 to 2016 (note this is the IOW population rather than AFI Programme participants) found that 64% of respondents think that growing old is a positive experience. This is higher than the national figure of 61%. While this is not a direct measure of age-friendliness, how older people feel about their experience of growing old can be an indicator in this area. This population survey will be repeated after 2 and 4 years which will provide an opportunity to explore change in this measure at the population level.

The remainder of this section looks at the views of either project staff or project participants through qualitative interviews. It should be acknowledged that the perceptions described here reflect the experiences of people involved in either delivering or benefiting from the Programme – who may not be typical of the IOW population more widely.

Interviewees views on the age friendliness of the Island are mixed. Many of them have very positive things to say about it as a place to grow old in terms of both what it has to offer and how they are treated:

"Its' 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. I've never noticed it [stigma]. I've never seen any problems."

Participant of Men in Sheds, male

"The Island is a good place for older people. It's confined, you get to know a lot of people, you know where to go and get help. It's a small place, that helps."

Participant of Digital Inclusion

"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."

Participant of Olderpreneurs, 57

"I've never had a problem on the Island with young people – they open doors for you, they're always helpful. I've never met anyone who isn't helpful."

Participant of Care for Carers, female, 80, lives alone

Several people who have moved to the Island specifically comment that it is better than where they were living on the mainland.

"It's friendly, it's easy to talk to people, it's friendlier than the mainland."

Participant of Community Navigators, male, 68, lives with wife

"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."

Participant of Alzheimer's Cafes, female, 61, lives with husband and mother

Although most people responded positively, not everyone agrees:

"The island is not age friendly. There are a lot of lonely older people. It used to be more social. Everything has closed, there's nowhere to go."

Participant of Mental Health Peer Support, female, 70, lives alone

One participant of Care Navigators described recently seeing an old person fall over and feeling disappointed to observe that the young people nearby did not help. People also referred to a negative association that the Isle of Wight has with ageing in general – such as the Island being referred to as an old people's home.

There is some suggestion that the Island is becoming a better place to live and that people have observed changes and an improvement:

"People come to the island because they know it's a better, safer place to live... Because so much is going on now, and a lot of people didn't realise what is going on, and I think people are realising more now that there is a lot of help out there for people."

Participant of Digital Inclusion

"I think it's going that way – with My Life a Full Life, the Riverside Centre, I see lots of leaflets about things.... My daughter had an older person who came into the local school to give a presentation."

Participant of Alzheimer's Café, female, 53

"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."

Participant of Mental Health Peer Support, female, 60s, lives alone

While, as the Alzheimer's café participant above recognises, not all of these changes are attributable to the Programme as there are significant changes going on in health and social care on the Island, the comment from the Mental Health Peer Support participant clearly attributes the positive changes she has noticed to changes delivered by the AFI project.

An issue that cannot be ignored and came up consistently when participants were reflecting on whether they experienced the island as age-friendly and a good place to grow old, are the limitations in terms of health provision on the Island:

“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.”

Participant of Care Navigators, male, 78, lives alone

“I think the island is a wonderful place to grow old. I’ve had the services when I’ve needed them – the main thing is the lack of GPs.”

Participant of Care Navigators, female, 75, lives alone

“I think it’s harder for people with disabilities. I think there’s more help for older people than there is for people with disabilities.”

Participant of Mental Health Peer Support, female, 60s, lives alone

These views highlight that the context the Programme is operating cannot be ignored when it comes to promoting age-friendliness. However age-friendly the island is, and however much is achieved by the Programme, if fundamental health services are not serving the needs of older people, this is going to remain a challenge.

Intergenerational work

A number of the projects include an element of intergenerational work. Part of the purpose of the Education 50+ project is to provide older people opportunities to volunteer with children. The idea is to bring older and younger generations together, enable older people to share valuable life experience and give older volunteers the opportunity to positively influence students, while increasing community participation and engagement. As part of feedback gathered by the project, one head teacher stated:

“There is an intergenerational gap. Across the country, I think it’s a national issue and I think that this kind of project bridges that gap. To see actually that there is more to our older generations, they still have a lot to offer us and actually it’s fine to be old and when you reach retirement you still have so much more to give and actually it’s something that should be valued in our community and not disregarded.”

Head teacher at school working with Education 50+

Between April 2016 and March 2017 around 1,545 children and young people participated in intergenerational awareness sessions delivered by the AFI Project. These sessions include a range of activities such as assemblies, planning and delivering tea parties, attending a Remembrance Day lunch, meeting with the school council and mock interviews. The AFI Project also runs a Young Volunteers Programme as part of their intergenerational work. The number of volunteers has fluctuated over the year but the number as of March 2017 was 19 young people. The project is planning engagement beyond school-ages to younger adults over the next year of the Programme.

Other projects without a specific intergenerational focus are involving younger volunteers – for example, Creative Futures has recently recruited a number of 16 year olds as volunteers which they

do as part of the school curriculum. There have been examples of this working well (see example below in Outcome 4).

My Time, the organisation that the Mental Health Peer Support project is part of, is an all age service that does not segregate by age. This has the benefit of being naturally intergenerational and means that older and younger peers socialise and provide peer support to each other. Project Leads report that many of the older peers become volunteers and take on a nurturing role, providing support and advice to younger peers.

Older people as an asset

Although this does not measure whether older people are perceived as an asset by those under 50, there are indicators that older people involved in the Programme *are* an asset. As well as examples of older people being supported into volunteering and paid employment through Employment Support project, and very positive experiences of starting up businesses through Olderpreneurs, volunteering figures from the project monitoring show that 217 people a month are volunteering for the Programme. Although the ages of volunteers are not recorded, we know from the projects that a significant proportion are older people. The national evaluation survey shows that 53% of respondents were involved in a form of unpaid help in the last 12 months. Projects can contribute to the perception of older people by sharing positive stories and celebrating contributions made through the Programme.

Issues with measuring this outcome

While these projects can demonstrate that the Programme is delivering intergenerational work and the Programme overall can show evidence of older people making positive contributions and being an asset, there is not a mechanism for measuring the impact of this work in terms of changing perceptions held by younger people under 50, of older people, either through the national evaluation or through the local evaluation. A population survey is not feasible within the resources of the local evaluation and would be a disproportionate expense to the Programme. The most realistic ways of measuring this impact going forward would be for projects to seek feedback from younger people involved in intergenerational work (rather than the whole of the under 50 population) either through the developing a measure which could be used across projects involving younger people, or to focus some of the qualitative local evaluation fieldwork specifically on younger people. The other way of measuring the impact in this area would be to look at it from the perspective of older people. The IOW population survey which was conducted by the national evaluation and surveyed the older IOW population found that 58% of people surveyed feel that old people don't get respect. This is slightly higher than the national average of 55%. While this is not a direct measure of how younger people view older people, it provides an indicator of how older people think they are viewed by younger people. The population survey will be repeated two and four years after the initial survey so will provide a measure of any detected changes in the IOW older population in this measure.

Summary: Progress towards Outcome 3

There is some very positive work being delivered which focuses on making the Island an age-friendly environment. On the whole, older people speak positively about ageing on the Island, feeling that it is an age-friendly place to grow older, and there is a perception that this is improving.

Going forward the impact of intergenerational work that several of the projects are delivering will need to be explored to look at the impact of the perceptions of younger people.

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

Drawing primarily on interviews with individual projects' participants, this section considers the impact of the Programme on the final outcome – the health, wellbeing and quality of life of older people.

Wellbeing and quality of life

The national evaluation survey found that respondents have an average wellbeing score of 24. Although the survey uses a recognised scale – the short Warwick Edinburgh mental wellbeing scale – it was not the same measurement as was used in the IOW population survey and Ecorys have not yet identified an appropriate benchmark for comparison. As a result we do not yet know how this compares to older people on the IOW or nationally. Going forward, if sufficient number of follow up surveys are returned a comparison between baseline and follow up surveys will allow a measure of the impact of participation on individuals' wellbeing scores.

The interviews with participants consistently show the positive impact that involvement with projects has had on people's wellbeing and quality of life – whereas some people who access the projects have not experienced reduced isolation as they were not lonely or isolated at the point of access, with very few exceptions the participants interviewed all described improved quality of life or wellbeing.

Wellbeing can encompass a range of experiences and feelings. 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 Navigator participant, male, 78, lives alone

"I don't know what I would do without it – you know you have somebody you can go and talk to."

Participant of Care for Carers, female, 80, carer for her husband

For others it has given them a sense of self-respect:

“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.”

Participant of Alzheimer’s café, Care for Carers and Care Navigators, female, 61, lives with husband and mother

Participants of Employment Support and Olderpreneurs describe the impact the projects have 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.”

Participant of Employment Support, female

“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.”

Participant of Olderpreneurs, female, 54

Creative Futures project works with people in residential care homes who are often at the end of their life. A member of staff at one of the care homes describes the impact she observes:

“It makes a difference – it’s making them happy at the end of their life, that’s what it’s all about.”

Activity Co-ordinator for care home working with Creative Futures

As an example, one of the Creative Futures participants, aged 89, did not have any visitors and staff at the care home noticed her behaviour got worse when other people have visitors or there is a new resident getting lots of attention – she made comments, swore, refused to eat and even threw herself on the floor to get attention. The care home staff thought having someone to visit and spend time with her would be positive for her and made a referral to Creative Futures. She was matched with a 16 year old volunteer who visited her once a week to do memory activities and crafts.

“It’s been brilliant – you can tell she looks forward to it. She has her special time. The frustration and bad behaviour has stopped, she’s come out of herself.”

Acting Manager for care home working with Creative Futures

The impact continues after the visit, she has not exhibited any of the behaviour seen previously, and the only change has been the involvement of the Creative Futures volunteer.

“Even if it goes bust tomorrow, even if it had only been able to help this one lady, it would have been worth it. It’s had such an impact on her. She’s done so well, so much good has come out of it. That one person has got so much out of it - it’s worth it.”

Acting Manager for care home working with Creative Futures

Mental health

A number of the participants interviewed had experienced an improvement in their mental health as a direct result of their participation with the projects:

"[Project Lead] said it'd be for one day a week, but I was on my own so I asked if I could come down every day. 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. When I get home I have my tea, I used to go to bed at 2 or 3 in the morning, now I'm asleep by 8 or 9 o'clock because I'm so tired. It's good exercise, it keeps me healthy and fit."

Men in Sheds participant, male

"I was getting depressed as I don't like having nothing to do. Since I started here I've never been depressed".

Participant of Community Navigators, male, 68, married

One woman who was feeling anxious about finances in retirement as she was caring for her mother, received advice from Care for Carers and Care Navigators 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."

Participant of Alzheimer's café, Care for Carers and Care Navigators, female, 61, lives with husband and mother

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

"It keeps me up rather than down... It definitely maintains my wellbeing."

Participant and volunteer for Mental Health Peer Support, female, 60s, lives alone

Mr A is a man in his forties who supports his mother, who had a diagnosis of dementia, and her partner. Mr A has been visiting the Alzheimers cafés as a regular guest for approximately 3 years. He visits with his mother and her partner and sometimes his wife attends too.

Because of the education received at the café, Mr A recognised that his mother was moving on in her dementia journey and that her support needs were changing. He knew she would need more support and was worried that her partner may also be suffering from stress issues that were arising for him and the family and that his caring role could be compromised in the future without support.

Mr A made contact with Care for Carers at the café and they have been supporting him and the family ever since.

Mr A feels less stressed and better supported, now that he has made contact with Care for Carers who have also received extensive dementia education from Alzheimer Café. His mother's partner is considering joining the male carers group that get together regularly for socialising and peer support.

The whole group continue to visit and gain support from the café.

Physical health

A small number of participants also commented on improvements in their physical health:

"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, lives with wife

"With my Health issues – I've been able to look things up and learn about it, which I find reassuring."

Participant of Digital Inclusion

While we have the ability to track changes in health through the national evaluation survey data when a sufficient number of follow up surveys are returned (see Figure 16 in Appendix which shows the proportion of national evaluation survey respondents who had some or severe problem in five health related areas), it needs to be acknowledged that some participants' health would not be expected to improve – for example those projects working with people towards the end of their life or with particularly high levels of need. It may be that the measure "feel supported to live well" (see Figure 17 in Appendix) is a more appropriate measure to track over time. This will be explored further when more follow up responses are received.

Summary: Progress towards Outcome 4

Interviews with participants have consistently shown that participation in the Programme has had a positive impact on the health, mental health, wellbeing or quality of life of those involved with the projects.

As numbers of responses to the national evaluation survey increase, we will be able to explore this quantitatively through the use of wellbeing scores.



3. Operating as a Programme: What's working and what are the challenges?

Age Friendly Island is not a collection of 12 discrete projects all working to the same aims, it is a Programme that has been carefully designed with the clear intention that the projects work together to deliver change, each contributing in different ways. This section considers how the 12 projects work together as a Programme, what works and what the challenges are.

What's working?

Working together

There is very clear evidence of the 12 projects working well together on a number of levels.

Interviews with project leads and with participants found evidence of significant cross referrals between projects. While Care and Community Navigators have a crucial role in this area, referring both to each other and to all projects, most projects report making or receiving referrals to other Programme projects. A strong example of this which was noted as part of an observation and referred to in more than one participant interview, was Alzheimer's cafes. The café sessions seem to be working well as an opportunity for other projects to meet and identify people who would benefit from what their project offers. Community and Care Navigators have been to sessions and staff from Care for Carers attend sessions regularly, proactively looking out for new carers, checking how they are, and ensuring they know what support they can offer.

There is evidence of projects working creatively together in response to need, for example Mental Health Peer Support and Employment Support have worked together to run an IT workshop, Age Friendly Island and Employment Support are doing some work together about bridging the gap between employers and the older workforce and Alternative Transport and the AFI project worked together on a transport mapping exercise as part of the Town and Parish council work. A networking event for projects has been organised and hosted by the projects outside of the core delivery partner meetings they are required to attend which gave them an opportunity to learn more about each other's projects. A number of the projects have made plans to take up a suggestion of shadowing each other to learn more about how the other projects work.

Although the level of cross referral and communication between projects is clearly positive and to be encouraged, it was also highlighted that this also happens with projects that are not part of the Programme and it is felt that the IOW is good at this and has a culture of good partnership working. Projects were clear that they work with organisations and services whether they are part of the Programme or not, where it is for the benefit of older people. In a positive example, Care Navigators and Community Navigators have recently been invited to be part of regular multidisciplinary meetings based at GP surgeries. The meetings which include GPs, Local Area Co-ordinators, nurses,

matrons, social care professionals and mental health professionals, focus on individuals at risk of hospital admissions and what support can be put in place to prevent this.

The AFI project has an important role in facilitating partnerships, both within the Programme and with partners outside of the Programme, offering and facilitating opportunities and platforms for organisations to come together:

“We’re a hub that people can come to improve their understanding and awareness of the needs of older people. Partnership is our real strength. People are coming to offer resource to us, like a space to run a forum in the library. They’re already a partner so its cost-neutral. We’re developing things that are already working.”

Project Lead

Almost all of the project leads talked enthusiastically about feeling part of a Programme, rather than simply a project operating on its own. There were a minority of exceptions to this – one project reported that as they are not focusing on working with the most isolated people they felt slightly removed. Another project lead commented that they felt they were working on a standalone project and felt that they could benefit from identifying more with the overall Programme objectives.

Among the participants interviewed there was not a great awareness of AFI as a Programme – most people associated with the individual projects they were involved in. Where they were involved in several projects or where they had heard of other individual projects they did not connect them as part of an overall Programme.

Programme management and support

Overall projects have reported feeling supported positively by the Ageing Better Programme Team. Most do not require support on a day to day operational level but have appreciated advice or support when it has been needed. The second period of fieldwork took place shortly after a change in Programme Manager due to the previous one leaving the post. Projects did not seem phased or concerned about the change, probably reflecting their relatively autonomous operational style, but were keen to develop the personal relationship with the Programme Manager that has worked well so far. One of the projects has commented on the positive addition of a Communications Officer in the Summer of 2016 which has been useful to promote events and activities across the Programme through social media and other avenues.

Where projects are experiencing some difficulties in reaching their agreed targets – for example in the case of Alternative Transport where calls to the transport advice line are lower than anticipated, or for Mental Health Peer Support where numbers attending the locality site are low - they may benefit from additional direction from the Ageing Better Programme Team or the expertise that sits within the Ageing Better Management Group. For example, there is a suggestion that the reason that attendance at the Mental Health Peer Support locality site is low is that people have indicated they feel more comfortable attending in Newport, rather than outreach sites in their own locality. Timely support from the Ageing Better Programme Team or the Ageing Better Management Group to look into this further and willingness to agree changes according to what is learnt could benefit

the project. As discussed below, the benefit of a test and learn programme is that learning about what is not working as well as what is working should be seen as an opportunity to learn and make positive changes.

Being able to test and learn

A key element of the national Fulfilling Lives: Ageing Better programme is that there is a 'test and learn' element to the delivery of interventions to address isolation and loneliness. Our understanding of this is that Programmes and the projects being delivered as part of them, are encouraged to test what is working (and what is not working) through the funded period, reflect on and learn from this in order to respond to learning and make changes to improve delivery and progress towards the Programme objectives.

There have been some positive examples where projects have quickly learnt from experiences and made changes in response to the needs of people using the services or feedback. The AFI project is continually developing the way they are engaging and reaching older people through the Forums, learning from what is working and seizing opportunities. They are also looking to extend the intergenerational work beyond schools. The Creative Futures project have found that in the short period between their pilot year and the start of the Programme, the needs of people in care homes have changed, and that people in care homes have higher needs and are closer to the end of their life. In response to this they have sought agreement from the Ageing Better Management Group to extend their client group to those also living in sheltered and supported accommodation. Other projects have made changes, for example Employment Support found that due to the level of mental health needs and confidence issues of their participants, there was a need for one to one support as well as group sessions, and as they found that the support they offer around self-employment was not being used they have now stopped this and now refer to Olderpreneurs. The project has reported that being able to make these changes has been hugely beneficial to the people they are working with. Similarly, Olderpreneurs have changed their networking meeting from quarterly to monthly in response to feedback from their participants.

Being able to test and learn and make changes as they do learn seems to be working well in some cases, ensuring efforts are focused on what is working, learning quickly from what is not and encouraging creativity. However, it is not always clear to some projects how much scope there is for them to do this, and what changes need to be approved by the Ageing Better Management Group and Ageing Better Programme Team. Some projects have expressed uncertainty as to the boundaries of their ability to make changes and whether they are able to divert from original plans – this cautiousness could stifle change. On the other hand there is the danger of drifting too far from the original scope and aim of the projects and indeed Programme outcomes. The Ageing Better Management Group and Ageing Better Programme Team have an important role in ensuring they give the projects enough freedom to be able to genuinely test and learn and facilitate positive change, while at the same time providing guidance and direction in achieving to ensure projects remain focused on the aims and outcomes of the Programme.

What are the challenges?

Through the interviews with Project Leads a number of challenges were identified that pose a barrier to making progress towards Programme outcomes.

Unfulfilled demand

A number of the projects have reported that there is demand for their services or provision that they are not able to fulfil due to limited resources. For example, Community Navigators work well through having a very local presence and getting known in their local communities, but with just three Community Navigators focusing on one area each, they are not able to cover the whole Island. Similarly Care Navigators have experienced high levels of referrals and at times have had to operate a waiting list. Mental Health Peer Support project staff have identified that while older people are using and benefiting from the sessions delivered at the centre, they are concerned that they are not integrating with people and services outside the organisation or using other projects. They would like to be able to offer support to enable the older people to do this but have not got the staff resources to do this. The new SingAbout groups and pop ups that have been established as part of the Programme have flourished; the immediate popularity of new groups that are set up suggests there is likely to be unmet demand need in additional locations across the Island.

Engaging older people

There is an expectation that projects involve volunteers and this is a something they have to report on alongside number of participants. Recruiting, retaining and supporting volunteers has been identified as a challenge by projects including Creative Futures, Care Navigators, Education 50+ and Alternative Transport. Indeed, the local evaluation team have also struggled to recruit volunteer Citizen Evaluators over the last year. Some projects have also experienced challenges in encouraging involvement of older people with Forums, steering groups, co-production and leading.

Administrative demands

It has been raised by a number of projects that the demands of administration, monitoring and collecting evaluation data feels and onerous and can feel disproportionate. While they understand the need to monitor project use and to be able to demonstrate impact, they find, particularly where project staff are part time or unpaid, that it competes with time spent on delivery *“Supporting people becomes secondary to evaluation, admin, data collection” “It’s not the case of not wanting to, but where do I find the time?”* Project Lead

Managing expectations

Managing expectations of what can be achieved or what is within scope of the projects has been a challenge for some projects. For example, lack of transport is often identified as a barrier for older people, but the Alternative Transport project is not funded to provide additional transport.

Changes to health and social care

The Programme is inevitably affected by changes beyond its control, in particular in the case of changes to health and social care. The Programme is operating in a time where the health and social care sector on the Island is going through significant changes – changes could have a significant but as yet unknown impact on some projects. It is also operating at a time of funding cuts and shrinking statutory services. Some projects, in particular the Care Navigators and Mental Health Peer Support, are finding they are filling the gaps or picking up the pieces of cuts. While this has led to some projects being very well used, it also puts pressure on some projects to take on more people than they had intended and/or puts pressure to extend their roles as there is no or limited options for referral onwards.

Sustainability

Two years into a five-year Programme, sustainability of the projects beyond the Programme funding period is something that a number of the projects are thinking about already, and for some projects, concerned about. While most of the projects are funded for the full 5-year period, the core funding for delivery of SingAbout and Creative Futures finishes at the end of year 3. While Independent Arts can envisage ways of mobilising and empowering participants of the SingAbout groups to sustain them without the funding, this is going to be more of a challenge for Creative Futures which, because of the very high level of need of the participants, and the need for intensive volunteer recruitment and support, requiring significant input from project staff. Just three of the nine Care Navigator posts are funded by the Programme, the others being funded by health and social care funding. The funding for the other posts was due to end in June 2017. Although after a period of uncertainty this has now been extended, the uncertainty raised big concerns among the team about how they would manage the already high demand for their services.



Recommendations

Based on the findings described in this report, we have identified a number of recommendations for the Programme, for the projects and to consider for the evaluation.

Recommendations for the Ageing Better Programme Team and Ageing Better Management Group

Support projects to genuinely test and learn by responding quickly to requests to make changes, encouraging creativity and innovation where this remains within the project purpose and conveying the message that this is to be encouraged.

Identify projects that are struggling with delivery at an early stage, and use the extensive expertise and knowledge within the Ageing Better Programme Team and Ageing Better Management Group to support them to look at ways to address problems.

Recognise and celebrate the preventative work as well as the intervention work that is being delivered by the Programme.

Recommendations for projects

It is not too early to start thinking about sustainability of the projects – learn from the experiences of projects which will be looking at this this year.

Look at ways to further increase co-production beyond mechanisms to ask for feedback – this can be small as well as big things.

Recognise and celebrate the preventative work as well as the intervention work that is being delivered by projects.

Recommendations to be considered for the local evaluation

Explore with the evaluation sub-group, Ageing Better Management Group and Ageing Better Programme Team, ways of focusing on the impact of intergenerational work over the next evaluation period.



Summary

Two years into the five-year funded period, it is clear that real progress is being made towards the four Programme outcomes by the 12 projects that make up the Age Friendly Island Programme, supported by the Ageing Better Programme Team and Ageing Better Management Group.

From interviews with participants, there is evidence that the Programme is reaching isolated and lonely people on the IOW and that participation in the Programme has facilitated opportunities for people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people involved across the projects. This report has highlighted the difference between social isolation and loneliness, emphasising that loneliness is more complex to both understand and address. The impact of the Programme on loneliness is less clear and is an area that both the Programme and local evaluation will need to focus on going forward.

As well as working with older people who are isolated or lonely, the Programme is also taking a preventative approach, working at an Island wide level to promote positive ageing, and at an individual level aiming to prevent isolation through providing information and working with individuals before they become isolated or lonely. This is an important element of the Programme and should be recognised and celebrated, even where impact is more difficult to identify.

There is evidence of older people being empowered to be involved in co-production both in the projects they are participating in, and local policies and services more widely. The AFI project is playing a particularly valuable role in supporting and enabling this across the Island.

On the whole, older people speak positively about ageing on the Island, feeling that it is an age-friendly place to grow older and there is a perception that this is improving. Going forward the impact of intergenerational work that several of the projects are delivering will need to be explored.

Finally, whether people identify as isolated or lonely or not, interviews with participants have shown that participation in the Programme has had a positive impact on the health, mental health, wellbeing or quality of life of those involved with the projects. As numbers of responses to the national evaluation survey increase, we will be able to explore this quantitatively through the use of wellbeing scores.

The Programme's multi-levelled approach seems to be working well – having a range of interventions, and targeting prevention as well as intervention is a strength. In particular, the role of the AFI project, working at Island wide level to make the Island age friendly, supporting the work of other projects and enabling older people to become involved is a real asset. While there are challenges to be addressed and improvements that can be made, by taking a 'test and learn' approach and learning from the experiences of delivery, findings to date suggest that the Programme can make a real difference to the lives of older people on the Island over the next three years, and, importantly, beyond the funded period.



Appendix A

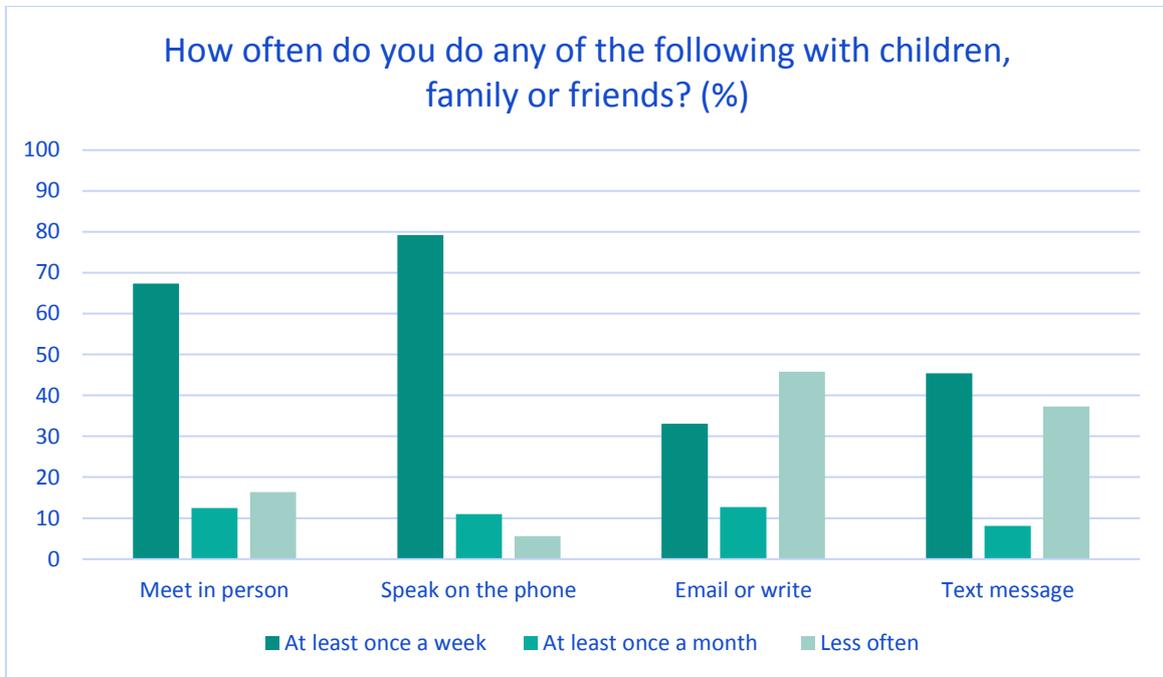


Figure 14 Levels of contact respondents have with family and friends

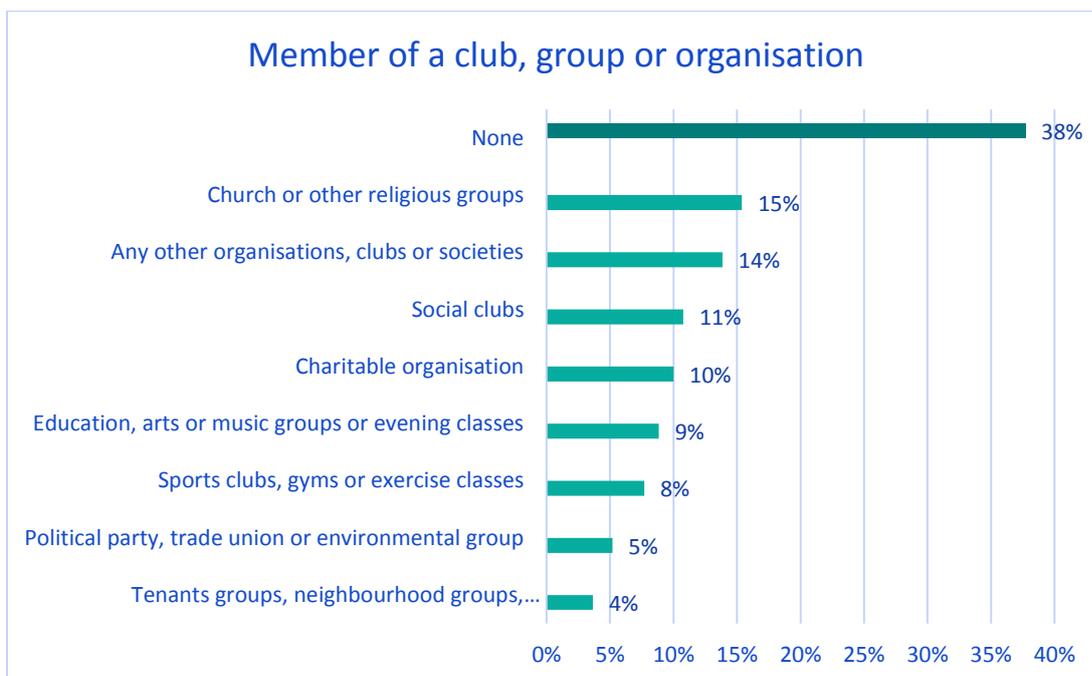


Figure 15 Levels of social participation of respondents

Health Profile: EQ-5D Questionnaire Scores - Some or Severe problem (%)

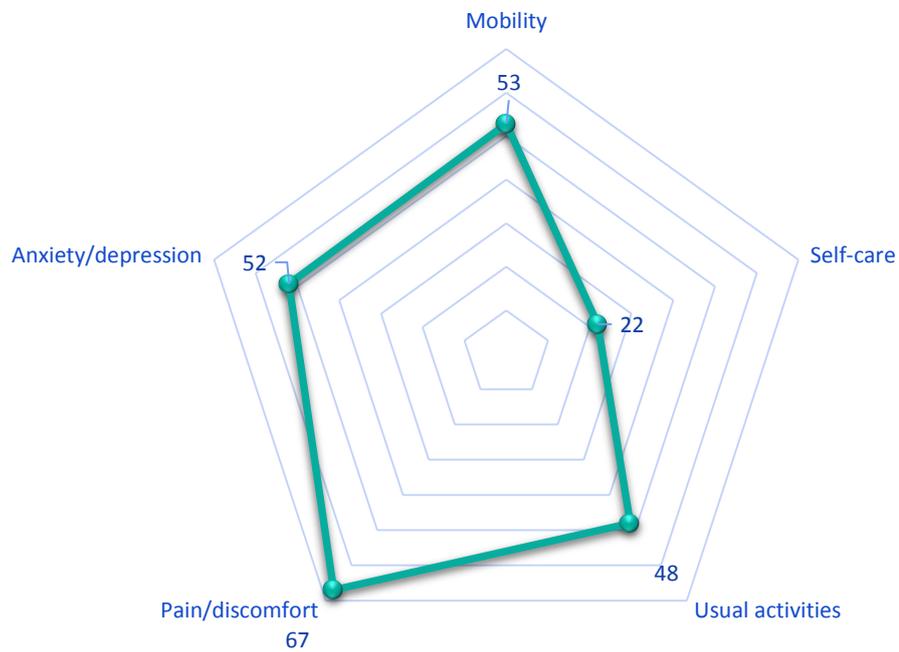


Figure 16 Health profile of national evaluation survey respondents

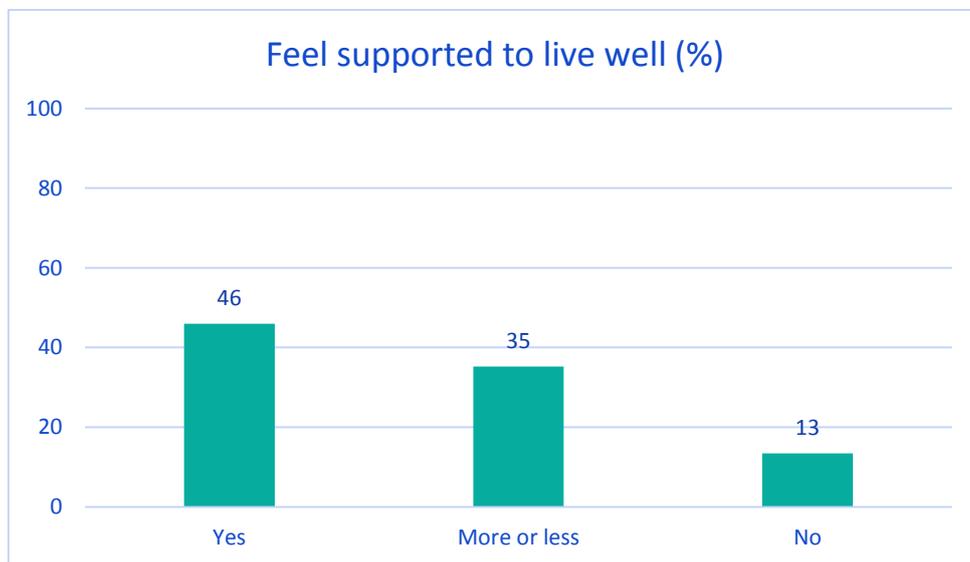


Figure 17 Respondents who “feel supported to live well”