

# Age Friendly Island Local Evaluation

Annual Evaluation Report 17/18



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## Executive Summary

### Introduction

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<sup>1</sup> is running for five years, from April 2015 to March 2020 with an overall budget of £5.7 million from the Big Lottery Fund. The Programme initially consisted of 12 separate projects (listed below) that complement one another to help create an Age Friendly Island. During 2017 the decision was taken by the Programme Management Board to close two of these projects (Education 50+ and Alternative Transport)

- **Community and Care Navigators** – Community Navigators offer support and advice to people aged 50+ to support them to access community and social activity and address social isolation. Care Navigators offer home based support to people 50+ to help them access and navigate health and social care services and provision and promote health and wellbeing.
- **Alzheimers Café** – Provide 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** – Provide 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** – Work 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 +** - Develop older volunteers to support schools and engage older people in their local community. (NB Project closed in summer 2017)
- **Olderpreneurs** – Enable older people to start their own businesses, to build employment opportunities, and changing perceptions of older people.
- **A bit of help** – Deliver 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).

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<sup>1</sup> In this report ‘Programme’ is used to refer to the Age Friendly Island IoW Ageing Better Programme (not the national programme) and ‘project’ refers to one of the 10 projects that now make up the Programme.

- **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. (NB Project closed in summer 2017).
- **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** – Support for 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) has been commissioned to conduct a four-year local evaluation of the AFI Programme, spanning the period April 2016 and March 2020, whilst reflecting progress since the inception of the Programme in 2015. The local evaluation therefore 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 the agreed outcomes. Please note this does not include an evaluation of each of the individual projects but does use data and findings from project information and fieldwork visits to help determine what is working well and not so well for the overall 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 national evaluation led by Ecorys. The sample size of completed returns for AFI to date (covering the period April 2015-March 2018) is N= 893 for initial survey responses and N = 216 for follow up responses. This is known locally and referred to throughout this report as the CMF (Common Measurement Framework) data.
- Ecorys: Fulfilling Lives: Ageing Better National Evaluation. Analysis of Common Measurement Framework (CMF) data. Data from April 2015 – November 2017.
- IOW population survey for people aged 63 and over (collected by Ecorys through a household survey in October 2015 –June 2016 – N=409)<sup>2</sup>
- Fieldwork with the 10 remaining projects conducted by three researchers in September 2017 and March 2018. This included a total of 80 interviews, (predominantly face to face but a few by telephone) - 45 staff and volunteers and 35 project participants.
- Project monitoring data – information collected by projects/programme team including activity / take up of projects (number of participants and volunteers) and project monitoring reports.
- Change stories written and submitted to NDTi by project delivery partners (N= 58).
- Project level data, where collected by project delivery partners and where this is relevant to Programme outcomes (e.g. feedback sheets)
- Responses to a stakeholder survey designed by NDTi sent to AFI partners (N=12) and those suggested by Delivery Partners (N= 7).

## Age Friendly Island Programme Delivery and Reach

The projects reported a total of 3,940 new participants in the period 2017-18, compared to 4354 in the previous year. 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. The numbers of new participants are down a little on the previous year, but this could be because projects are now well established with regular attenders from previous years. However, it is worth noting that for Isle Find It new participant numbers have increased significantly as the website has become more established in people's minds and better known generally. In terms of average

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<sup>2</sup> Ecorys, Brunel University and Bryson Purdon Social Research (2016). Fulfilling Lives: Ageing Better National Evaluation Population Survey (Wave1)

attendance 2,047 people participated with the 12 projects each month in 2017-18, an increase on the previous year of 1594 (this includes both new and on-going participants).

In terms of profile, Table 1 below compares the responses to the CMF for the loW AFI participants compared to the average figures for the 14 Ageing Better Programmes. The most important things to note in relation to AFI from the table below are:

- The significantly high proportion of participants aged over 85 years (almost double compared to the average across all Ageing Better programmes);
- The relatively high proportion of carers (30%);
- The lower proportions both identifying with a long standing illness or disability (51%) and living alone (43%).

**Table 1 Profile of participants**

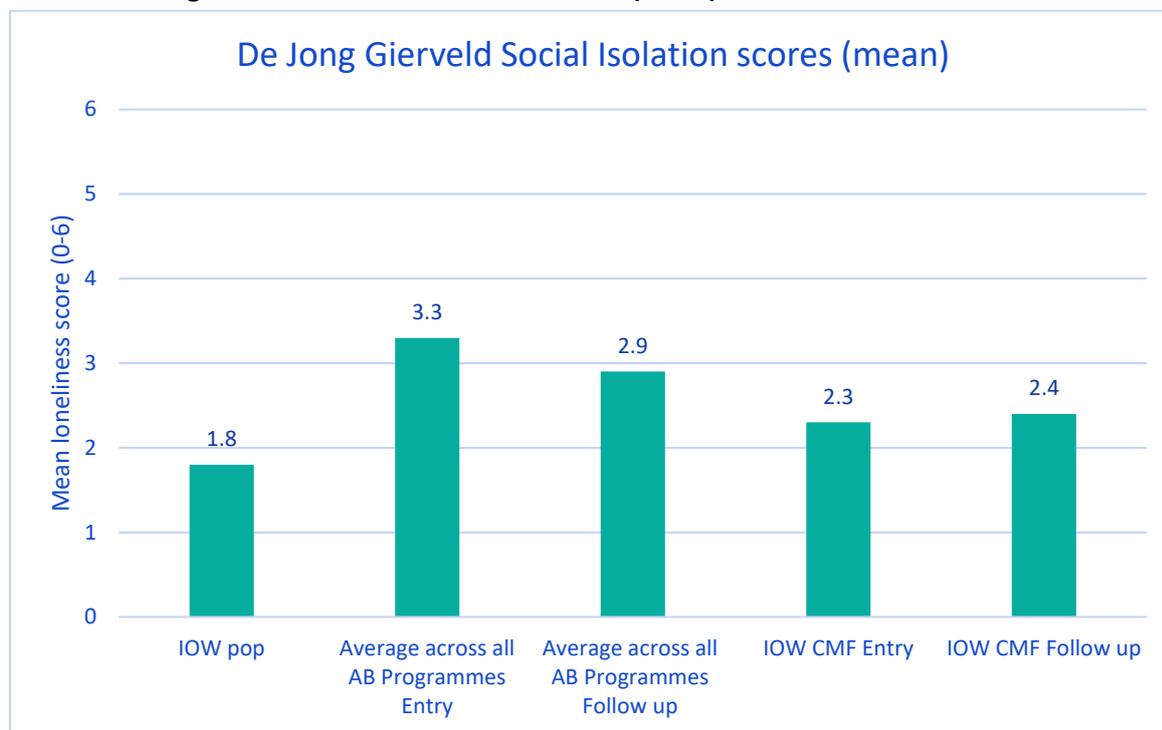
<b>Profile of Participants</b>	<b>Ageing Better - average for all 14 Programmes</b>	<b>AFI – loW Programmes</b>
<b>Gender</b>		NB 4% did not answer
Male	31%	33%
Female	69%	63%
<b>Age Distribution</b>		
% under 64 years	34%	30%
% 65-84 years	54%	49%
% 85 years +	12%	21%
<b>Living Circumstances</b>		
% Carers	22%	30%
Long standing illness or disability	60%	51%
Living Alone	50%	43%

Given these figures it is perhaps not surprising that (when measured by the De Jong Gievelde Loneliness scale) the loW participants, although lonelier than the comparative population of older people on the loW, are less lonely when compared to the average across all of the Ageing Better areas as illustrated in Table 2 below<sup>3</sup>. The overall loneliness score is measured on a scale of 0 to 6,

<sup>3</sup> Please also be aware that great care should be exercised in reading too much meaning into the slight movements in entry and follow up numbers, as such small changes can arise by simple chance and not have any statistical significance.

with 0 being the least lonely and isolated and 6 being the most. Comparative data also showed that the IoW participants are also more sociable (with family, non-family and friends) than elsewhere.

**Table 2 De Jong Gierveld Overall Loneliness scores (mean)**



***NB Ageing Better data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017. IOW data from CMF returns up to March 2018.***

## Findings and Conclusions

Three years into the five-year funded period, it is clear that the Programme is making real progress towards the achievement of the four main Programme outcomes.

- The Programme continues to support a high number of older people, with an average of 2047 attending all the projects each month, of whom a significantly higher proportion are 85 years old or more when compared to other Programme areas and the Island as a whole. The IOW Programme participants are less lonely and more sociable than elsewhere, and these measures have remained stable despite the increasing age and risk factors associated with loneliness of IOW participants over time. Our fieldwork has shown that the programme has facilitated opportunities for older people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people involved across the projects.
- Older people are increasingly involved in designing and shaping their own individual support and the services they receive from the projects. More opportunities are also being created for and being taken up by older people to influence and shape local policies and increase awareness and understanding of their needs. Not all older people wish to do so, but it is

particularly encouraging that a higher proportion of older people do now feel they can influence decisions in their local area. The AFI project has played an extremely important role in supporting and facilitating this work across the island. There is still scope to progress this work further to enable a higher proportion of older people to feel empowered to influence projects, services and policies, even if some decide in the end that this option is not for them.

- Although extremely difficult to measure there does also appear to have been some significant progress towards the Isle of Wight becoming an Age friendly Island in the past year. The number of inter-generational activities are increasing as are the number of young volunteers and the hours they are contributing, with feedback from those involved being extremely positive. Similarly, the widespread delivery of the Age Friendly Training appears to be making a real impact, via the relevant organisations, on the daily lives of older people. Health and social care concerns aside, the island is generally regarded as a good place to grow old.
- Finally, although the health and well-being measures from the IoW CMF have demonstrated either no progress or minimal changes in the IoW respondents, this does not appear to fully reflect the work that is taking place and the outcomes being achieved, as evidenced through our fieldwork. It is important to highlight the high proportion of respondents (21%) over the age of 85 years; as they are a particularly vulnerable cohort, both in terms of physical and emotional health, it can take very little to set them back a long way. In this context simply maintaining health should be seen as a positive outcome. Interviews with participants have consistently shown that participation in the Programme has had a positive impact on the physical and mental health, wellbeing and /or quality of life of those involved with the projects, whilst ensuring people feel safe and supported. All of which have helped to keep older people feeling positive about life.

Throughout this report we have sought to draw on the key learning in relation to the achievement of individual outcomes. There are several common elements which have played a particularly significant contribution across the Programme, including:

**Person centred approaches:** A priority for many of the projects was the importance of supporting older people by taking time to identify their individual needs and wishes and ensuring they responded accordingly. This approach was hugely appreciated by those interviewed, especially at a time when other services are under such pressure and can offer little time.

**Value of information technology:** Although a small number of older people did not want to engage with information provided online and expressed dissatisfaction with it only being available in this medium, those who did learn to use digital technology through AFI found this to be invaluable. They learned new skills, kept in contact with distant friends and family and appreciated practical help such as on-line shopping. This will become increasingly important as opportunities are explored to use for example, Fit Bits and home based voice recognition systems; and as the younger, more IT-literate generation of older people look to IT as a core resource in later life.

**Contribution of volunteers:** Playing a key role in the delivery and expansion of the work of the projects, volunteers are fundamental to the success of the overall Programme. This will increase as projects look to beyond 2020 and how best to maintain those services. The benefits to the volunteers themselves is also increasingly clear, especially the value of inter- generational volunteering to both parties. However, successfully engaging volunteers requires ongoing investment in a robust infrastructure to ensure effective recruitment, support and retention in sufficient numbers from a limited pool of potential individuals.

**Value of Age Friendly training:** As this has expanded in terms of number of organisations and people participating, the benefits are becoming increasingly clear. Feedback from the vast majority of those participating identifies planned changes to day to day delivery of services, and several people have commented on the improved attitudes and understanding of Southern Vectis drivers. In terms of lasting impact on the island this work, alongside the Train the Trainers course, has real scope to make a hugely significant impact on the everyday lives of many older people for years to come.

**Importance of co-production:** Although not co-production in its purest form, the willingness of all of the projects to engage with older people, listen to their views and adapt their services accordingly has been widely appreciated and helped deliver more person centred services. The focus to date has been on co-design and involvement, providing a solid foundation for projects and the Programme to build towards full co-production.

**Value of partnership working:** The value of working collaboratively both with fellow projects within the Programme and organisations beyond was stressed by all those interviewed. The mutual benefits include: increased knowledge of what was available, the opportunities to share expertise/facilities wherever possible, joint funding bids for specific pots of money, building local relationships in different localities to pursue different opportunities for services, and joint working wherever possible. There is a strong sense of commitment to relationship building and inter-project referrals across all of the 10 projects, and a very clear recognition of the benefits derived from this approach.

This Programme is not without its challenges. The projects experience a real sense of overload in terms of the administrative demands that being part of the Programme places upon them and are currently feeling unsupported and insecure. This is compounded by funding ending in 2020 and an increased recognition of the urgency of their situation, something they would like help and guidance with from the Programme team. There appears to be real scope to take this area of Programme work forward going into 2018-19, with opportunities not just to share the learning from the Programme to date, but also to promote and celebrate the achievements of the projects and the contribution they could play in the wider health and social care services on the island.

## **Recommendations for the Ageing Better Programme Team**

Address the issue of sustainability for the appropriate projects by:

- a) Helping support and guide them as they seek to strengthen their own future position;
- b) Opening up discussions on their behalf with all the relevant statutory sector agencies;
- c) Proactively promoting the achievements of the AFI Programme to date with a view to securing increased recognition and support from the LA/CCG.

Explore how best to achieve the difficult programme balance needed between general oversight, the monitoring of targets and finance, and support for projects.

Explore opportunities for collaborative approaches to identifying and sharing Programme learning from across the Delivery partners and Programme as a whole.

## **Recommendations for projects**

Continue to address the issue of sustainability and explore opportunities whilst seeking also to learn from other projects.

Explore opportunities for bringing more young people into projects as volunteers/participants.

## **Recommendations to be considered for local evaluation**

NDTi to work with the Programme team to devise a tool for capturing activity from cross referrals between projects.

NDTi team to work with the Programme team to streamline data analysis systems.



## 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 Programme<sup>4</sup> is running for five years from April 2015 to March 2020 with an overall budget of £5.7 million from the Big Lottery Fund. The Programme initially consisted of 12 separate projects (listed below) that complement one another to help create an Age Friendly Island. During 2017 the decision was taken by the Programme Management Board to close two of these projects (Education 50+ and Alternative Transport).

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- **A bit of help** – Deliver 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. (NB Project closed in summer 2017).
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## **Evaluation**

The National Development Team for Inclusion (NDTi) has been commissioned to conduct a four-year local evaluation of the AFI Programme, spanning the period April 2016 and March 2020, whilst reflecting progress since the inception of the Programme in 2015. The local evaluation therefore 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 the agreed outcomes. Please note this does not include an evaluation of each of the individual projects but does use data and findings from project information and fieldwork visits to help determine what is working well and not so well for the overall Programme.

Ecorys, working in partnership with Brunel University Institute for Ageing Studies and Bryston 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 areas. 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 by adding in depth understanding about what works and why on the IoW.

This second local evaluation report of the AFI Programme provides an overview of findings from the period April 2017 to March 2018, drawing on a wide range of data gathered across Year 3 of the Programme. Annual reports are produced in May each year with a final evaluation report in 2020. A short report for each of the remaining 10 projects summarising the data collected relevant for each project has been produced for the projects. In addition, interim findings are reported in November 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 is delivered over the remaining two years.

## Methodology

This evaluation is based on a mixed methods approach that draws on both quantitative and qualitative methods of data collection. The aim is to minimise the burden on projects, and to make full use of data gathered elsewhere, which includes data gathered 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 national evaluation led by Ecorys. The sample size of completed returns for AFI to date (covering the period April 2015-March 2018) is N= 893 for initial survey responses and N = 216 for follow up responses. This is known locally and referred to throughout this report as the CMF (Common Measurement Framework) data.
- Ecorys: Fulfilling Lives: Ageing Better National Evaluation. Analysis of Common Measurement Framework (CMF) data. Data from April 2015 – November 2017.
- IOW population survey for people aged 63 and over (collected by Ecorys through a household survey in October 2015 –June 2016 – N=409)<sup>5</sup>
- Fieldwork with the 10 remaining projects conducted by three researchers in September 2017 and March 2018. This included a total of 80 interviews, (predominantly face to face but a few by telephone) - 45 staff and volunteers and 35 project participants.
- Project monitoring data – information collected by projects/programme team including activity / take up of projects (number of participants and volunteers) and project monitoring reports.

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<sup>5</sup> Ecorys, Brunel University and Bryson Purdon Social Research (2016). Fulfilling Lives: Ageing Better National Evaluation Population Survey (Wave1)

- Change stories written and submitted to NDTi by project delivery partners (N= 58).
- Project level data, where collected by project delivery partners and where this is relevant to Programme outcomes (e.g. feedback sheets)
- Responses to a stakeholder survey designed by NDTi sent to AFI partners (N=12) and those suggested by Delivery Partners (N= 7).
- Learning from the two closed AFI projects.
- Quarter 2 1:1 notes between Programme lead and individual projects.
- Feedback/review from Citizen Evaluator work.
- Learning from additional Ageing Better events, one conducted by Hall Aitken on IOW in March 2018, another in London run by Big Lottery for all Programmes in January 2018.

An additional element of the planned evaluation over the past two years was the recruitment, induction and training of volunteer Citizen Evaluators to assist with a range of evaluation activities. Following a recruitment drive and despite a number of people attending training, only two Citizen Evaluators undertook any evaluation activity during the past year, one of whom has recently taken some time out for personal commitments. This issue is addressed later in the report.

### **A note about national evaluation survey (CMF) responses**

The national evaluation survey (CMF) is designed to be completed by participants at entry (i.e. when they start participating in a project) and at follow up (when they stop using the project or at yearly intervals). The survey contains a number of quantitative measures such as loneliness, well-being and health scores, frequency of social contact and participation and engagement levels. Comparing the entry and follow up surveys should allow a measure of impact of the Programme on individual participants. NB Not all projects complete the IoW CMF as it is not suitable for their project /clients (i.e. Isle Find It; and Alzheimers café). In the last Annual Report (June 2017) there were 520 entry survey responses and 61 follow ups, a year on this has risen to 893 entry surveys and 216 follow ups.

### **A note about the stakeholder survey**

This is the first year we have sought the views of stakeholders on the impact of the overall Programme. Two slightly different surveys were sent out, the first to those in regular contact with individual projects – sent via the projects themselves, and the second to those in contact with the AFI project/overall AFI Programme. Replies from the latter have proven to be the most informative (N=12) and provide useful evidence and insight for this report. The list of those responding to AFI Programme survey is attached at Appendix A.

### **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 progress towards each one. The third section takes an overview of the Programme in terms of how the projects are working together, what is working and what the challenges are, and sustainability issues. The final section pulls together the learning to date.



## 1. Age Friendly Island Programme delivery and reach

### Summary of Programme activity

The table in Figure 1 below shows the number of participants reported by projects in the period April 2017 to March 2018. It should be noted that participation has a different meaning for each project and reflects a wide range of levels of participation from small one-off interactions to in-depth one to one support over a period of time.

The projects reported a total of 3,940 new participants in the period 2017-18, compared to 4354 in the previous year. 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. The numbers of new participants have gone down a little since the previous year, but this could be because projects are now well established with regular attenders from previous years. However, it is worth noting that for Isle Find It new participant numbers have increased significantly as the website has become more established in people's minds and better known generally. Figure 1 below also shows that total average number of participants per month has increased since the previous year.

Figure 1 on the next page shows that an average of 2,047 people participated with the 12 projects each month, an increase on the previous year of 1594 (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. Please note that the figures for Age Friendly Island include the Celebrating Age Festival, which have increased the number of new participants in 2017-2018. Please also note that the average participant figure for Alternative Transport and Education 50+ are for the 3 months of 2017-2018 that these projects were running (April-June 2017).

**Figure 1 The number of new participants by project 2017-18 and 2016-17**

	2017-18 New Participants Total	2016-17 New Participants Total	Average (mean) number of new and ongoing participants per month 2017-18	Average (mean) number of new and ongoing participants per month 2016-17
Age Friendly Island	716	153	78	19
Alternative Transport Project*	227	489	76	41
Alzheimer's Café	143	163	208	179
Care for Carers	349	253	172	90
Care Navigators	1164	1504	428	496
Community Navigators	734	819	221	112
A bit of help - Digital Inclusion	229	438	42	45
Education 50+*	3	37	56	30
Employment Support	72	67	12	11
A bit of help – Isle Find It	(33,837**)	(5610**)	-	-
Men in Sheds	69	90	154	77
Mental Health Peer Support Project	22	71	87	76
Olderpreneurs	82	64	45	19
Sing About Creative Futures	130	204	468	399
<b>Total</b>	<b>3,940</b>	<b>4,354</b>	<b>2,047</b>	<b>1,594</b>

\*Both the Alternative Transport project and Employment 50+ ceased running in June 2017.

\*\*The number of participants for Isle Find It refers to number of unique users of the online directory and has been excluded from the total participant figure

The table in Figure 2 on the next page shows the number of volunteers involved in the Programme by project for the period April 2017 to March 2018.

The projects reported a total of 114 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 217 people volunteered with the Programme each month (this includes both new and ongoing volunteers) between April 2017 to March 2018.

**Figure 2 The number of volunteers by project**

	2017-18 New Volunteers Total	2016-17 New Volunteers Total	Average (mean) number of new and ongoing volunteers per month
Age Friendly Island	19	13	10
Alternative Transport Project*	0	2	4
Alzheimer's Café	17	19	51
Care for carers	7	3	21
Care Navigators	10	4	2
Community Navigators	17	31	29
A bit of help - Digital Inclusion	11	8	44
Education 50+*	0	0	0
Employment Support	7	12	4
A bit of help – Isle Find It**	0	0	0
Men in Sheds	0	0	0
Mental Health Peer Support Project	3	3	6
Olderpreneurs	1	0	2
Sing About Creative Futures	22	36	44
<b>Total</b>	<b>114</b>	<b>131</b>	<b>217</b>

\* Both the Alternative Transport project and Employment 50+ ceased running in June 2017.

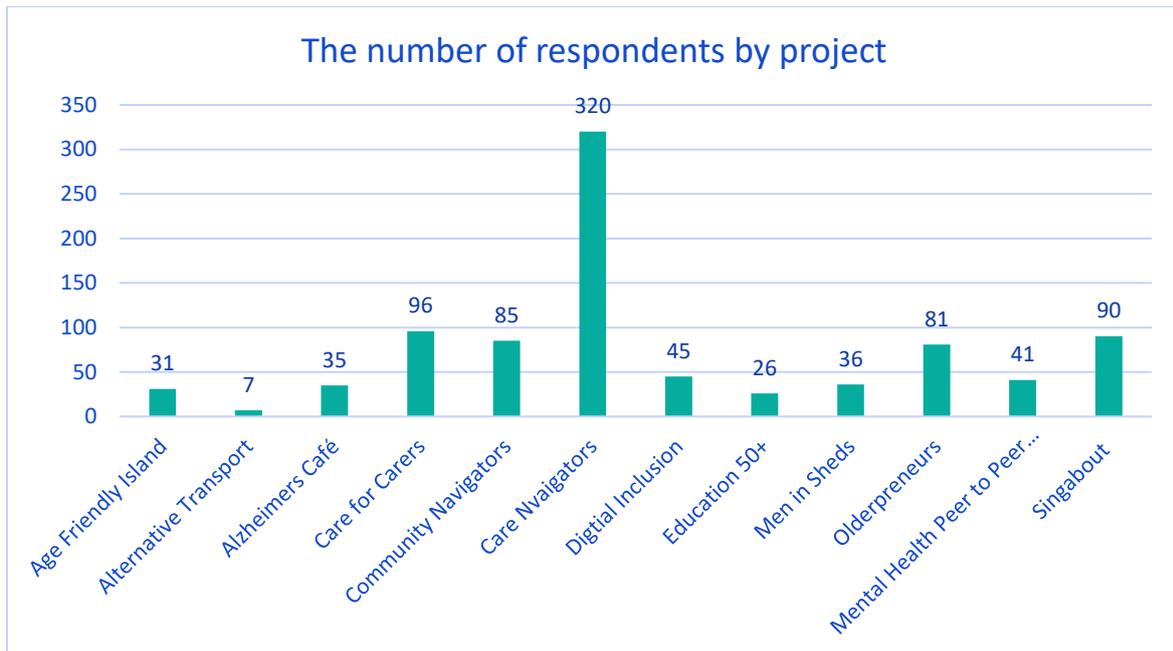
\*\*Numbers not provided

Please note that only 27 IOW CMF entry respondents and 17 IOW CMF follow up respondents were formal volunteers for any of the programmes, so this is not capturing a representative sample of the volunteers involved. This could be addressed by 'targeting' volunteers for future CMF returns in order to capture their data.

### Who is the Programme reaching?

The findings reported in this section are based on the total of 893 loW entry responses to the CMF from April 2015 onwards. The chart in Figure 3 shows the number of respondents to the loW CMF 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 not distributed to the Alzheimer's Café participants due to issues around mental capacity to consent to take part

**Figure 3. The number of respondents by project**



As well as acknowledging that not all projects are distributing the CMF to all participants, it should be noted that while the number of responses will vary according to the number of participants per project, there is a marked variation in response rates between projects. The highest proportion of returns are from the Care Navigators project, and although we are unclear as to exactly why, one possibility could be because there has been an independent evaluation of their work underway so using this survey may fit with other work taking place. The sample is also non-random, as some participants may be more likely to complete the CMF than others, meaning that the responses may not reflect 'typical' participants.

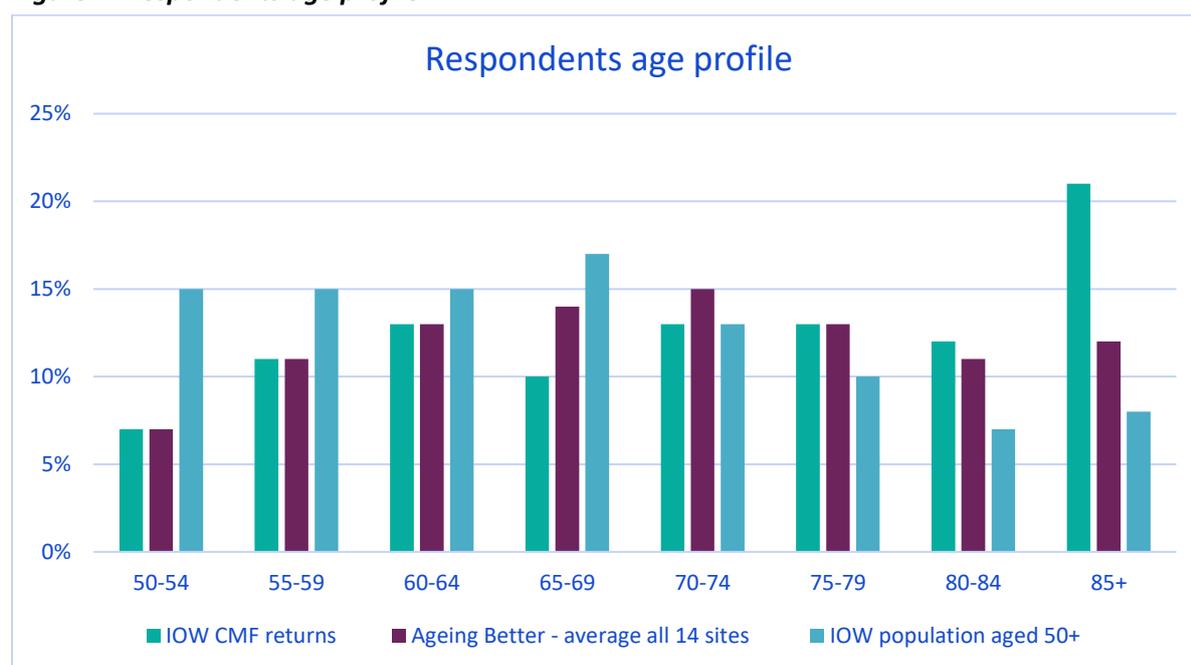
### Gender, age and disability

The table below shows the proportion of respondents to the IoW CMF who are male (33%) and female (63%) and compares these with the average figures from the overall Ageing Better programme and the overall IoW population survey. This shows that a slightly higher proportion of men are being supported by the Programme than for the average across the other areas and that females are over represented in proportion to the IoW population. However, this will be partially explained by the high number of people aged 85 and above (see Figure 4), as two thirds of the IoW population aged 85 and over is female. Of the IoW CMF Entry respondents aged over 85 years 61% were female and 37% male (remainder preferred not to say), so these returns are broadly in line with the IoW population.

	Male	Female
IoW CMF returns (4% of respondents preferred not to provide an answer to this question).	33%	63%
Ageing Better - average from all 14 Programmes (Ecorys analysis – data April 2015-Nov 2017)	31%	69%
IoW population aged 50+ (ONS population estimates 2015)	47%	53%

The average age of respondents is 75. The chart in Figure 4 compares the respondents to the IoW CMF entry survey to the age profile of the IoW population aged 50 and above, and also to the average figures for the 14 Ageing Better areas. This shows that those aged 70 and over are over-represented among respondents, particularly those over 85 years, suggesting that the Programme is reaching older age groups on the Island, and the other Ageing Better areas.

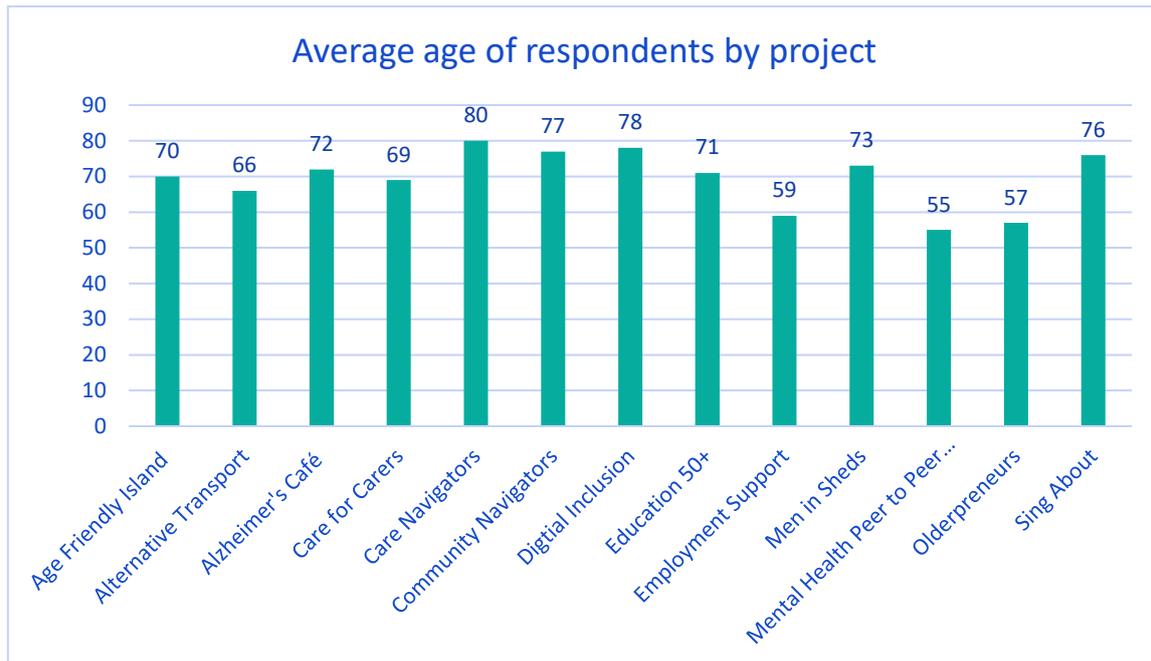
**Figure 4. Respondents age profile**



**NB AB data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017**

The chart in Figure 5 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 5. Average age of respondents by project**



51% of respondents identified themselves as having a life limiting illness or disability which is relatively low compared with elsewhere. The average across the Ageing Better areas was 60% and the national figure is 55% for those over 50 years.<sup>6</sup>

30% identified themselves as carers in contrast to an average of 22% across the Ageing Better areas and 17% aged 50 and over in England and Wales.<sup>7</sup> These high figures may be due to the Care for Carers project within the IoW Programme, but may also be reflective of the high number of people who are living with their spouse or partner or with family.

### Living situation

The chart in Figure 6 shows that 43% of respondents live with a spouse or partner, 41% live alone, 10% live with family and 1% live in residential accommodation. It is interesting to note that less than half of the respondents live alone.

<sup>6</sup> General Lifestyle Survey 2011. Long standing and limiting illnesses by age and sex. ONS

<sup>7</sup> Provision of unpaid care by age: ONS

**Figure 6. Respondent living situation**

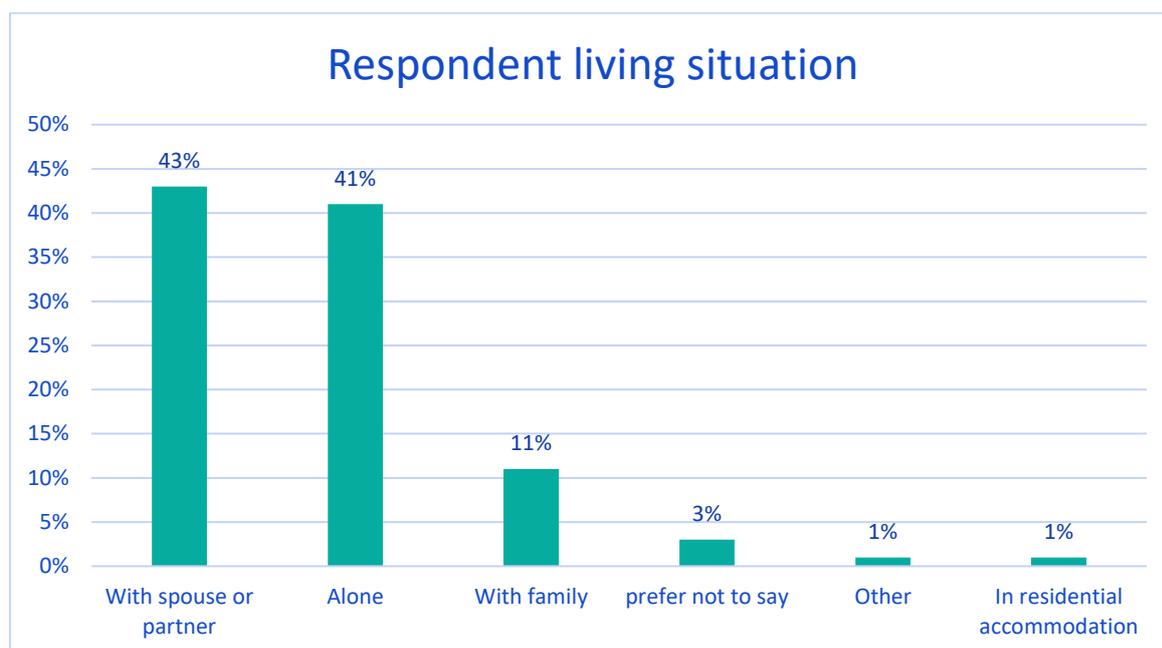


Figure 7 below compares the living situation for the loW respondents (up to November 2017 – hence slightly different figures) with the average across the Ageing Better areas, where it is interesting to note:

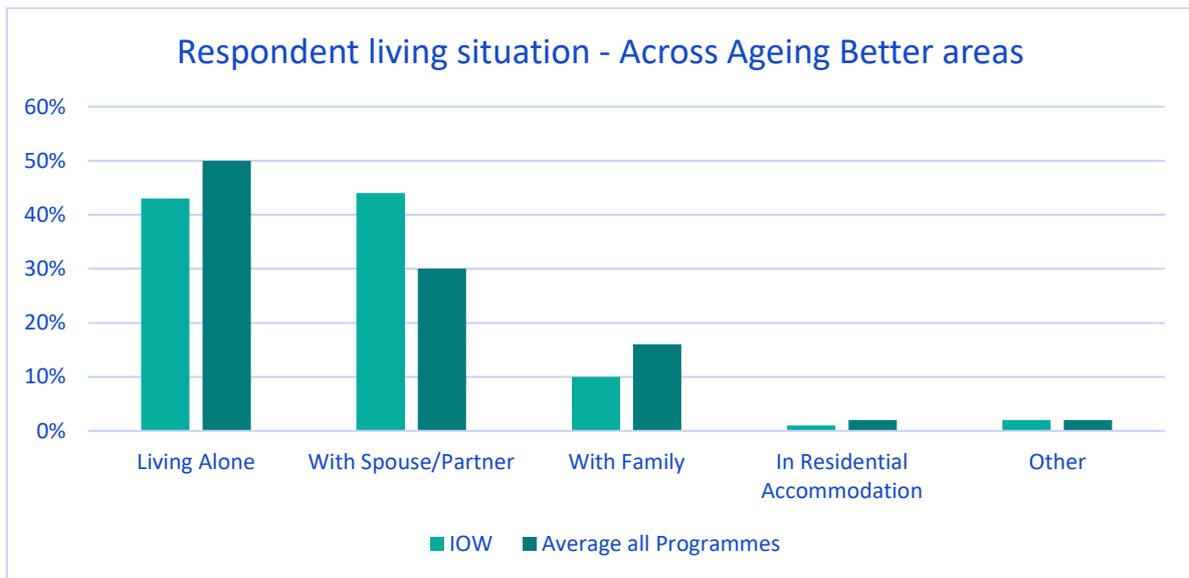
- A lower proportion live alone compared to elsewhere;
- A higher proportion of loW respondents live with a spouse or partner when compared to elsewhere; and
- A lower proportion live with family when compared to elsewhere.

This could be due, in part to the attractions of the loW as a retirement destination, a common occurrence amongst participants interviewed, whose families had remained on the mainland.

Across England, 24% of people aged 50 years and over lived alone<sup>8</sup> which shows that all Ageing Better areas, including the loW, are successfully reaching those who have been identified as being socially isolated/lonely or at risk of becoming so.

<sup>8</sup> Household composition by age and sex: ONS

**Figure 7. Respondent living situation – Across Ageing Better areas**



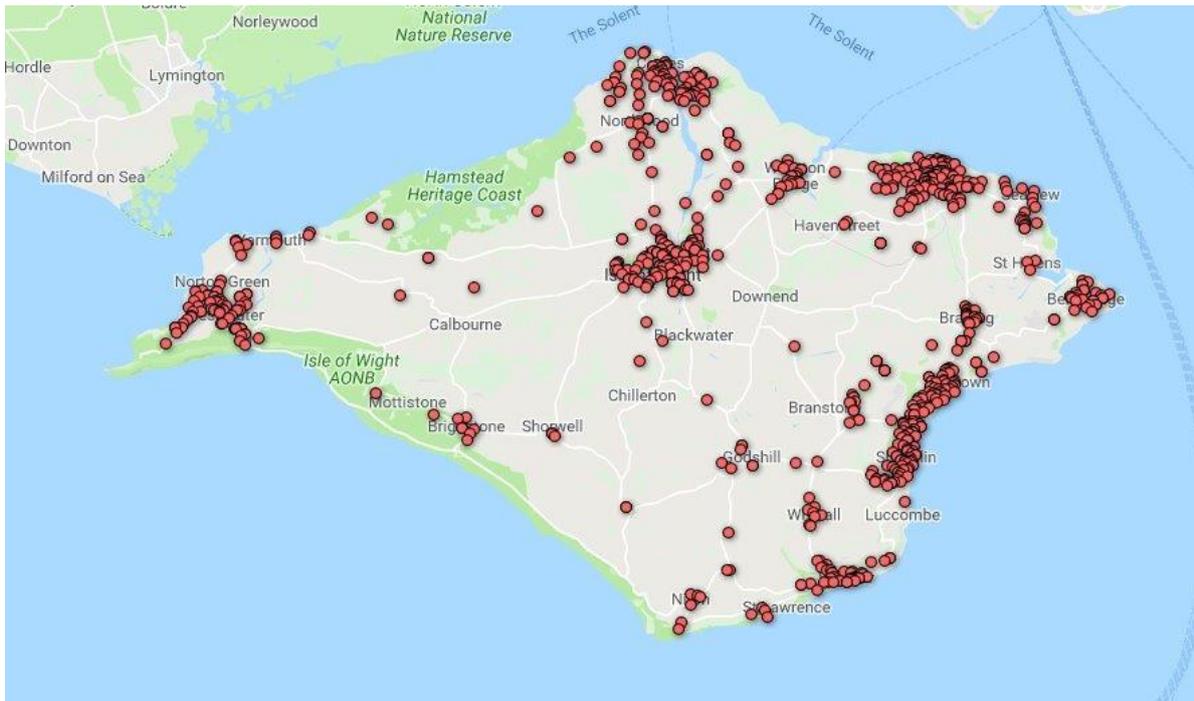
**NB AB & IOW data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017 (hence the difference to the IOW % in Figure 6- where data entered up to March 2018)**

We think it is important to raise here that several respondents noted on their forms that they live with pets and that in many cases they considered these pets as family (understandably). As there was no option on the CMF form for this, we have not been able to include it in the analysis. But we do feel this report should recognise that living ‘alone’ with a pet is likely to provide different outcomes for people than if they were living ‘alone’ without a pet – based on the knowledge we have about the effects on mental health of having a pet and the impact on physical health for those who have dogs etc. This would be an interesting issue to raise with the national evaluation to see if there has been feedback on this issue from any of the other Programmes.

### Geographical location

There is considerable interest in the geographical distribution of the AFI participants and most particularly the extent to which the Programme is reaching those in the most isolated spots. Our ability to analyse this is limited by the post code data recorded in the entry IOW CMF, which shows the following distribution for the 893 respondents

**Figure 8: Indicative distribution of IOW CMF Entry respondents by geographical area.**





## 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. Please note that where we cite fieldwork findings we have sought to be as specific as possible without compromising confidentiality.

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

In considering the impact of the Programme on this outcome, it is important to recognise the distinction between social isolation and loneliness. Weiss (1973)<sup>9</sup> distinguished between social loneliness (e.g. lack of social integration), and emotional loneliness (e.g. absence of reliable attachment figure) – concepts measured by the De Jong Gierveld scale in the CMF.

*“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’Luanaigh et al, 2012, p347)<sup>10</sup>

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 lonely. This outcome is focused on reducing social isolation, but it can be difficult to separate the two as they can be closely related and in interviews older people can be reluctant to admit to either, so tend to hide their true feelings behind broad terms/language. There may therefore be some overlap with the issues and findings in outcome 4 (improving health and well-being).

#### **How socially isolated are the Programme participants?**

The data reported in this section is based on the IoW CMF entry and follow-up responses. As noted earlier this should not be taken as representative of all Programme participants but can provide a useful indication. Please also be aware that great care should be exercised in reading too much meaning into the slight movements in entry and follow up numbers, as such small changes can arise by simple chance and not have any statistical significance. It is therefore important to note the differences presented in the graphs, but to view these in conjunction with the responses gathered

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<sup>9</sup> Weiss, R.S., (1973), *Loneliness: the experience of emotional and social isolation*, Cambridge, Massachusetts: MIT press

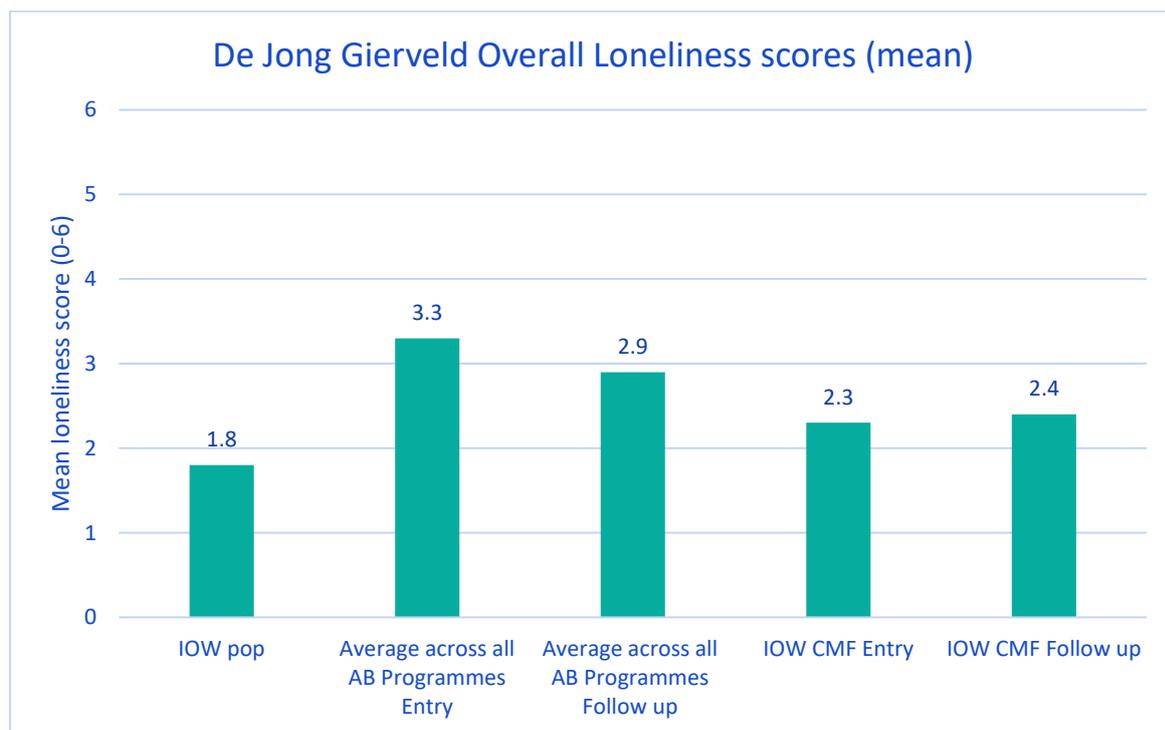
<sup>10</sup> O’Luanaigh et al (2012) Loneliness and cognition in older people: The Dublin Healthy Ageing study, *Ageing & Mental Health*, 16:3, 347-352

from programme participants in interviews. In doing so you will glean a holistic view of the rich and diverse impact the programmes have had upon participants.

The scale used to measure social isolation in the CMF 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 loneliness.<sup>11</sup> Social loneliness occurs when someone is missing a wider social network, and emotional loneliness arises when a person is missing ‘intimate relationships’ with others. In this section we will therefore look at the social loneliness scores as these align most closely with the concept of social isolation.

Figure 9 below compares the De Jong Gierveld overall loneliness scores of the older IoW population as measured by Ecorys population survey, alongside the entry and follow up loneliness scores reported by respondents to the CMF survey for both the IoW and the average across all the Ageing Better areas. The overall loneliness score is measured on a scale of 0 to 6, with 0 being the least lonely and isolated and 6 being the most.

**Figure 9. De Jong Gierveld Overall Loneliness scores (mean)**



**NB Ageing Better data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017. IOW data from CMF returns up to March 2018.**

<sup>11</sup> See here for more information about the De Jong Gierveld scale and other loneliness measures.<http://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf>

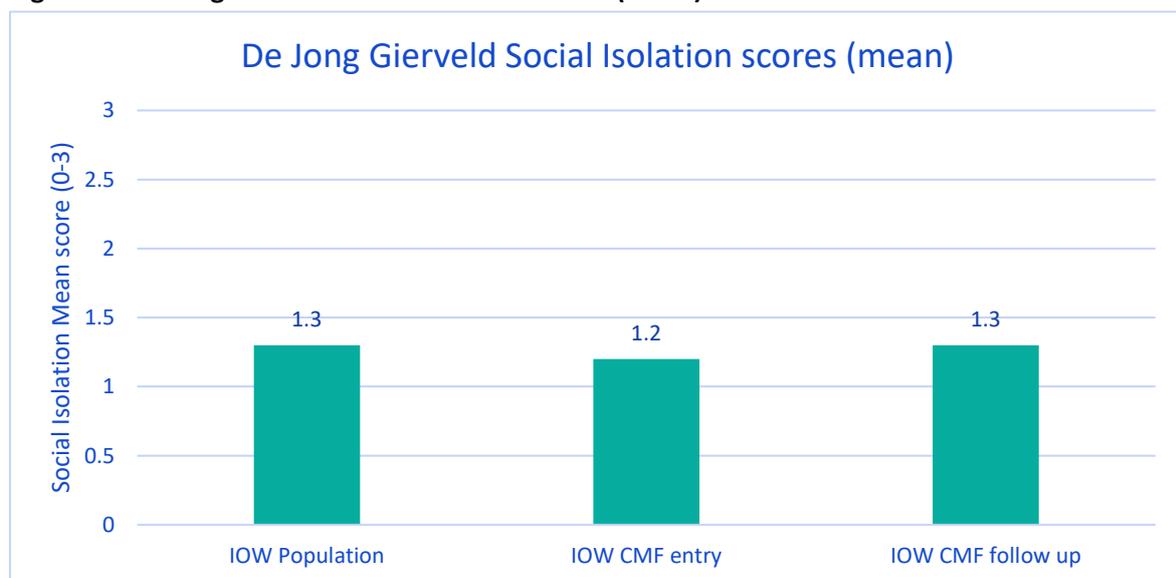
This graph shows that:

- The entry loneliness score of the IoW CMF is 2.3 compared to 1.8 in the older IoW population. As higher scores indicate higher levels of loneliness, this suggests the Programme is reaching older people who are lonelier than the average older population on the IoW.
- However, the entry for the IoW respondents is much lower than the average for all of the 14 Ageing Better areas (2.3 compared to 3.3) which suggests that the older people supported by the IoW Programme are not as lonely as those being supported elsewhere.
- Also, whilst the follow up score for the national average across the areas has improved (3.3 to 2.9), the follow up score for the IoW (2.3 to 2.4) suggests that participants have become marginally more lonely/stayed the same (please see earlier caveats re statistical significance) during the course of the Programme.

Although the lack of shift in overall loneliness scores may be disappointing it is important to recognise the context. The Programme is known to be reaching lonelier older people than the average on the island, but it is also known that a lower proportion of participants live alone (compared to the average for all the Ageing Better areas) and fewer identify as having a life limiting illness or disability. Both of these factors could impact not just on their initial score but also on how they felt at follow up. It is also important to note that an initial score of 2.3 (out of 6) is a good starting point and therefore represents more of a challenge to improve.

Figure 10 below shows the comparison for the social isolation scores (3 measures within the DJG) of the older IoW population as measured by Ecorys population survey, alongside the entry and follow up loneliness scores reported by respondents to the IoW CMF. This figure is not readily available for the all of the Ageing Better areas (NB Scale 0-3).

**Figure 10 De Jong Gierveld Social Isolation scores (mean)**



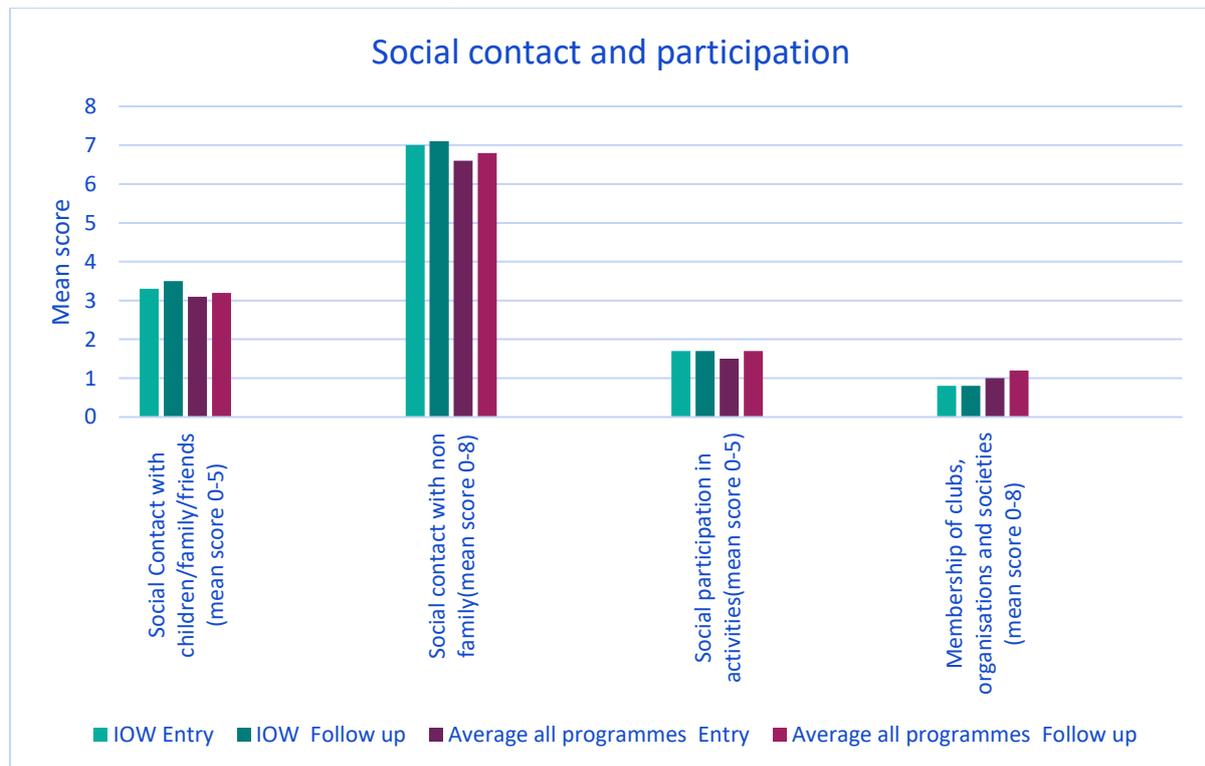
This chart shows that there is very little variation in the social isolation scores between the wider IoW population of older people and those participating in the Programme, at either entry or at follow up. As with the overall loneliness scores in Figure 9 it is important to recognise the characteristics of the IoW respondents, the low starting score and the limited room for progression.

### Social Contact and Participation

Appendix B shows 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 – 40% of respondents were not a member of any club, group or organisation at the entry survey but this had fallen to 35% for the follow up group. This implies older people are more active and making more connections.

The most interesting analysis however is how this compares with the average figures across all Ageing Better Programmes as shown in Figure 11 below:

**Figure 11. Social Contact and Participation**



**Source: AB & IOW data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017.**

This graph / table shows that:

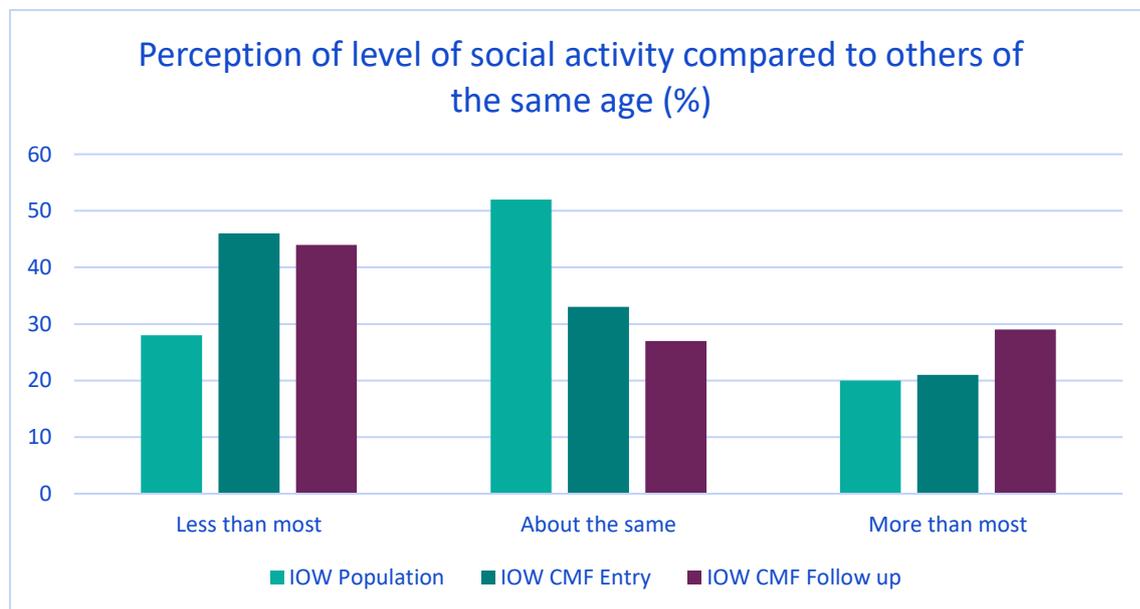
- Overall there has been only limited change in the level of social contact for the IoW participants;

- However, when compared to the average across all the Ageing Better programmes they are more sociable from the start (with the start figures also exceeding the Ageing Better follow up figures) in three out of the four measures.

These figures imply that the IoW respondents are less lonely and more socially connected than elsewhere which is interesting given the comparatively high proportion of people over the age of 85 years. However, this does fit with a lot of our qualitative feedback which was generally very positive about growing older on the island (see Section 3) and the range of activities and opportunities available.

Figure 12 shows respondents' *perception* of the level of their social activity compared to others of the same age, with comparisons to the older IoW population. 46% of respondents 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 at the time of the entry study 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. However, these figures improve for the follow up group with a significant increase in the proportion thinking they were involved in more social activities than others. This indicates that these participants were feeling they were more sociable than when they started the Programme (although it is important to note that 44% still felt less socially active than others).

**Figure 12: Perception of level of social activity**



**Source: IOW population survey 2015 & AFI CMF**

### Fieldwork findings

Prior to moving onto findings there are a couple of important contextual issues which need to be recognised. Firstly, the increasing financial challenges faced both by health and social care, and indeed other public services on the island has impacted on the availability and access to (including

eligibility criteria for) services, activities and transport for older people. Thus, limiting the range of opportunities available and increasing reliance on the voluntary sector. Secondly those attending the IoW projects are comparatively older than those in the other Ageing Better programmes. This presents particular challenges to the IoW Programme and its projects.

### Reaching more people

Increasing the number of older people attending activities is reliant on many inter connecting factors, including:

- Having enough suitable activities to attend in the right locations;
- Raising awareness and knowing what is available;
- Feeling sufficiently confident and motivated to be able to attend;
- Being able to get to activities and service; and
- Feeling comfortable and want to return e.g. right atmosphere and venues.

### Enough suitable activities to attend - increasing the number of AFI projects in different locations across the island

Improving connections within local communities for older people is reliant on sufficient local activities and services for these connections to take place. As already reported local statutory services have been under considerable pressure and many have been withdrawn or reduced<sup>12</sup> therefore it has become increasingly important for the appropriate AFI projects to create social opportunities in the smaller, more isolated parts of the island. It has been interesting to identify the following as significant contributors where this has happened successfully.

- Building relationships has been vital. AFI is felt to be becoming an increasingly trusted brand (over the past 3 years) and the increasing awareness of the associated projects has helped build relationships and enable projects to become embedded in more isolated places. Employment 50+ has been able to run outreach sessions in cafes in Freshwater and at Jobcentre Plus in Ryde, and Singabout have started pop up singing groups arising from local requests, for example from a local vicar who heard about it via town council/AFI links.

*'Building rapport in the area you are working in and staying there is essential for trust and valuing us for the future as well. We (Community Navigators) are primarily now a community organisation including setting up own activities.'* (Project lead)

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<sup>12</sup> IOW Adult Social Care Market Position Report 2018: 'Department of Adult Social Care is needing to make £3.485 million savings in the current year and a further £4.03 million in the next financial year (2018/19)'

- Working with Town and Parish councils the AFI project team have helped produce 8 Age Friendly reports to focus on what can happen locally which can really make a difference to their local older people within their specific locality. For example, some parish councils in areas that are very isolated and rural have set up trips for shopping, socialising and generally getting out and about, which have been really welcomed and proven popular.

### **Raising awareness – ensuring older people know what is available.**

Our fieldwork found many good examples of how projects had successfully increased awareness of their services, the following were identified as being particularly effective:

- IoW Community radio station where regular slots (since December 2017) for AFI each month have featured a different project in order to reach really isolated older people who cannot get out of the house. The Men in Sheds project was featured in February 2018 and secured 2 new members as a result.
- Care for Carers overhauled their existing postcards (which carers can use to self-identify at GP surgeries, pharmacies and hospital) and replaced their white and blue ones which contained lots of writing and logos with a simple yellow and black one which stood out and simply asked 'Do you help look after someone? We can help'. Then asked for contact details.  
*'Out there and noticed, organisations ask for cards, gives people a route in.'* (Project lead)
- Piggy backing on community activities, including unexpected opportunities - Care Navigators recently used the need to deliver water to certain households as an opportunity to identify some of the households *'under the radar.'*
- Word of mouth continues to be invaluable particularly via those in contact with housebound individuals, for example one elderly widower who was struggling with his computer spoke to his cleaning lady about his difficulties and she told him about the Digital Inclusion project who in turn visited and got him using e mails and shopping on line. The same cleaning lady also took him along to one of the Men in Sheds projects which he is hopeful will make him feel less socially isolated.
- Partnership working with other projects and services. Alzheimers café said that connections with Carers UK had been *'massive'* in reaching lonely people whilst Care Navigators commented *'we meet more isolated and lonely people through Independent Living Support – catching those people who don't go to usual places like GPs.'*
- Isle Find It keeping their website up to date so the information available is accurate and relevant. Currently the site is attracting 100 unique users each day (35,000 unique users since Google Analytics started recording this activity 15 months ago). Work is underway continuously to build trust on the island in the directory as a reliable source of up to date information.

*'Community directories that have existed in the public sector before haven't been trusted as being up to date. That is our unique selling point. We can guarantee this to businesses on the island and to people on the island.'* (Project lead)

- Increasing the awareness of other professions (such as the ambulance service) through 'background work' has brought more referrals to the Care Navigator service.

*'Having met with many organisations the project is well known'* (Stakeholder feedback)

However there continue to be challenges in getting the message out there. The increasing reliance on IT and internet-based information is difficult for many of the current generation of older people, in terms of access, expertise required and costs of equipment, software, broadband and maintenance support needed. Nationally 90% of all households have access to the internet, but only 61% of households with 1 adult aged over 65 years<sup>13</sup> and rural broadband in particular may be limited and unreliable. Unfortunately, these figures were not readily available solely for the IoW. Many projects reported requests for hard copies of information which are more expensive to produce and challenging to distribute sufficiently widely. Some traditional methods reported patchy success such as advertising in local newspapers, working well for Alzheimers café and Care for Carers but making no impact at all for other projects. This an area where there would be significant benefits in sharing the learning on the most effective mechanism between projects as there is clear scope for cross over and piggy backing on different approaches.

*'Reaching socially isolated older people is a real challenge and this Programme has made great strides in reaching this group. However, by the pure fact that they are socially isolated if they wish to remain that way it will be very difficult to engage.'* Stakeholder feedback

### **Ensuring older people feel confident and motivated to attend.**

Knowing what is available is only the first step, the next challenge is to help older people feel sufficiently confident in themselves and sufficiently motivated to leave the home and actually attend an activity or meeting. This is even harder as many will not even want to admit that they are feeling lonely,

*'The biggest challenge is getting people to talk about it (sadness and loneliness) or even acknowledge it themselves...it's a big stigma, especially for those who have lost partners.'* (Project Lead)

Our fieldwork discovered the following approaches/mechanisms to be the most helpful in encouraging people to seek out activities and feel confident enough to attend:

- Volunteers going into older people's homes in the first instance can initiate conversations not only about what is available but what happens, who will be there and also, in some instances accompany them. For example, a Digital Inclusion volunteer visited a man to help

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<sup>13</sup> Office for National Statistics: Internet Access – Households and Individuals 2017

him reconnect his printer which led to a 'guy to guy conversation of tech about life'. In this conversation the man who needed his printer fixing shared how he had been recently widowed and was quite lonely and isolated now. The volunteer was also part of the Good Neighbour scheme and offered to take him along to one of the tech drop-ins at the local library. The man did this and is now volunteering himself at the drop in and helping people with their tech queries. As a result, he says he now feels less isolated.

- Project workers having the right type of conversations with older people, particularly in their homes. For example, the Care Navigators talk about the importance of reaching out to those who are lonely using a person centred approach, *'holding an open conversation with them and finding out what works for them...face time is fundamental to success, people don't feel rushed, they have faith and trust in you.'* Community Navigators similarly stress the importance of good interactions with individuals which lead to their increased involvement in the community, in particular their individualised approach *'we use our individual personal skill sets, as well as our job-related ones...personal touches, dynamics and rapport are all key.'*

The Care for Carers team also highlight the importance of focusing on individual needs and responding sensitively to build up confidence,

*'On our first meeting I just let the carer talk. He had so much to get off his chest that it took well over the allotted time of the visit and so I made another appointment...he also raised the issue of social isolation, despite having his family around he didn't think they understood what impact his caring role was having on him...as a result he attends our drop in support and has borrowed an iPad as well as joining our male carers support group which he thoroughly enjoys and has reduced his sense of isolation as he is with other men in the same situation as himself. He says they don't discuss their caring roles, just a warm welcome and an unspoken understanding which he finds very comforting.'*

- Projects offering open access enabling carers/friends to accompany older people to attend activities such as Singabout is helpful both practically and emotionally.

*'As it's a completely open access group people can bring their carers who all end up joining in as well'* (Singabout volunteer)

*'Nicest when he is in one room and I am in the other – that's the best.'* (Care for Carers participant)

- Projects offering 1:1 face to face support for those first attending. For many people attending a drop in or large group of unknown people is a daunting prospect, especially for those who are older and have been bereaved, made redundant, or have mental health issues and who all may feel less confident. Both Olderpreneurs and Employment 50+ have adapted their initial model of service delivery in recognition of these challenges and now offer 1:1 sessions for all new attendees prior to attending any of the larger activities.

Knowing that this individual support is available can motivate those to attend who might otherwise find the thought of doing so too demanding.

### **Older people can get to activities/services**

Although older people feeling they have improved social connections within their community and feel less isolated isn't necessarily dependent upon the availability of transport (as this can take place within their own communities or even in their homes), it does become increasingly important as mobility becomes restricted, driving no longer possible, public transport is limited and taxis expensive. Indeed, it has been raised as an issue in each of our fieldwork visits in the past 2 years and in the IoW Council survey from summer 2017 was identified as the most important issue on the island for 50% of the 1,782 respondents (all ages).

*'The outstanding issue for people is still transport.'* (Project lead)

*'Transport was her biggest barrier, that and her recent bereavement. She lives up an unmade road with enormous potholes which made it difficult for a volunteer to pick her up. However, I was able to transport her and also one of the organisers of the Tea Pot Club had a high based vehicle that he could collect her in. Her disability also made it difficult to get her out as she is very unsteady on her feet and although her drive way is safe for her to get to her car, when she was being picked up on the road it's surface is very dangerous. She also needed to be referred to places she could walk a short distance to.'* (Community Navigators Change Story)

*'There are still issues over access to flexible, affordable and accessible transport for disabled elderly people.'* (Stakeholder feedback)

*'I think it (projects ability to improve quality of life) would be more effective if there was a better transport network on the island to help people get door to door transport to activities.'* (Stakeholder feedback).

It is important to note that this issue was recognised when the initial Programme was being established and Alternative Transport was created as one of the 12 funded delivery projects, with one of the objectives to asset map transport options by 'My Life a Full Life' localities. However, this ran into problems early on due to lack of clarity about what would be done with the evidence gathered, and expectations from those contributing that additional services would be provided by the project to response to the identified needs. A Transport Advice line was also set up but call numbers were low. There were frustrations with both these areas of work: key partners were not felt to be willing, or have sufficient time, to engage; there were different views about the actual transport needs and what would actually be used; and use of IT to access transport information was not regarded as relevant or helpful for older people. As a result, transport fact sheets and a short 'portfolio' document outlining the various options for community transport services were the only outcomes from these project strands.

In the meantime, other Projects have sought to respond to the issues of transport in a range of ways for example:

- Singabout have organised and paid for a local taxi for small groups *'who are particularly vulnerable and amongst the most socially isolated'*
- Alzheimers café use FYTbus a small donation funded community transport scheme which they feel also offers more than just the actual transport *'people look forward to it (the journey) for social interaction.'*

There has also been very positive feedback about the improved attitudes and understanding of the Southern Vectis bus drivers following AFI training, which in turn has increased the confidence of older people in using these services to get out and about.

*'Bus drivers very responsive to older people now, for example they don't move until everyone has sat down'* (Project Lead)

### **Older people feel comfortable and want to return i.e. right atmosphere/venues**

In order to develop meaningful social connections, the AFI projects need to not just attract, encourage and enable older people to attend activities, they need to ensure the experience is enjoyable, so they will return and attend regularly. Our fieldwork showed that where appropriate projects had given serious consideration to this issue and the following are just a few examples of where this been felt to be particularly successful.

- Carers respite weekends – over the past 2 years these have been consistently praised for providing an oasis of calm and sensitive, thoughtful support for stressed carers”

*'Really lovely, can really relax, just switch off, settees and books, I lay down on a settee and fell asleep. Very restorative-just like a five star hotel.'* (Participant)

*'Could relax with people who really understood. Was looked after (for a change) had massage, went for walks, lots of TLC.'* (Participant)

- Employment 50+ - a recurrent theme from this project's participants was the immense value of the environment provided by the project and its general ambience. Several had come via Jobcentre Plus where they had often had a difficult experience and as a result had lost confidence. The whole approach within the project team was felt to be the complete opposite to their experience of job hunting elsewhere.

*'This place is its own community, figureheads don't stay in the office, come and help you, guide you.'* (Employment 50+ participant)

*'Like being here-the whole ethos of the place, there is hope, feel a bit more important when come here...come in feeling down and then realise other people are here to help.'*  
(Employment 50+ participant)

*'Informal, accessible approach - friendly flexible setting with knowledgeable people on hand and opportunities for peer support and networking.'* (Stakeholder feedback)

- Men in Sheds – as more of these have opened over the years, they have begun to be developed in different ways in response to the needs that have been identified, for example a woodworking shed being opened in an aviation museum, the music 'shed' running out of a Newport music venue, and consideration is currently being given to a tech shed and a task force shed aimed at ex veterans. All of which aim to create a comfortable, supportive, enjoyable environment for the men they are trying to support.

*'It's magic. I love it because no pressure. Everyone just there to have a good time...'* (Men in Sheds participant)

*'The location of the Acoustic shed is important. It is based in a nightclub which, following the meeting, hosts an Open Mike evening. This gives the opportunity for Sheddors to carry on their singing and playing to an audience. This is a great confidence booster not just for the shed but for normal life too... The leadership make sure everyone is included and indeed, people can be included as much as they like –some prefer to sit on the outside and accept what's happening, others prefer to take an active role in musical development...the proof of the course is whether people turn up week after week and, to this shed they do.'* (Men in Sheds participant)

- Mental Health Peer Support - offers opportunities for peer and social support in a safe environment, *'Somewhere where people understood and everyone had been affected in the same way, with mental health issues. It was like a refuge and I could really be myself.* For example, a communal meal provides a positive opportunity for individuals to talk to one another and the existence of a gym next door which can be used by their groups creates an invaluable opportunity for social interaction *'where it's easier to talk about your problems while there's other activity going on.'* (Mental Health Peer Support staff)

## Reduced social isolation - Impact on individuals

The previous sections describe what has worked in terms of increasing the numbers of older people attending social activities, but we now turn to the impact this participation has had on their lives and in reducing their social isolation.

- Friendships
- Volunteering
- Extending social lives

## Friendships

Unsurprisingly, given the objective of increasing social connections, the value of friendship was raised frequently from across a wide range of projects. This was recognised by the projects who had, in some instances set up their activities in order to facilitate the development of friendships, for example the Olderpreneurs project lead structured the sessions to maximise the opportunities for like-minded individuals to meet one another, creating what she described as ‘a sort of matchmakers’ forum.’ Such was the goodwill and friendship built up between two of these Olderpreneurs working in similar areas, that when one no longer needed to work she handed over her entire client list to her friend free of charge.

Similarly, Employment 50+ notice the value of grouping people together who are facing common challenges and feel that often facilitating those networks and friendships can be almost as valuable as the expertise and guidance offered by the project itself.

*‘Most of my friends have passed on, my work colleagues when I used to work, I see or speak to every so often but not as much. So I think going there is a strength to find new people, hunt them out. If I was on my own I would stay in the house and not go out, my depression would kick off even worse, it would go downhill.... We’re all in the same boat, we’ve all got one problem or another, we’re all fighting for a job and to be seen... Having the group, getting you talking to people and having help gives you that bit of a buzz to say “hiya, my names [name], have you got any jobs going?” Or just to say hiya to someone you know.’ (Education 50+ participant)*

Other projects simply had like-minded people with similar needs attending their activities and friendships and mutual support flowed naturally.

*‘The majority of people I see here have high anxiety and social isolation but as a result of the project have seen relationships and friendships form both within and outside the groups - for example on the community allotment where they can go independently.’ (Project lead)*

*‘If you feel like this, you feel you haven’t got a friend in the world...I talk to other carers because I get so very angry and frustrated – I shout to God why?... Here I can sit and chat to others.’ (Care for Carers participant)*

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

*‘The best thing for me is to be able to come and meet the guys and make new friends...a friendly bunch of guys...the best thing is it makes me laugh.’ (Men in Sheds participant)*

For others involvement in groups gave them a sense of belonging to their community even if no long-standing friendships had yet been formed.

*‘Meet people again at other events as well as around the village and it makes us feel part of the community.’ (Community Navigator participants - new to IOW)*

*'I like seeing familiar faces from before as I used to run a business locally where I've come across the same people. I'm really glad you helped me choose this (café)'* (Community Navigator participant)

*'I have seen people make new friends, gain confidence in social situations'* (Stakeholder feedback)

## **Volunteers**

One of the recurrent themes throughout this programme (which will be addressed in more detail in the latter section on Sustainability) is the immense reliance on, and value of, volunteers for increasing the breadth of delivery of different projects. However, what is also strikingly clear from those we interviewed as part of this year's fieldwork is the benefit to them in participating in and contributing to this work. This is reflected across a whole range of areas, including specific mention of the friendships formed, for example several Singabout volunteers all felt their involvement had improved their social connections and 2 had become friends outside their volunteering role and met up outside the group *'in order to chat and get to know each other properly.'*

*'It gives structure to the week –weekends are the hardest'* (Singabout volunteer)

*'If I walk through the village I see several people from Singabout and they all say – see you Monday.'* (Singabout volunteer)

## **Extending social lives**

Finally, a few projects commented on the increased confidence amongst their participants resulting in them attending further activities and extending their social connections.

*'The community within the group is helping share information about other opportunities. Singabout builds confidence in people for example they join other choirs and amateur dramatic groups'. One member said, 'It opens the door to other things.'* (Project lead)

## **Improving reach and impact**

Reaching the most socially isolated people on the island is an ongoing challenge for all of the projects and the lessons learned from the above evidence may help a few draw on these experiences to build on their work to date.

However, we also asked for any additional ideas during our interviews and the following suggestions were made, although both are unable to be pursued under current funding arrangements because of limited capacity/need for additional funding:

- Approaching social housing *'If you really want to meet some of the loneliest people, the amount of people in social housing, some of the loneliest people you will ever meet.'* (Project lead)
- Supporting people in residential care who can be extremely isolated and lonely, this is often particularly true for men as many of the activities are structured around female interests.

Men in Sheds were approached by Care Homes to run sheds in gardens but practical limitations (access to WC, security etc.) made such an arrangement impossible. Consideration was then given to pop up sheds for this group, but this would require additional resources for transport and insurance which were not available at the time.

### A multi-levelled approach to addressing social isolation

Looking at the Programme overall it is important to 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 facted phenomena of social isolation. The table below (which we have used in previous reports) attempts to classify the levels 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 help the Programme when sharing and communicating messages about its impact (i.e. in terms of sustaining what works in the future). Please note work is underway at a national level regarding ‘Typologies’ of projects and what classifications are most useful, this may result in changes as to how these projects are presented in future reports.

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	<ul style="list-style-type: none"> <li>• Whole island population</li> </ul>	<ul style="list-style-type: none"> <li>• AFI Project</li> </ul>	<ul style="list-style-type: none"> <li>• Alzheimers café</li> <li>• Employment Support 50+</li> <li>• Olderpreneurs</li> <li>• Singabout</li> </ul>
Preventing social isolation (universal) – projects providing information to prevent social isolation	<ul style="list-style-type: none"> <li>• Older people population</li> </ul>	<ul style="list-style-type: none"> <li>• Isle Find It</li> </ul>	<ul style="list-style-type: none"> <li>• Alzheimers café</li> <li>• Care for Carers</li> <li>• Community Navigators</li> <li>• Men in Sheds</li> </ul>

SOCIAL ISOLATION TACKLED THROUGH:	AIMED AT	KEY PROJECTS ADDRESSING SOCIAL ISOLATION AT THIS LEVEL	OTHER PROJECTS ALSO WORKING AT THIS LEVEL
Preventing social isolation (individual) - projects working with individuals to prevent social isolation (primarily through supporting people to engage in meaningful activity)	<ul style="list-style-type: none"> <li>Individual older people</li> </ul>	<ul style="list-style-type: none"> <li>Employment Support 50+</li> <li>Olderpreneurs</li> <li>Digital Inclusion</li> </ul>	<ul style="list-style-type: none"> <li>Men in Sheds</li> <li>Mental Health Peer Support</li> <li>Alzheimers café</li> <li>Care for Carers</li> <li>Singabout</li> <li>Care Navigators</li> <li>Community Navigators</li> </ul>
Early intervention (targeted) – projects providing interventions for groups who have been identified as at risk of social isolation	<ul style="list-style-type: none"> <li>Older people at risk of social isolation</li> </ul>	<ul style="list-style-type: none"> <li>Men in Sheds</li> <li>Mental Health Peer Support</li> <li>Alzheimers café</li> <li>Care for carers</li> <li>Singabout</li> </ul>	<ul style="list-style-type: none"> <li>Employment Support 50+</li> <li>Olderpreneurs</li> <li>Digital inclusion</li> <li>Care Navigators</li> <li>Community Navigators</li> <li>Creative Futures</li> </ul>
Intervention (targeted) – projects actively working in the community to seek out and work with the most socially isolated older people	<ul style="list-style-type: none"> <li>The most socially isolated older people</li> </ul>	<ul style="list-style-type: none"> <li>Care Navigators</li> <li>Community Navigators</li> <li>Creative Futures (now ceased as of 31/3/18)</li> </ul>	<ul style="list-style-type: none"> <li>Alzheimers café</li> <li>Care for carers</li> <li>Employment support 50+</li> <li>Men in Sheds</li> <li>Mental health peer support</li> </ul>

### Summary: Progress towards Outcome 1

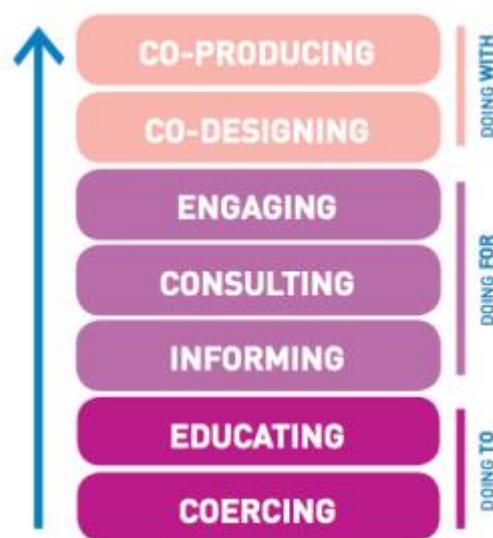
The Programme continues to support a high number of older people, with an average of 2047 attending all the projects each month, of whom a significantly higher proportion are 85 years old or more when compared to other Programme areas and the Island as a whole. The IOW Programme participants are less lonely and more sociable than elsewhere, and these measures have remained stable despite the increasing age and risk factors associated with loneliness of IOW participants over time. Our fieldwork has shown that the programme has facilitated opportunities for older people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people involved across the projects.

## 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.

*'We are not a problem to be taken care of, as older people we are part of a thriving community and believe it.'* (Project participant)

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

Our fieldwork has shown increasing recognition of the importance 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:

- Care for Carers commented on how their approach had changed since the commencement of their project *'taking the lead from carers, now really listening to people instead of turning up with a shopping list.'*

- Alzheimers café raised the issue of having to adapt their approach to ensure the views of their clients are heard *‘In seeking the voice of people with dementia some can still communicate verbally but for others you need to adapt for each person to how they show their wishes and decisions.’* They also emphasise the value of empowering through understanding. *‘understanding why things happen enables carers to be better able to deal with them.’*
- Community Navigators shape their support entirely around the need of the individuals, for example one of their case study notes recorded *‘It was important to support her in her endeavours without taking over, she needed to remain in control but feel supported in order for her to have confidence in what she was trying to achieve and pride in her successes.’*
- Care Navigators support is based around person centred individual support plans, *‘reaching those who are lonely comes out of a person centred approach using an open conversation with them and finding something which works for them.’* One Care Navigator client described the value of this approach to herself *‘It’s been like a lifeline, one of the best things that happened to me. Having one to one support...feel very safe in her hands... it’s provided all the help needed and more...she helps me to think about things but doesn’t tell me what to do.’*
- Mental Health Peer Support is entirely structured around participants being able to shape their own involvement from the weekly timetable of groups and activities. The project explores *‘anything in the community which they may like, with a wide age range – they don’t like to be banded in things just for older people. This is personalised for people by identifying first both current and past interests.’*
- Creative Futures main aim is to match volunteers with residents of care homes based on the residents’ personal creative interests.

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

There is a strong sense that this approach is very much the ethos and desired approach of all the projects within the Programme, even those who are working to address different needs such as Digital Inclusion or Employment 50+ or even Olderpreneurs. All describe the critical importance of listening to people’s needs, taking on board their wishes and desires and responding accordingly.

### Co-production at project level

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

All of the projects value feedback on the participants views in order to inform future delivery, although they vary in approach for doing so and some are more rigorous in their application. Current examples include:

- Singabout, Digital Inclusion, Olderpreneurs and Employment 50+, routinely collect written feedback on the courses / groups held and have responded accordingly to issues raised. For example, Employment 50+ changed their course structure and also increased opportunities for volunteering to help people enrich their CVs, and Olderpreneurs changed the structure of their networking events so that new clients could hear about the experiences of longer standing clients.
- Care for Carers use focus groups and questionnaires to get people's views on their services *'All of our groups are invited to contribute to what they want to see...they are the drivers of the whole project'*.
- Alzheimers cafés have comments books at cafes to encourage feedback and suggestions.
- Mental Health Peer Support, Isle Find It. Alzheimers Cafe and Care Navigators have steering /advisory groups to involve participants in informing service delivery. For example, the Care Navigators Steering group with three service users and a volunteer recently worked together to produce a better leaflet about the service. Another service user described how she felt strongly that they had a voice which is heard in the project *'we suggested darts and it happened.'*
- Others may not have formal mechanisms but encourage direct face to face feedback through conversations with participants.

'I visit all sessions quarterly, there are also new evaluation forms for participants – about 50% are being returned as I introduce them personally to the group. Dress as your own song day is the result of request from the group.' (Project lead)

Several projects are now increasingly involving volunteers and clients in the delivery of services and setting up and running of new activities or taking over existing groups. For example:

- Men in Sheds project lead will work with a group of local men to set up their constitution and rules, and then supports someone to run the shed in the first instance (some needing more support than others). The aim is to co-produce the constitution and then gradually hand over to the men to run the sheds themselves, however this is dependent on the mix of characters/experience they have.
- Mental Health Peer Support is part of a peer and volunteer led organisation. People who are referred are known as peers and those who lead activities or groups are known as volunteers. The weekly schedule of groups and activities that run from the centre 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 anything on the agenda and things are put to a vote. If they cannot implement what has been suggested a reason is given.
- Care for Carers are increasingly involving former carers as volunteers which not only helps maintain/expand services to respond to demand, but also enables others to benefit from their experiences and creative and insightful contributions.

- Singabout has several volunteers who started as participants and in one of the Singabout groups, an older lady of 82 years attended as a participant and is now a reserve (bank) singing practitioner.

There is good evidence that all of the delivery projects value the views and contributions of their clients and seek to deliver their services in accordance with the feedback received. The vast majority ensure that older people are involved (to the extent they want to be) in the informing, consulting and engaging steps on the ladder, but securing their involvement in co-designing and co-producing is more challenging. This is in part because many older people expressly do not wish to become more involved, often saying they feel they have done enough of that in their lifetime or they are wary of organisational politics or simply do not want the work involved.

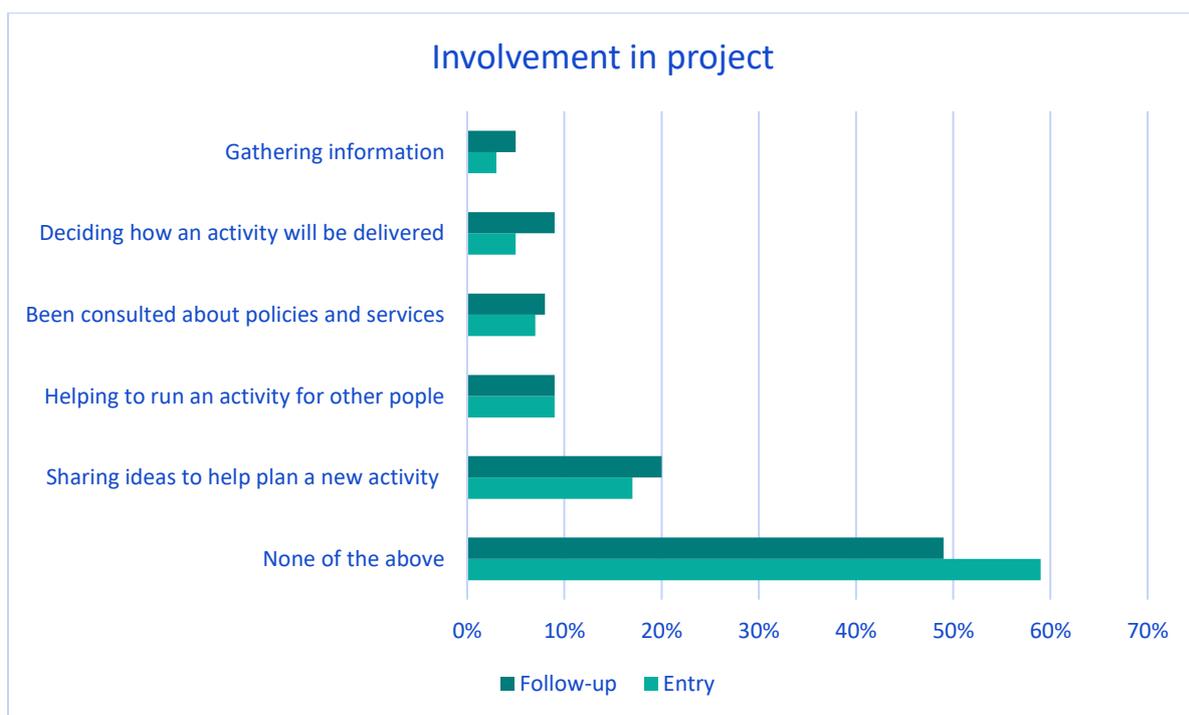
*'We could get more involved if we wanted-there seems to be no bounds to it but we are now fully occupied.'* (Community Navigator participants)

*'Even with the younger group or those with dementia people still wanted direction i.e not to choose'* (Project lead)

Also, even when individuals do come forward they require support from the project staff to help develop ideas, turn them into reality, and ensure they run effectively, as Men in Sheds will testify.

Figure 13 below shows that older people are becoming increasingly involved in different ways within their projects, with a higher proportion becoming involved between the entry and follow up stages in the IoW CMF, in all measured areas. The number not involved at all has fallen from 59% to 49% which although positive, does suggest there is room for further progress in this area

**Figure 13 Involvement in project**



## Co-production of local policies and services

The AFI project within the Programme 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 which initially held three separate meetings in three locations each quarter, but this has now increased to six forums in five different locations which has resulted in:

- Increased numbers attending (63 attendees at last set of Forums in February 2018) and a sense of permanence i.e. they are advertised methodically with a year plan set out in local media. They are now well set up, well used, easy to manage and have a simple structure.
- Wider range of topics discussed either arising from issues raised by older people attending or island wide issues which it is helpful /interesting for older people to know about and discuss. Examples of recent topics include scams, employment, loss of banking on the high street, accessible pavements, GP Surgeries, redesign of hospital services.
- Increased involvement of town and parish councillors (8 attending the February 2018 meetings) which ensures the older people's voice is being heard by local representatives who will be involved in the production/oversight of their local Age Friendly plans. It also helps councillors to connect with their local communities.

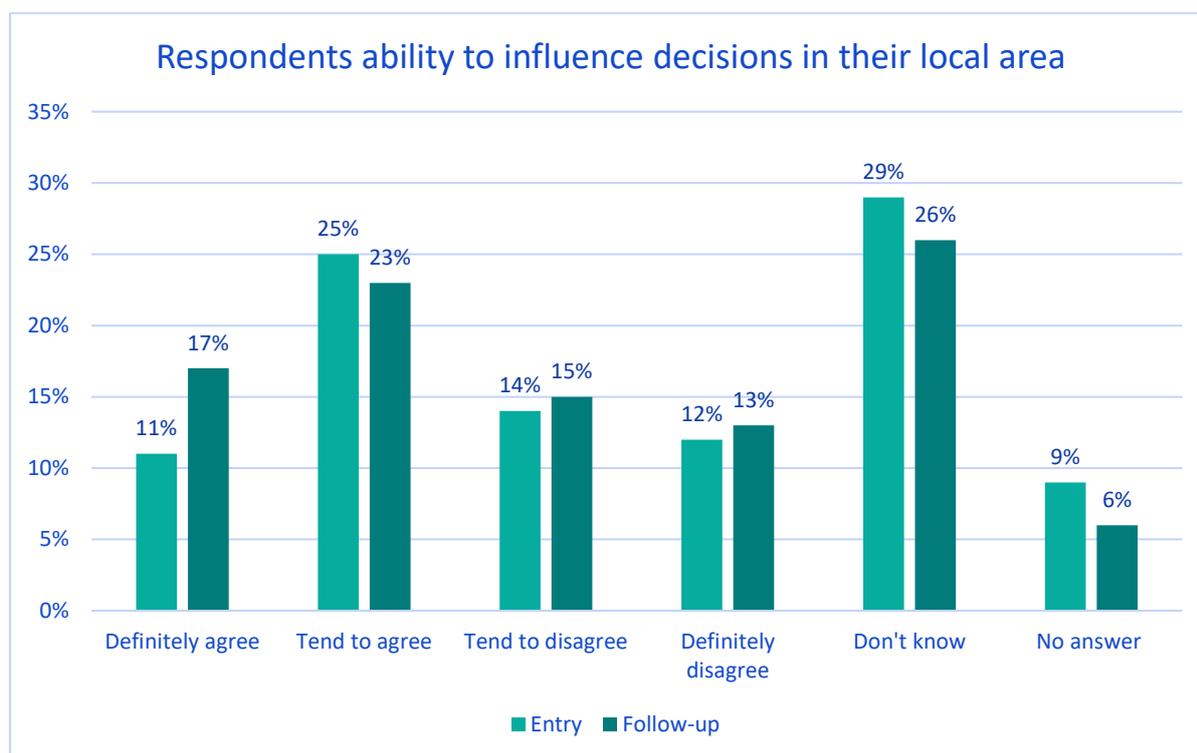
*'The forums have given older people a platform and a voice.'* (Stakeholder feedback)

One of the challenges has been educating all those involved with the Forums to understand the purpose of the Forums and their respective roles i.e. to listen to the views of older people and not discuss their own agenda. This has been addressed by the lead officer but is an issue which will need constant attention with the natural turnover in officers/councillors.

Encouraging people to become involved is not only within the realm of the AFI project. Over the past 2 years a number of projects have reported different ways in which they have helped older people have their say on broader issues for example Mental Health peer support participants commented on local mental health services in 16/17 and Care for Carers responded to an issue raised by participants to influence the Carers Assessment process.

There are clearly opportunities for older people to have a say in decisions affecting local policies and service. Figure 14 below shows the shift in the perceptions of the respondents to the IoW CMF between the entry survey and follow up, with an increasing proportion thinking they can influence local decisions (36% rising to 40%). This suggests that while there are some really positive things happening in this area, there is scope for further progress to be made to enable older people to feel empowered to influence local services and policies. This could be an interesting topic for sharing learning and discussion between the projects about what is working well.

**Figure 14 Respondents ability to influence decisions in their local area**



**Summary: Progress towards Outcome 2**

Older people are increasingly involved in designing and shaping their own individual support and the services they receive from the projects. More opportunities are also being created for and being taken up by older people to influence and shape local policies and increase awareness and understanding of their needs. Not all older people wish to do so, but it is particularly encouraging that a higher proportion of older people do now feel they can influence decisions in their local area. The AFI project has played an extremely important role in supporting and facilitating this work across the island. There is still scope to progress this work further to enable a higher proportion of older people to feel empowered to influence projects, services and policies, even if some decide in the end that this option is not for them.

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

This outcome covers two 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 not well captured by the national evaluation questionnaire, so our fieldwork is the primary source of data to assess progress towards this outcome.

## Is the Island Age Friendly?

Although this is extremely hard to evidence robustly there has been a real sense from our fieldwork discussions and the stakeholder responses that the island has become increasingly age friendly in the past few years. Several of those consulted could cite specific examples of where they could see improvements, whereas last year such examples were much less forthcoming, the current level of response is helpful as it enables us to move a little beyond relying on the anecdotal views of individuals.

One of the most noticed changes was the improvements in the awareness, sensitivity and understanding of the **Southern Vectis bus drivers**.

*'Really really amazing responses from bus drivers...bus drivers very responsive to older people now e.g. don't move until everyone has sat down.'* (Project lead)

*'They wait for me to sit down which is good'* (Participant)

*'Many services improved, particularly Southern Vectis'* (Stakeholder feedback)

One of the projects described how, when there was a mix up with the car collecting one of their clients from a meeting, he wandered off and caught the wrong bus to the wrong place. The project called Southern Vectis and the police. Southern Vectis then contacted all of their bus drivers on the possible routes to be alert and they responded very well. The gentleman was later found by police, but the reaction of the bus company was highly praised by the project staff.

These improvements are as a result of the Age Friendly Training<sup>14</sup> delivered by the AFI project team to the Southern Vectis bus company (amongst others) which also included the Train the Trainer courses, enabling greater reach within the 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.'

Increased confidence in using public transport is vital in encouraging and enabling older people to use the buses to access services, so Southern Vectis are to be commended for these improvements and their contribution to the improving the age friendliness of the island.

The creation of **age friendly spaces** have begun to emerge as a result of both the Age Friendly Training across a wide range of organisations and the Age Friendly plans being produced with (eight so far) Town and Parish Councils. Both methods, delivered by the AFI project team, have succeeded in raising awareness and understanding of the challenges facing older people in using public spaces

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<sup>14</sup> 2017-2018 Age Friendly training delivered to 210 delegates in 21 separate training sessions. The list of organisations worked with is: Isle of Wight Council, HMP IOW, Wightlink, Red Funnel, TESCO, Southern Vectis, Southern Housing, Southern Water, NHS, Isle of Wight College, IW Town and Parish Councils, ERMC and tourist organisations such as Dimbola and Dinosaur Isle.

and helped them identify local issues and solutions which will increase safety, accessibility and use by local older people.

*'I have noticed the changes in the layout of the Lord Louis Library creating an Age Friendly area'*  
(Stakeholder feedback)

*'The involvement of large ferry firms, supermarkets and Doctors surgeries has really helped. Good coverage in the local paper.'* (Stakeholder feedback)

*'This has been a real challenge, but once again the identified projects have really been effective. If these projects continue they will continue to involve more people in the island communities.'*  
(Stakeholder feedback)

*'Awareness and understanding of dementia has significantly increased across the Island as a whole.'*  
(Project lead)

The AFI project is also responsible for the Celebrating Age Festival (most recently held in October 2017 when 545 people participated) which promotes a positive image of ageing. This involves a week long programme of events, including a Celebrating Age Awards event on Older People's day which recognises the achievements of older people. During the most recent Festival Tesco **ran a 'slow till'** which resulted in increased customer satisfaction from 57% to 63% (as reported by AFI project) as a result Tesco will now have a permanent slow till lane – badged as 'age friendly,'

The Age Friendly Island project has done a considerable amount of work in making the Island an age-friendly environment and in particular engaging with a wider group of relevant stakeholders, encouraging them to take up the Age Friendly training and helping them think about ways of improving their respective services and layouts for older people. As we said at the beginning this can be hard to evidence when we are only receiving feedback from a limited number of people, but already there have been some positive indicators of wider impact. The comments below describe a few people's general impressions on how age friendly the island is now.

*'I think the island is becoming a more age friendly place for example accessibility is improving (aware through a neighbour who has significant disability) and greater patience is being shown by people in cafes etc, through their increased awareness of dementia. I have also noticed many acts of kindness in the street towards older people.'* (Project volunteer)

*'Island is getting to be age friendly – just really all the groups now going, and the help that is out there and being advertised in the local papers etc.'* (Project participant)

*'I think things are a lot better. The whole Programme has raised awareness. You've got Age Friendly Island GP Surgeries now. Supermarkets doing slow lane shopping, things like that. I think overall awareness of age friendly has really improved things.'* (Project lead)

In addition, several individuals commented positively on the services available and on how well they felt the island compared to the mainland for older people...

*'I'm amazed how much goes on for dementia, don't know about it until it happens to you.'* (Project participant)

*'A recent mover from Surrey cannot believe how friendly it (the island) is.'* (Project participant)

*'We feel IoW is better for contacts with younger people – more polite, respectful and don't just ignore us – than where we lived previously'. They live in a multigenerational housing development where there 'is no stigma in relation to older people.'* (Project participants - married couple)

However, an issue that cannot be ignored and came up frequently in our fieldwork in both Autumn 2017 and Spring 2018 was the limitations of the health and social care provision on the island. These concerns were also borne out in the recent Isle of Wight Council survey (all ages) where 38% of those answering disagreed with the statement 'I am able to access health care facilities when I need to.' In two of the five associated regeneration workshops (West Wight and West Medina) concerns about lack of GPs was one of the top three issues, with one reporting 'Medical Centre is at breaking point.'

*'Once you are ill you are in trouble.'* (Project participant 2017)

*'The population is top heavy and it's not going to get any better. We need money invested and we're not going to get it because of the way things are economically at the moment we can't do it.'* (Project participant Nov 2017)

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

## Intergenerational work

Initially two of the delivery projects were promoting and delivering intergenerational activities, Education 50+ and one component of the AFI project. However, with the closure of the former this has now placed a disproportionate responsibility on the latter for specifically delivering against this outcome. However other delivery projects have also begun to involve younger people, mostly in a volunteer capacity with mutually beneficial outcomes.

Interestingly several other projects have expressed the desire to extend their service to those under 50 years. These include Isle Find It who feel strongly their website needs to cater for all ages and Employment 50+ who would like to be able to run mixed age sessions which they feel would be mutually beneficial. To date we understand this approach is still being discouraged/refused for individual Ageing Better projects given that the BIG Lottery funding is specifically for the over 50s'.

*'The current requirements of only supporting 50+ feels very artificial. Older and younger age groups learn from each other and it is definitely mutually beneficial. Would really like more flexibility and the choice to open up to different age groups.'* (Project lead)

Given the relatively few number of projects working on any form of intergenerational activity, and certainly only one for whom it is their main focus, the range of activities/work underway is significant:

- School assemblies, classes, presentations in 20 different schools (by AFI project) has reached 4500 young people in the past three years, in which providing a combination of practical tools (glasses, ear defenders etc.) alongside information has proved very effective in engaging young people;
- 5 inter-generational events have been run with older people coming into schools for tea and cake, board games etc. With some teachers really engaging with this work and actively inviting people from the local care home into the school (using AFI team agreement with local taxi firm to arrange transport);
- 25 young volunteers aged under 18 years or in full time education, predominantly 16-18 year old's currently working in a variety of settings e.g. visiting older people at home, helping at dementia friendly church services and digital inclusion sessions, and memory groups. Over the past year the young volunteers had given 346 hours (with 69 hours in March 2018 hours exceeding the expected 45 hours). The project lead uses Twitter and Facebook to share the work and is now being used for gathering feedback.
- One of the young volunteers visits a local care home and has been running his own sports activities there. He has been there for 6 months and is really enjoying it, he is also quantifying the data to show people how they are improving. This volunteer started as part of his DofE programme but is well over the time and doesn't want to stop. He has been gathering data on the change in Older people's health (not yet analysed due to exam pressure) and is also going to be a speaker at the annual AFI Professional Event in June 2018.
- Another young volunteer attended Men in Sheds with the project lead for a knowledge sharing session one afternoon. The young man and the men reportedly really enjoyed the session and were amazed at how much they had in common.
- Employment 50+ has younger volunteers helping at their workshops which always generates very positive feedback from both perspectives *'Changes the expectation of young people, one expected older people to be in their dotage, surprised by what they knew.'*
- Independent Arts has involved students from health and social care courses as volunteers in both Creative Arts and Singabout, one 16 year old volunteering with Singabout was interviewed as part of our fieldwork. She described how *'it's improved my confidence outside school: it's so warm and such a happy place, now very comfortable here...happiness is like a domino effect: It's a whole group together –you are never just one. It's definitely improved my mental health because it's completely different group (from the rest of my life). I learnt so much through the group.'*
- The music shed has helped to build intergenerational connections. *'They meet in a location where there is an Open Mike night straight after they finish. It is an open venue so quite*

*often the people coming for the Open Mike night turn up early and listen to the Shed play. Those who come along are in their 20s and 30s and they genuinely love the music the group play, they have joined in on occasions and made requests. Lots of guys from the Shed now stay on and play at and listen to the music at the Open Mike and a number now have friends there' (Project lead)*

- Singabout has become increasingly intergenerational, with a mix of ages attending.
- Alzheimer café – a wide range of both ages and shared experiences within those using the project – it's a whole family experience. *'The project has definitely changed attitudes in the community and also challenges stereotypes, for example a few of those with dementia are only in their 40s and may still have young children themselves.'* The aim is to include intergenerational work with other organisations e.g. a museum and local secondary schools one of which has produced a memory box of the 70s and 80s for the project.
- Olderpreneurs – plans are in place for participants to form a Dragons Den team for young people to present to and bid for a £500 loan, and then possibly act as mentors to the young people.

However, it is important to note that the value of inter-generational works goes both ways, a few older people talked about how projects had helped them overcome their own prejudices towards younger people.

*'Safe environment to break down prejudices on both sides... begin to interact with people you would previously have backed away from, the younger ones come through the door and you have a chin wag' (Participant when volunteering at one project and meeting young people wearing hoodies with piercings).*

Other volunteers have commented that having a younger volunteer has made those who are older realise *'that younger people have skills to give.'*

*'Having younger volunteers is having a big impact on their attitudes' (Project lead)*

*'We have younger volunteers who work alongside older volunteers –we promote that. It works well and people like to look up to their older peers and some older ones want to 'mother' the younger ones-which some people like and need.'* (Project lead)

## What is working well

In reviewing what has worked well to date in developing an Age friendly Inter-generational work the following approaches appear to have been particularly successful:

- Age Friendly Training – in businesses and schools
- Working with Town and Parish Councils

- Promotion of Age Friendly spaces
- Building relationships with teachers
- Using a mixture of practical and informative awareness raising sessions in schools
- Engaging young people via Twitter and Facebook
- Facilitating a range of opportunities for young people to volunteer in ways that suit them
- Engaging with students on health and social care courses as potential volunteers
- Running projects in venues where there are opportunities for different generations to mix/meet.

### **Summary: Progress towards Outcome 3**

Although extremely difficult to measure there does also appear to have been some significant progress towards the Isle of Wight becoming an Age friendly Island in the past year. The number of inter-generational activities are increasing as are the number of young volunteers and the hours they are contributing, with feedback from those involved being extremely positive. Similarly, the widespread delivery of the Age Friendly Training appears to be making a real impact, via the relevant organisations, on the daily lives of older people. Health and social care concerns aside, the island is generally regarded as a good place to grow old.

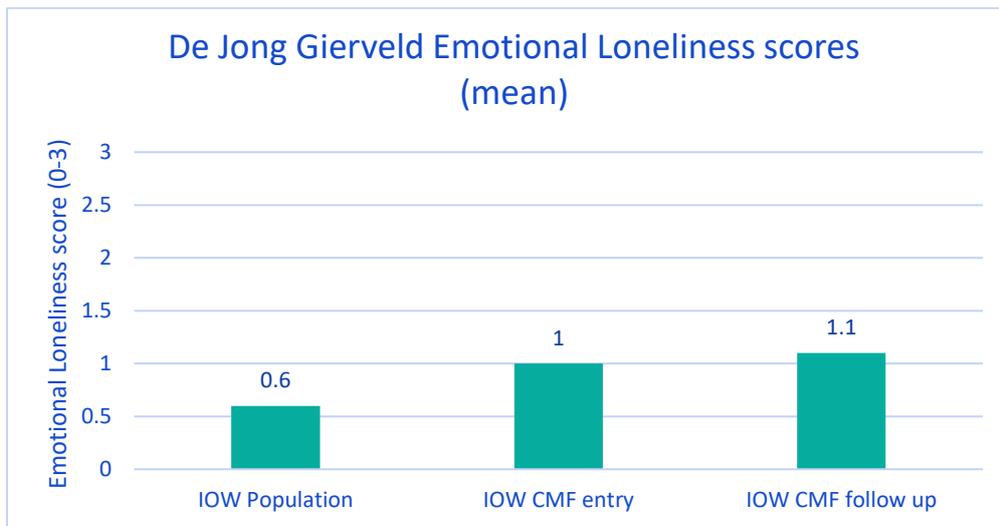
## **Outcome 4: Older people will feel an increased sense of health, wellbeing, and quality of life**

Drawing on data from the IoW CMF and fieldwork interviews and case studies, this section considers the impact of the Programme on the final outcome – the health, wellbeing and quality of life of older people.

In Outcome 1 we described the De Jong Gierveld scores for measuring overall loneliness and specifically social isolation, here we turn our attention to the scoring for emotional loneliness (3 measures within the Overall De Jong Gierveld scale). Emotional loneliness arises when a person is missing 'intimate relationships with others' which then impacts on their mental health and overall sense of wellbeing, which is why this is addressed here under Outcome 4.

Figure 15 below shows the comparison for the emotional isolation scores of the older IoW population as measured by Ecorys population survey, alongside the entry and follow up loneliness scores reported by respondents for the IoW CMF. This figure is not readily available for all of the Ageing Better areas (NB Scale 0-3). The higher the score the more emotionally lonely they are.

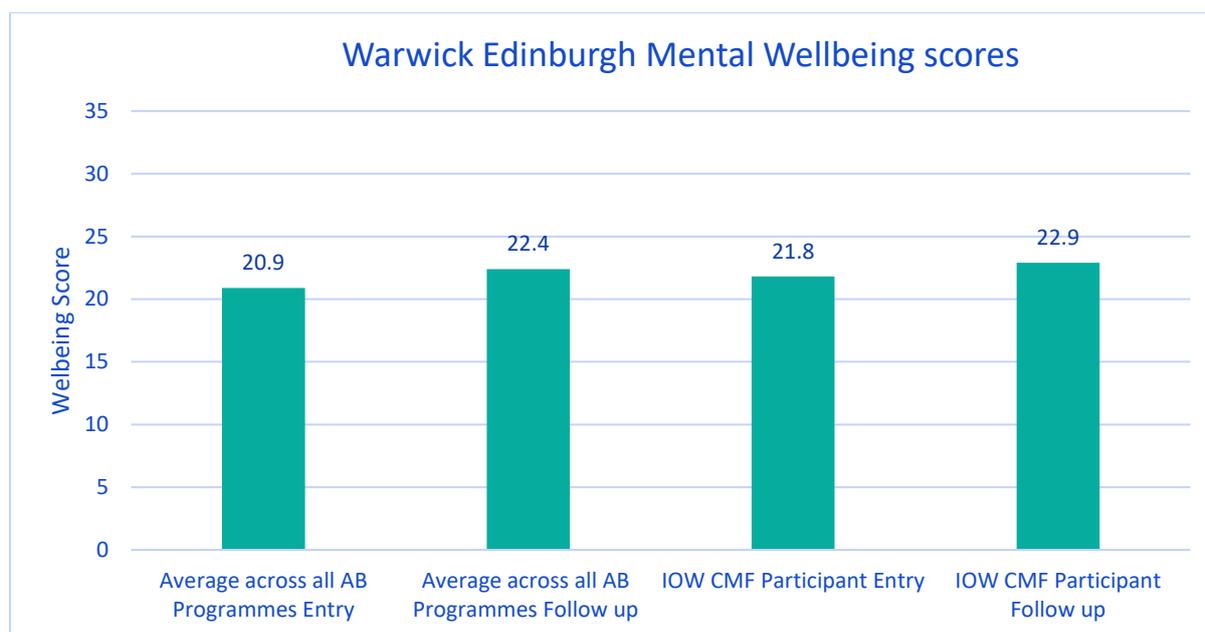
**Figure 15 De Jong Gierveld Emotional loneliness score (mean)**



This graph shows that although the Programme is successfully reaching those who are more emotionally isolated than the wider older population on the island, there is little change (in fact it increases slightly) in the sense of emotional loneliness amongst those participants followed up in the IoW CMF. As with the social isolation scores in Outcome 1 it is important to note that this is still a very good score, which does imply that neither the IoW older population or the AFI participants are very emotionally lonely.

Wellbeing is measured in the IoW CMF using the Warwick Edinburgh Mental Wellbeing Scale. The CMF uses the short, seven-point version of this scale, rather than the longer fourteen-point scale, to measure the functioning of respondent's mental wellbeing. Questions in this scale are positively framed and are scored from 1 to 5. A respondents overall Wellbeing score is the sum of these scores, with a higher score equaling better mental wellbeing. Figure 16 below shows that IoW respondents have an average wellbeing score of 21.8 at entry (marginally higher than the average for all Ageing Better Programmes of 20.9). Both the IoW and the Ageing Better Programmes improve at follow up with the IoW rising to 22.9 (1.1 increase) and the average across the Programmes rising to 22.4 (1.5 increase), so participants are feeling their well-being has improved.

**Figure 16 Warwick Edinburgh Mental Wellbeing scores**



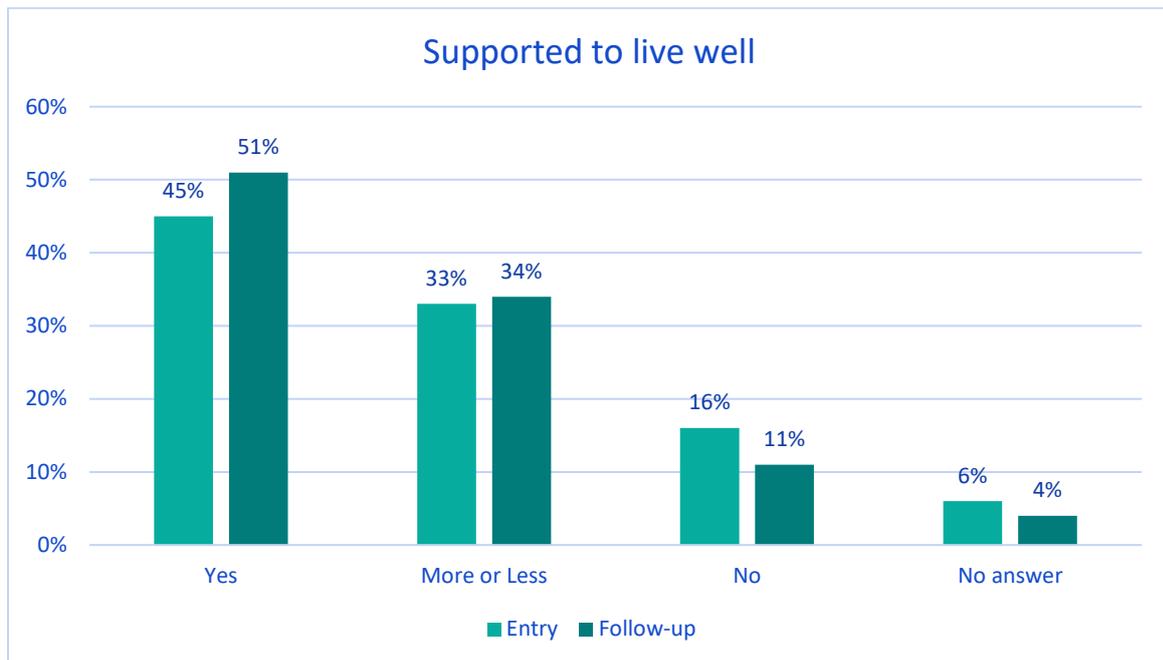
***NB AB & IOW data above taken from Ecorys National Evaluation – data entered April 15-Nov 2017***

As with scores for loneliness there are important issues to bear in mind:

- Without an appropriate benchmark for comparison, it is somewhat difficult to judge whether Programme participants (across all areas) report a lower level of well-being than average. No such benchmark has yet been identified by the national evaluation. However, it is worth bearing in mind that 21.8 at entry is way above the mid-point (scale 0-35) and that the potential for upward movement may be limited.
- The fieldwork has highlighted that most of the projects are confident that they are contributing to the wellbeing and quality of life of older people, a view supported by participants interviewed.
- No change or even only marginal changes in either direction can still be regarded as a positive outcome because of changing demography of participants. This is especially true given the high proportion of those aged over 85 years participating in AFI and therefore even stability is good – i.e. it is taking longer for their health and sense of wellbeing to diminish.

Given the above, and the difficulty in knowing how people might be expected to improve on these scores, it may be that the measure ‘supported to live well’ – see Figure 17 below- is a more appropriate measure over time. This shows that just under half (45%) of respondents reported that they felt supported to live well at entry, rising to 51% at follow up. It is important to note that responses here will be influenced by views about/experiences of local health and social care provisions, which we are aware is currently an issue of concern.

**Figure 17 Supported to live well**



The assessment of progress against this outcome is described in terms of:

- overall health and wellbeing; initially the challenges in maintaining health and secondly what works in improving overall health:
- considering physical health and how and where improvements in physical health have been addressed; and finally
- a section on prevention.

### Challenges in maintaining wellbeing and quality of life

It is important to recognise that the state of health and wellbeing for older people can change and deteriorate very quickly. Two characteristics in particular became apparent during our fieldwork which impact negatively:

- Those who are carers tend to be restricted by the pressures and day to day responsibilities of caring and are therefore poor at looking after their own health, finding it impossible to find the time to focus on their own needs; and
- Confidence is extremely fragile and can easily be lost in response to life events, with older people very quickly becoming fearful and anxious and retreating in on themselves.

Under outcome 1 we talked about the difference between social isolation and emotional loneliness and both of these above instances can lead to the latter (i.e. a subjectively experienced aversive

emotional state that is related to the perception of unfulfilled intimate and social needs<sup>15</sup>) unless support is available to help older people through such difficult times.

Care for Carers place the importance of maintaining carers health, both physical and emotional, at the centre of their work. Indeed, most of their services are set up in order to help carers feel emotionally and practically supported, and to create opportunities for relaxation with others in similar situations. Over the years they have begun to identify the most effective approaches:

- The Carers plan – and the discussion that surrounds its completion – enables them to slow down and think through what really matters to them. A personalised approach focusing on their specific needs enables them to identify their own emotional and physical health needs, why these are important and how best they can be addressed.
- Peer support has also proven to be extremely effective. Encouraging those within groups to talk about when things have gone well has had a very positive influence on getting others to think along similar lines. For example, often carers ensure that those they care for get flu jabs but fail to do so for themselves, Care for Carers initiated group conversations about what would happen if they were the ones who caught flu, and this led to an increased uptake amongst carers.

Throughout this fieldwork we heard many examples of older people losing confidence in response to a range of life events, most commonly cited were:

- Bereavement – *'I was in a rough place, a lot of pain having lost my wife...gave me back my confidence when I was the lowest I have ever been...saved me without realising it.'* (Singabout participant)
- Changes in physical health arising from mobility problems, falls etc. *'Mrs X is feeling frustrated and struggling with her own mobility problems as well as her husband's ill health. Mr X is very low and depressed and concerned as his mobility is getting worse.'* (Care Navigators case study)
- Becoming a carer (and not always noticing the severity of the needs of the person they cared for some time *'Should have picked things up earlier-did I just not see it? Thought he was winding me up.'* (Project participant –retired nurse)
- Being subject to IT scams – one participant with Digital Inclusion is still scared to answer the phone to anyone and says she does not trust anyone anymore.

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<sup>15</sup> O'Lunaigh et al (2012) Loneliness and cognition in older people: The Dublin Healthy Ageing study, *Aging & Mental Health*, 16:3, 347-352

- Looking for work, finding Jobcentre Plus *'so terrible, just shocking, experience was awful...very judgemental and don't trust you.'* and feeling discriminated against by employers

Helping older people overcome this lack of confidence and sense of vulnerability is a major stepping stone in improving their overall wellbeing.

### Improving wellbeing and quality of life – what works

We heard many positive examples from participants, case studies, staff and volunteers in every relevant project about the improvements in confidence and reduced emotional loneliness, as a result of project interventions, and the subsequent impact on their sense of wellbeing and overall quality of life. Several of which have already been conveyed in some of the quotations and examples in previous sections of this report.

*'This aspect of the AFI Programme has been really successful when you look at the various projects and the way they impact on the day to day life of older people on the island.'* (Stakeholder feedback)

However, what is most interesting is to identify what it is in the delivery of these services that succeeds in bringing about these beneficial changes. It is also interesting to observe the overlap of some of these approaches with the successful achievement of earlier outcomes, particularly reducing social isolation. Please note these are not the only examples but an indication of the type of feedback received from across the wide range of projects:

- **Person centred approach, based on individual needs**

Both Olderpreneurs and Employment 50+ have modified their initial model of service to provide more one to one support for those lacking in confidence and feeling anxious or uncertain about going straight into larger workshops.

*'Whole experience a complete contrast to Job Centre... this was so much more helpful, more opportunities to suit personal needs...definitely helped my mental health...so lucky the project was here, very very supportive, listening and reassuring.'* (Employment 50+ participant)

- **On-going support when confidence dips or circumstances change**

Several Olderpreneurs participants described the value of on-going support as they tried to develop their ideas into successful businesses – one commented on how much she appreciated one of the mentors coming to hear her play reading, another described the value of objective, practical reassurance over the *'roller coaster'* of the first 6 months *'Doesn't stop with all the information at the beginning.'*

*Absolutely (improved quality of life), I am not a very mentally strong person so fall to pieces at the least little thing –I need a backup.'* (Care Navigator participant)

- **Meeting with others experiencing common issues and facing similar challenges – not so isolating**

*'Quality of life defined as being 100 times better now, the main thing is realising lots of other people are affected in the same way, you feel so isolated if you are the only one (you know) who's got it (mental health problems).'* (Participant)

*'It's a little bit of respite, don't have to think about anything. Meet and talk with people with similar problems and know I'm not the only one, sometimes people worse off than me.'* (Coffee morning participant)

- **Building relationships and the stimulation of being with other people**

*'The knock-on effect of being able to draw on other people's views gives reassurance to the individual at a potentially difficult time of life. Confidence rising not falling! These people of age become pumped up in the company of like-minded individuals trying to do something that youngster might find difficult also.'* (Participant written feedback)

*'People have a sense of fulfillment, connecting with others is key and people come from wider parts of the island now.'* (Project lead)

- **Having fun/friendship**

As previously described many projects try to facilitate and promote opportunities for friendship, for example at Alzheimers café – when couples attend cafes together it generally leads to more joint activities as a pair and with others, 2 recent couples now plan to meet together at 4 different Alzheimer cafes per week, for companionship.

*'We feel elevated and happy afterwards...it's good for morale and having a laugh...we always go out on a bit of a high.'* (Singabout participants)

- **Expertise (approach and knowledge of staff)**

During our fieldwork we heard many references to the difference made as a result of the expertise provided by the project, below are just 2 contrasting examples:

a) Singabout

TT has up until the last few months been a passive participant, not often joining in with singing, not engaging with other participants, some weeks he wouldn't even hold the music sheets. However, this has all started to change. A new practitioner started working at the Newport Group who had experience working with people recovering from Strokes. Although the sessions have not changed much Erica's approach to the sessions has obviously helped to stimulate TT's recovery and over the last few months he has begun to sing with the rest of the group and also makes basic conversation with some of the other people in the sessions.

The change has not only occurred during the sessions but also at home. TT's wife recently sent a large box of biscuits and a small donation along to the group to say thank you for the help with TT. It appears that he has also started chatting and singing at home too.

#### b) Care for Carers

At one of the ICT drop in sessions, one of the carers said they would like to know how they could change their utility provider by going on comparison websites. After a discussion it was established that three people were interested in changing provider so the staff lead asked them to bring in their bills the following week so they could all do it together. All three carers changed providers and this saved them lots of money. They were really grateful and said they couldn't have done it without the staff at the Drop in. This in turn then generated extra money for these carers which could help improve their quality of life.

- **Feeling safe**

The importance of feeling safe to overall wellbeing was described in both practical and emotional (i.e. wider understanding re their conditions such as dementia) terms.

Community Navigators installed the Wight Care button '*I feel more confident if I fell at home, that I can wear something that I can press and get an automatic response for someone to come and check in and check on me.*' (Community Navigator participant)

*'More confidence to go out alone. Feel stronger in myself than before'* (Care Navigator respondent to IoW CMF)

*'Helping people feel safe in their community improves their well-being and quality of life.'* (Project lead)

- **Having a sense of purpose/ needing to be needed**

Newport Men in Sheds has taken on some of the activities the Council previously undertook, like keeping the flower beds in the town centre stocked with flowers which the project lead says makes them feel needed and valued members of society, '*being needed is a basic need for men.*'

*'It's nice to be needed and see the difference'* (Men in Sheds participant)

- **Something to look forward to /a sense of direction**

*'I have something to look forward to each week and the company of over 50 of us. I lost my wife of over 63 years and have no family. When first introduced to Singabout I felt life wasn't worth living, now I look forward to the next 10 years and reaching my family average of 98 years.'* (Singabout participant)

*'My mental health has definitely improved, shown by looking forward to more things and not dreading every day.'* (Mental Health Participant)

- **Learning new skills**

49 % of respondents to the IoW CMF said they had learnt a new skill whilst attending a project, mostly relating to acquisition of IT and employment skills.

*'Life changing skills –a smart phone is a new world. I use it for everything.'* (Digital Inclusion Respondent)

*'How to write an up to date CV and details of job search, both voluntary and paid employment'* (Employment 50+ Respondent)

*'Before I came I had no clue how to work a laptop. I've learned a few things, need to learn more. It's helped me a lot in confidence. Having this support means everything to me, without this I wouldn't know how to do this, thank you.'* (Digital Inclusion Participant)

*'Mind expansive, if we had ideas and they weren't going anywhere that would be depressing, but actually we are in the process of breaking out, celebrating what we are all doing. Imagine how it would be if we hadn't tried....Increases our confidence climbing up the knowledge base.'*  
Olderpreneurs participant.

- **Practical help**

- Relevant signposting to services and activities
- Access to computers for finding out information and accessing Isle Find It, benefits information, job searches and applications, contacting friends and family, playing games etc.
- Helping to generate additional money such as accessing benefits or securing a job to bring in extra income.
- *'It has had a huge impact on her life. This (attendance allowance) helps make a huge difference to the practical things and the psychological side of things. It would have been easy for her to get depressed.'* (Family member of Care Navigator participant)

- **Value of volunteering**

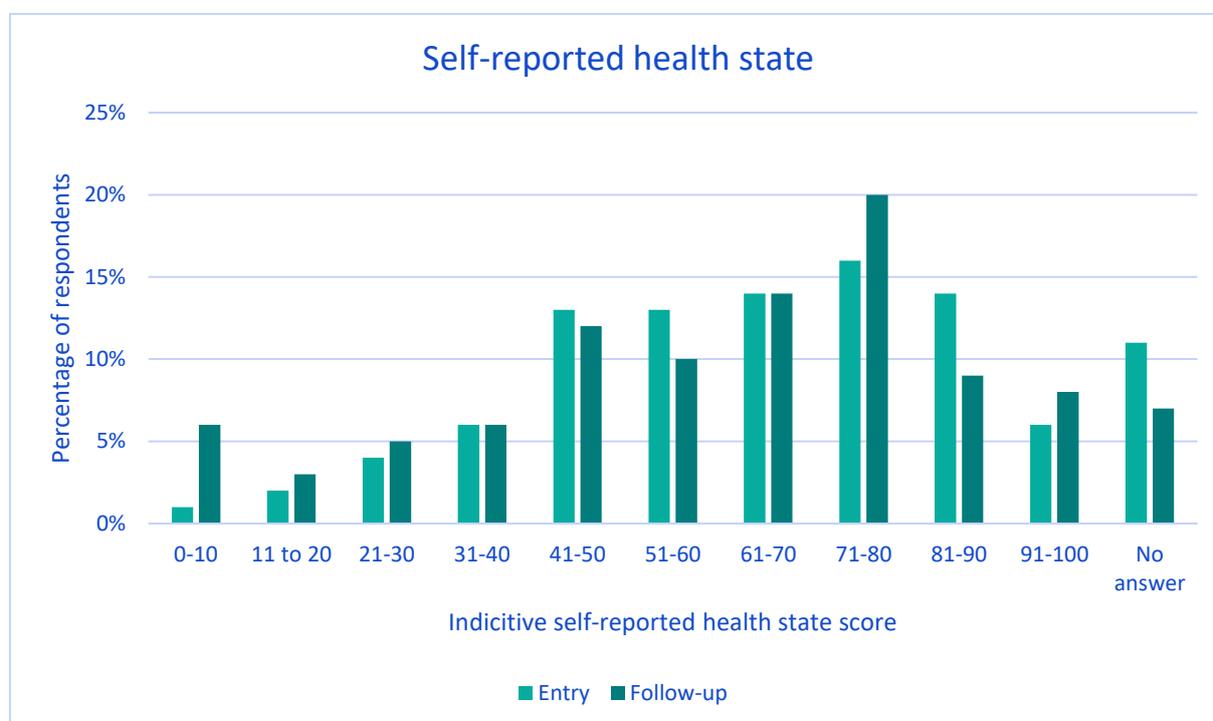
Singabout volunteer (71 years) *'It's very therapeutic, you always feel better afterwards.'*

One of the recently bereaved carers, with her nurturing nature was especially good at welcoming new people to the group when she attended as a carer. When her husband passed away they discussed the possibility of her becoming a volunteer at the group and she jumped at the opportunity. Volunteering has apparently given her a new lease of life and purpose to her days. She enjoys volunteering so much she now volunteers for other groups within the service.

## Physical Health

While we have the ability to track changes through the CMF data – it needs to be acknowledged, as already mentioned earlier in this section, that some participants' health would not be expected to improve – for example projects working with people towards the end of their life, or with particularly high levels of need. The data we have analysed to date in relation to frequency of exercise and activity show no change between entry and follow up. And we have therefore not included it here. However, Figure 18 below shows the changing responses between entry and follow up of participants self reported health state (as felt by the respondent on that day) where a score of 100 equates to the best health state and a score of zero equates to the worst health state. As with previous analysis, please be aware that these should be regarded as indicative only and not have too much weight attached to their interpretation.

**Figure 18 Self-reported health state**



During our fieldwork we came across several examples of improvements in physical health as a result of the interventions by several of the projects:

- **Overall Physical Health**

- Singabout feedback and interviews included many comments about improvements in breathing, fitness from action songs and walking to the groups and one even referred to improved sleeping, a few of these comments are shown below:

*'I am trying to walk more. It has given me a reason to get out and I walk to the sessions 30 minutes there and back –that must do me some good.'*

*'I move around doing the action songs...we do exercises and improves my breathing.'*

*One lady has had no chest infection this year for the first time in 4 or 5 years.'*  
(Project lead)

*Sleeping better and learning to breathe properly.'*

*Think my breathing has improved (asthmatic)'*

- Men in Sheds project sometimes involves the men in building the sheds in the first instance and then several continue with practical, physical tasks such as maintaining the flower beds in Newport.
- Mental Health Peer Support project commented on the close links between physical and mental pain, particularly how physical issues like pain can make them feel isolated. *'They're making the effort to come out and leave the house, not just keep worrying...We get people coming in on crutches'*

- **Nutrition**

Sometimes the outcomes are unexpected and the following example from a Care Navigator illustrates changes made to a healthier diet as a result of their intervention.

*Food – 'I had a lady who was eating junk food because she said it was cheaper because she had to spend money to get to the shops to get the food she needed. There were lots of other issues as well as that but we helped her get attendance allowance which meant that she could have the extra income and could pay for the taxi to get to the shops, which meant she had a little bit of money from her pension allowance to pay for healthier food. Sometimes we have to go around the houses to get to where we need to be.'* (Care Navigators Case Study<sup>16</sup>)

- **Encouraging physical health activities/raising awareness**

- Example from Isle Find It – *'Hi. I am 71 and most unfit, I wonder if this class might be suitable for me as I am desperate to be fitter.'* Put in contact with IOW Women's Centre who were going to contact this woman. Another *'Am looking for Tai Chi to help with the pain I have due to arthritis. I am 74 years.'*
- Mental Health Peer Support project lead described the easy access for participants to the gym next door as extremely beneficial.
- In terms of future plans, Digital Inclusion are looking to expand their work in years 4 and 5 into using Fitbits and Google Home/Alexa technology (for example to help with controlling lighting to prevent falls and a prompt to take medication) to improve people's health and well-being. Making people aware of their activity levels and providing a feedback loop on how to improve this is hoped will improve

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<sup>16</sup> Independent Evaluation of Care Navigators on the Isle of Wight January 2018. Wessex Academic Health Science Network

people's activity levels. They are conscious that needs to be explored and used with caution to ensure that it doesn't, for example, de-motivate housebound people.

### A note re Care Navigators

During 2017/18 an independent evaluation was conducted on the IOW Care Navigator service by Wessex Academic Health Science network. Three of the 9 posts Care Navigator posts are funded by AFI. Although this report does not single out individual projects, these detailed findings are sufficiently important that a short summary has been included here:

- R Outcome measures<sup>17</sup> for 238 people using the Care Navigator service recorded significant improvements in all 4 measures – health status, health confidence, personal well-being and experience.
- Some of the largest reported improvements were for: being limited in what I can do; requiring help from other; being able to get the right help; my life is worthwhile; the service listens and explains; and sees me promptly.
- Qualitative feedback found the service improved confidence to self-manage, make healthy lifestyle choices, improve safety in their home, reduce social isolation and improve their quality of life.

### Prevention

Finally, it is important to recognise the value of all of the above in limiting the immediate effects of difficult life events on individual health and wellbeing or preventing further deterioration / decline in emotional and physical health. At the beginning of this section we reflected on the challenges of improving health and well being amongst a frail and ageing population and that maintaining health could in itself be regarded as a positive outcome. As can be seen throughout this report there are many examples of the projects delivering preventative services as part of their everyday work and below there are a few examples where this contribution has been recognised specifically:

Creative Futures: One lady who was expected to die much earlier survived to her 100<sup>th</sup> birthday; the care staff believed that she lived much longer due to the voluntary activities and the caring volunteer from the project.

Alzheimers café: The training carried out to professionals/carers and the community helps identify dementia earlier and offers coping mechanisms as well (helping prevent crises or rapidly

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<sup>17</sup> R-outcomes measures are a set of validated short generic self-reported outcome measures being used by Wessex ASHN to evaluate innovations and new services.

deteriorating situations). *'Really reduces going into residential care so quickly'; 'Understanding why things happen enables carers to be better able to deal with them'* (Project lead)

Olderpreneurs: At a meeting of 10 participants many commented on the value of the project in preventing them feeling the effects of ageing.

*'May reduce the risk of us ending up alone because of this community.'*

*'If people let go they do become old.'*

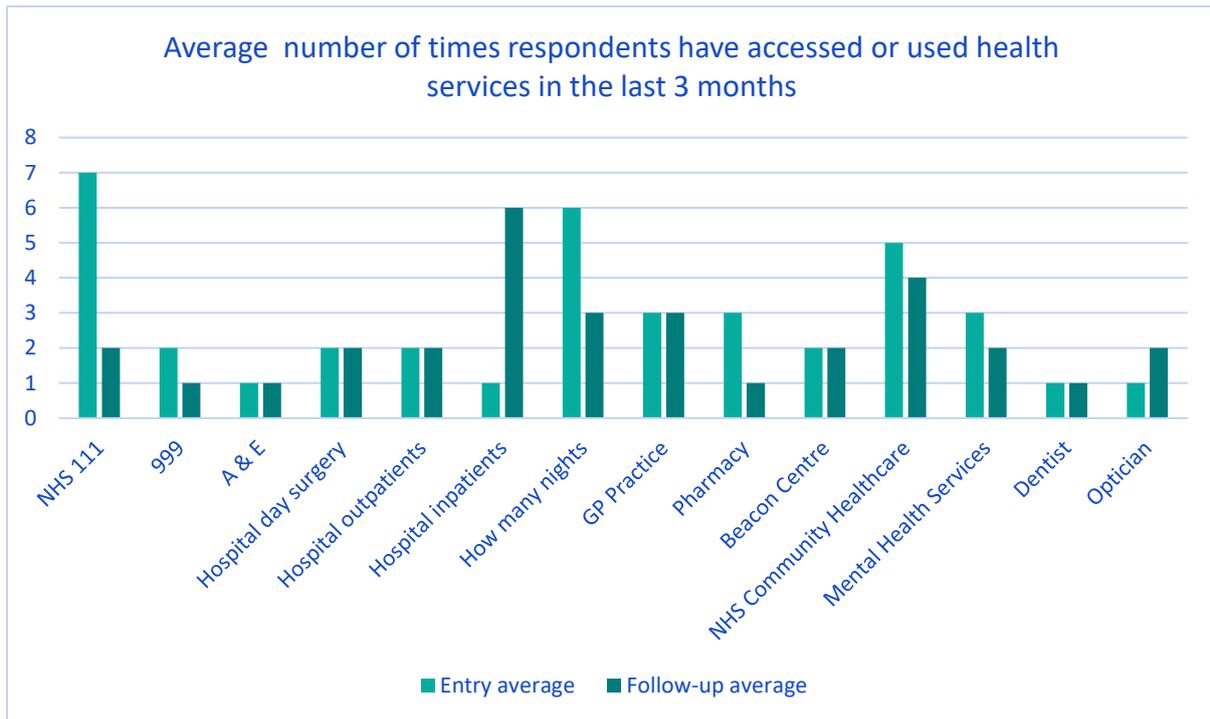
*'All about extending working life and quality of life.'*

There are also examples of where being involved in projects leads people to experience a renewed sense of hope and general activity levels, and so may then become able to take increased responsibility for not only their own health but also that of others. For example, a spin-off from a participant in a Community Navigators group who started up a well attended walking group for both herself and others.

Several projects (e.g. Mental Health and Singabout) produce much wider network of friendships, and thus increase potential 'circles of support' etc. for the future; the Mental Health Project has also developed new 'family type' links between project members replacing some of the family links which have been lost previously.

Although very hard to quantify it is also worth noting that many of the projects would hope to reduce the future load on statutory services: Care Navigators referred to the improved 'entry' their services can start from for those individuals who may need to re refer themselves; plus the fact that all individuals they work with have much greater knowledge of contacts/ resources themselves for any crisis e.g. involving dementia. Figure 19 below shows changes in demand for health services in the preceding 3 months and shows that, other than the spike in hospital inpatient admissions, overall respondents have accessed health services less in the three months preceding the follow-up than the entry. Please note that this data is only indicative as some respondents did not complete their answers as requested – there was some confusion.

**Figure 19 Changes in demand for health services**



**Summary: Progress towards Outcome 4**

Although the health and well being measures from the CMF have demonstrated either no progress or minimal changes in the loW respondents, this does not appear to fully reflect the work that is taking place and the outcomes being achieved, as evidenced through our fieldwork. It is important to highlight the high proportion of respondents (21%) over the age of 85 years; as they are a particularly vulnerable cohort, both in terms of physical and emotional health, it can take very little to set them back a long way. In this context simply maintaining health should be seen as a positive outcome. Interviews with participants have consistently shown that participation in the Programme has had a positive impact on the physical and mental health, wellbeing and /or quality of life of those involved with the projects, whilst ensuring people feel safe and supported. All of which have helped to keep older people feeling positive about life.



### 3. Operating as a Programme

Age Friendly Island is not a collection of 10 discrete projects all working to the same aims. Rather, 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 10 projects work together as a Programme as well as Programme wide issues, including looking forward to the future and drawing on the learning from the overall Programme to date, this section is structured as follows:

- What is working well?
- What is not working so well/Challenges?
- Stakeholder Feedback
- Learning from the closure of 2 Projects
- Lessons from recruiting and working with Citizen Evaluators
- Sustainability –for the Projects and the Programme

#### What is working well?

##### Satisfaction with projects

In the follow up questionnaires for the IoW CMF, participants are asked whether they felt the project met their needs. On the whole, as in previous years, the response was extremely positive.

- The majority (66%) of respondents agreed that it had met their needs
- 14% said this was more or less the case.
- Only 1% said the project had not met their needs

Participants were asked to suggest ways in which the project could be improved, and many took the opportunity to praise delivery. A selection of responses is shown below. These findings were borne out in the fieldwork participant interviews who expressed high levels of appreciation for the quality (in terms of staff, volunteers, feeling safe and supported) of service delivered by the projects.

*‘I cannot see how the service can be improved. I have been supported to have an optician visit and Handyman service’*

*‘Found the Alzheimer Café excellent and very informative.’*

*I don't think it could (be improved). Community Navigators are doing a fabulous job.'*

In terms of improvement there were not many suggestions, but they tended to follow three themes; more time or longer sessions for the services provided by the projects; operational improvements; and finally, how activities might need to be more sensitive to the needs of much older people.

*'Would like to see her for longer. She has been really helpful'*

*'More frequent, local. At a slower pace for over 80s!'*

*'By having employers come to us. Self employment job centre staff to turn up for their talk.'*

*'Improve by machinery, laptop for arthritic fingers.'*

*'Leaders could do with devising programmes and teaching songs. Dance -need to understand older people cannot jump about. More rest. More knowledge of geriatrics.'*

## Working together

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

Many of the project leads stressed the value of relationships having become increasingly well-established over the past three years which has resulted in:

- **Better mutual understanding of each other's projects and the support they provide** to each other which can then be shared with their own clients as the need arises. For example, the project lead from Digital Inclusion started talking to one of the women at a drop in and when she described her loneliness and sense of isolation, he was able to refer her on to the Community Navigator who was best placed to follow up these issues;
- **Improved communication** between projects and **advising other projects** as appropriate, for example Community Navigators share information about working in different communities and which meetings to use for publicity.

*'Personal contact is key, with exchange of product information and stories.'* (Project lead)

- Good attendance at quarterly **Delivery Partner meetings**, which are generally regarded as a helpful structure to increase understanding of their respective work. For example, a recent Care for Carers presentation/interactive session on a day in the life of a carer was well received;
- **Networking events** such as Celebrating Age Festival are always felt to be beneficial.
- **Promotion of the other AFI projects**, for example all projects are listed on the Isle Find It website.

- **Increasing numbers of cross referrals** between projects, particularly the Care and Community Navigators who are often referring clients on to many of the AFI projects. However, several projects flagged up their desire to find out what happens to those they cross refer wanting to know whether their clients had followed up these referrals and what difference it had made to their lives. NDTi are currently working with the Programme team to design a mechanism for capturing this information.
- **Joint working** is taking place wherever possible/practical, for example there is a new Digital Inclusion drop in at Brading which came about due to the project leader's connections with other AFI projects and people. One of the Community Navigators in the area knew that local people needed this facility/service and she had a location that was free to use with free wifi – *'it's been the perfect set up really.'* The Community Navigator runs the session once a week and the Digital Inclusion project lead pops in once a month to make sure everything is going well.
- **Feeling part of the wider AFI Programme** - feedback on this issue was patchy, a few felt strongly that they were part of the wider AFI *'I see it as one Programme, all to help the older people on the island.'* (Project Lead) whilst others really only felt part of it in relation to the administrative requirements it places on them. *'Contact restricted to data collection (monthly) and quarterly 1:1 meetings.'* (Project Lead)

### Working with 'external' partners

Several projects described how they had built up good working relationships with partners beyond AFI, for example Care Navigators are now working very closely with the Living Well team, who are funded from the Better Care Fund with three support workers and a Mental Health advisor. This works well to cover more people overall and then the AFI team can work with the more complex cases of older people.

Similarly Care for Carers has been working with other organisations to submit funding bids, the most recent of which (with Age UK, People Matter and Living Well) was successful in securing funds for a significant expansion of the hospital-based service for carers.

*'Without a doubt Ageing Better helped lever it in...helped massively, being recognised by Adult Social Care and CCG and Hospitals as an organisation that can make a difference.'* (Project lead)

*'As an organisation we have become more resilient because working closely with other organisations, building in, understanding policies, everything improves.'* (Project lead)

The AFI Project, whose success very much depends on wider partnership working, now has a steering group of 27 stakeholders from across the Island and work is currently focusing on Age Friendly Surgeries, Employment Task and Finish Group, Age Friendly Charter and Supermarkets. However, the loss of funding in social care has had a large impact on these partners ability to commit to Age Friendly activities. The AFI team have therefore had to work hard to identify what they can do

with limited resources to ensure they do not leave the steering group. They are helped by the positive impact of the work which has already taken place which encourages stakeholders to continue to be involved.

### Trusted brand

Ad hoc feedback i.e. not in response to any specific questions, describes AFI as a trusted brand across the island. Several projects described the value of the brand in building local relationships when looking to open new services and the age friendly training was reportedly well received by Councils and has helped add local credibility to services being developed.

*'The awareness of the whole programme on the island has made people aware of the work and it is now a trusted name so more people are using the services.'* (Project lead)

### What is not working so well/Challenges?

The past year has been a time of considerable change and pressure within the AFI Programme Team. For much of the year the team has been understaffed resulting in considerable pressure on just 2 individuals. At the same time (summer 2017) the team was required to oversee a review of the Programme which created considerable work for all involved, including the Delivery partners, and took over 10 months to finalise all changes arising from this work.

These pressures have inevitably had a knock-on effect to the support for the Delivery partners and the feedback below should be seen within this context.

### Period of Uncertainty

The closure of two of the projects (Education 50+ and Alternative Transport) in summer 2017 created a sense of anxiety among delivery partners which still continues. This is primarily due to the lack of understanding as to why these projects were closed and the subsequent concern by the remaining projects that their own position may be vulnerable.

Staff changes within the Programme team have made it hard for some to build up personal relationships and a sense of partnership. One commented on feeling scrutinised as a result of regular meetings with new managers which makes them feel *'under the spotlight'*. Communication between the Programme team and the projects is experienced as difficult and several projects also reported that they do not feel trusted by the Programme team and that they are *'waiting to be caught out'*.

Finally, feedback from a few projects on the Programme review/revised Delivery Plans was described as time consuming and unhelpful, with projects waiting a long time to know their new budgets.

Delivery plan changes *'put me on standby mode, awaiting outcome re any resulting staffing changes and taking me away from my lead role.'* (Project lead)

In fairness to the Programme team much of this was outside their control and in their own internal review of this work they recognised the challenges presented by this review, in terms of timing, clarity and the importance of good communication.

### Collaborative Approach Diminished

Several projects commented on their concern at a loss of the strategic vision and direction for the overall Programme. One in particular felt that everyone needs to work together to restore the original vision to ensure a collaborative approach to the overall outcomes.

This is compounded by individual project monitoring, with two reporting that they felt if they help one another out this will not be recognised. One commented on how this reduces synergy across the Programme. *'Everything interlinks in the projects and across the whole programme - feel the contracts pull it apart –needs to be more pulling together.'*

Although not true of all projects, a few describe a sense of *'them and us'*, with top down monitoring and performance management chasing, rather than the support and encouragement that the projects would value. However, one did specifically say that they had a good relationship with the programme team and could access help when needed. Projects were also understandably concerned about financial issues and their futures and feel judged rather than supported in the face of uncertainty about funding in 2 years' time.

*'Cumulative effect of having to provide what feels like more and more information, often feel we could have spent that time with clients.'* (Project lead)

Finally, there was a recognition that there had not yet been any opportunity to pull together the overall learning from the whole Programme. Initial plans had been developed for a mechanism to do so in 2016, including an on-line network and action learning sets but failed to take place. We understand this was due in part to a lack of activity and interest on behalf of the projects. Whatever the reason one of the results is a sense of diminishing collaboration.

### Operational Frustrations

The IoW CMF continues to be an operational headache for many of the projects. Not all are required to take part (e.g. Alzheimers Café and Isle Find It are now excluded) but for those that do there is real concern at the length, nature of questions and time involved in administering this questionnaire.

*'Have had two clients in tears at sections on feeling isolated etc. Stopped them completing and then had to build them back up again.'* (Project lead)

*'The worst thing I have ever seen –really stupid.'* (Project lead)

It is important to emphasise that, as part of the national evaluation conducted by Ecorys, this is beyond the control of the Programme team and they are well aware of these concerns. However, these concerns need to be recognised here as the demands of the CMF impacts on how the projects feel about the overall AFI programme. These concerns have also been echoed nationally across

many of the other Programmes, although learning from elsewhere is beginning to identify successful approaches for embedding the CMF, including:

- Sending/ attaching a tea bag to the CMF forms;
- Ensuring the analysed data is shared and discussed with delivery projects so they can understand the value/relevance.

There are considerable frustrations at the lack of flexibility around opening up some projects/services to those under 50 years. Whilst all appreciate that this Programme is aimed at older people, the intergenerational outcome and the fact that some projects naturally involve younger participants make the restrictions for others more frustrating when they believe involving younger people to be mutually beneficial.

A key element of the Ageing Better programme is that there is a 'test and learn/ element to the delivery of interventions. Although this has happened with some of the projects responding flexibly to changing needs and feedback from participants, a few have become frustrated that they are unable to build on their learning because of lack of available funds for projects to develop new ways of working. As learning has increased, funding has tended to become more restrictive which means that new ideas are unable to be followed up.

In addition to the desire to respond to the learning and develop services accordingly projects are also facing increasing demand as their services become more established and better known...*'I think the main challenge I have is always going to be capacity...all enquiries, volunteer co-ordination, project delivery and reporting goes through me...there is also a tricky balance between making sure that clients get the support they require while finding time to research new kit and explore new ideas.'* (Project lead)

The Programme is inevitably affected by changes beyond its control, in particular in relation to the case of changes in health and social care. The Programme is operating at a time where the health and social care sector on the Island is going through significant changes and operating in the context of funding cuts and shrinking statutory services. Some projects such as Care Navigators and Mental Health peer support are finding they are filling the gaps. While this has led to some projects being very well used, it also puts pressure on some projects with increased demand and limited options for referrals onwards.

## Stakeholder Feedback

As part of this evaluation we invited stakeholders of both the individual Delivery projects and the wider AFI work to take part in a survey about their views of the impact of the AFI Programme.

Of the 12 responding to the wider AFI questionnaire, the majority had come into contact with the Programme via the AFI project and that was mostly via attending meetings or being involved in promoting activities.

Interestingly 50% said that their involvement with the Programme had led to changes in how they had commissioned or provided services and they gave the following examples (direct responses from the survey):

- More aware of Age Friendly Environments. Dementia Friendly Church Services now held 4 x year and are being taken up by other churches.
- We have developed in house training which has been built into our existing training programme. We purchased the Age Simulation Suit and eye and ear aids. The aim is to lessen falls on our buses by training the drivers in this way.
- All IoW Neighbourhood officers have received age friendly training. Workforce far more experienced in dealing with older persons and understanding best methods of communication.
- Age Friendly Island have held Public forums and we have used these to give us a guide into what literature we use for elderly people with regard to financial abuse i.e. scams, doorstep crime
- 'Time for you' till introduced by supermarket chain.
- Changes to layout of Lord Louis Library, creating an age friendly area and Age Friendly training held for all library staff

Feedback on other aspects of the survey have been used in the relevant sections throughout this report.

## Learning from the closure of two Projects during 2017

As already reported in summer 2017 the Programme Management Board decided to cease funding for two projects (Education 50+ and Alternative Transport) and divert the money to projects which it was felt would achieve greater impact. As far as we can tell the main reasons for the closure of the former was primarily because it had strayed a long way from the initial brief and the latter because it had gone as far as it reasonably could given the challenges it encountered (see below). In their respective end of project reports both have usefully identified the main problems faced which impacted on their ongoing success. There are several overlapping themes, although some clearly apply more for one than the other:

- Lack of underlying knowledge and clarity about what exactly was expected to be delivered when the projects were initially designed (primarily Alternative Transport);
- Pressure on key partners (schools and town and parish councils) restricting time and access to engage sufficiently;

- Agreeing alternative solutions to the initial problems encountered resulted in difficulties for both projects; one deviated their approach without Programme Board agreement –and the other described *‘the process of providing information and evidence regarding the change of purpose for the funding was long winded and inflexible which to some extent resulted in a loss of impetus for the project.’*
- Evidencing impact was challenging for both projects, the IoW CMF was not easily applied to the Alternative transport participants and Education 50+ worked with mainly extremely active and engaged older volunteers of which this was just one of many different activities and therefore it was hard to identify and attribute impact.
- Issues with public health website development which Alternative Transport would have been able to ‘piggy back’ on. It is unknown whether the planned GENIE website (intended to map isolated individuals and local support networks with a view to encouraging asset-based approach to reducing isolation) ever materialised.

## Working with Citizen Evaluators

The recruitment of Citizen Evaluators has been a core element of our evaluation approach since starting in 2016. However, despite extensive attempts at advertising and running 2 training days in the first year, the numbers recruited are small, with only 2 Citizen Evaluators working actively on the evaluation during 2017/18 (and one of these is currently taking a break due to other events in his life). To date the Citizen Evaluators have conducted 6 interviews, always working in pairs, sometimes with one of our fieldworkers. Feedback from the most active evaluator identified the following learning:

- The training provided was thorough and ensured they, as interviewers and note takers, were well prepared;
- The support provided by a dedicated NDTi fieldworker (herself an older person) was greatly appreciated;
- All interviews were well set up, interviewees well briefed in advance (by NDTi) and prepared;
- The work has been enjoyable and interesting;

*‘Been lovely. People have been great. Am very keen and want to keep it going. Love meeting people, it’s interesting.’*

- Those volunteering for this work tend to be very busy, active people so impact on them as individuals is less than originally anticipated.

*‘No specific difference to me as I do so much, lots of activities in my life.’*

However, from an NDTi perspective we shared many of the same experiences and findings as other evaluation teams working in different Programmes i.e.:

- Citizen Evaluators are very resource intensive i.e. time required to recruit, train and support on an on-going basis.
- It is extremely difficult to attract sufficient numbers;
- It is hard to retain Citizen Evaluators as life events get in the way (2 moved back to the mainland within 3 months of being trained) and they are naturally busy people with competing priorities on an ongoing basis;
- Sufficient numbers are required to use these posts to maximum effect i.e. there is scope (as has happened elsewhere) to run focus groups, work on change stories, interviews with stakeholders etc but more people are needed to make the expenditure in supporting this work worthwhile.

NDTi continue to develop this work wherever possible and support and encourage those already trained to continue their involvement. However, the amount of time committed to this in coming years, in light of the overall evaluation design/resource will need to be agreed with the Programme lead.

## Sustainability

Three years into a five-year programme and the sustainability of the projects beyond the programme funding is becoming an increasingly important issue.

*'There is quite a feeling of uncertainty and insecurity about the future.'* (Project lead)

*'Difficult/disheartening to know that it is only a 5-year programme –staff may start leaving from year 4 onwards without any security for their future being assured.'* (Project lead)

## For Projects

Not all projects are funded for the entire five-year programme and so they are not affected by the issue of sustainability from 2020. For example, two projects were closed down in summer 2017 and one project within Independent Arts was funded for three years only: Creative Futures is closed to new referrals from March 2018. However, the remaining projects are extremely concerned about their future position and looking at all aspects of their work to identify how best to continue beyond March 2020.

The range of approaches being explored within the projects broadly fall into two categories of:

a) **Increasing Income** – current initiatives include:

- Participant contributions e.g. Singabout (already in place)
- Charging for some services/training e.g. Digital Inclusion, Olderpreneurs, Isle Find It.
- Personal donations– varies considerably according to the service and level of public understanding and support for it and is also very unpredictable.
- Applying for grants e.g. Olderpreneurs looking at opportunities to apply for bank grants although this is a time consuming and lengthy process.
- Applying for sponsorship e.g. Alzheimers Café who are applying to relevant businesses and are optimistic about their chances of success *‘everyone knows someone with dementia, so they feel personally involved and are prepared to help.’*
- Sale of goods e.g. Singabout (already in place) and Men in Sheds

b) **Reducing Expenditure** – current initiatives include:

- Self-running groups led by service users e.g. Olderpreneurs network meetings and Men in Sheds. However, concerns have been expressed at the demographic profile of people attending these groups and the rate of change as those willing to lead as members become too frail to take on these responsibilities.
- Work with partners (statutory/business/voluntary) to access contributions in kind e.g. using spare venues for meetings or singing sessions, asking for food as a contribution in kind (Alzheimer café).
- Working with parish councils to encourage them to (i) use the AFI forums as a way of contacting their local communities. The forums are set up and well used, they are easy to manage and have a simple structure. The hope is that councils will start to use them as a way of engaging with their local residents. Even so, they will continue to need some management and support and to ensure contingency arrangements in the event of last minute problems. (ii) work with Isle Find It to use the website rather than reinventing the wheel and producing their own.
- Increasing the number of volunteers to help deliver services. Many projects described this as an important element of their sustainability strategy but the challenges of relying on this approach are huge:
  - Considerable expectation is being placed on both the motivation and ability of volunteers to deliver services;
  - This requires there to be sufficient number of suitable people available (at a time when there is concern nationally about the changing face of volunteering and on the

numbers willing to do so when they retire) who are attracted to the type of work required;

- They will need infrastructure support for their recruitment, training and retention, together with reliable access to professional support and back up experience.
- Project expertise will continue to be required to ensure the delivery of a consistent service by the same volunteers (especially when the successful delivery of these services is dependent on building and maintaining relationships) and access to expertise.

*'The project is too big to be run by volunteers as was the original plan. If I was to just hand it over to the volunteers in five years' time it would not be sustainable. Volunteers need support.'* (Project lead)

Volunteers running a Care for Carers café described the value of having support from one of the project workers *'If she can't come we'll struggle, because carers will start to talk, ask advice, what support can I get etc. We don't have time to sit down because we are so busy, we just don't have the knowledge. It's so important to have a professional person in the room.'* (Volunteer)

These challenges are not unrecognised by projects – they are generally well aware of all of these issues, and a few are already looking to formalise their terms of engagement with volunteers to try to make their position more robust.

## Programme

There was some concern within the projects that the issue of sustainability was not yet being addressed from a Programme wide perspective and that they would appreciate increased awareness, guidance, support and empathy for their position. To date this has not been a priority for the Programme Team but is recognised to be an increasingly important issue for this coming year.

As already acknowledged the current pressures in statutory services make this a difficult climate to compete for resources, but the success of many of these projects in delivering outcomes as described should at least open up conversations with both the Isle of Wight Council and the CCG about possible opportunities for using resources efficiently.

It is beyond the scope of this evaluation to determine the extent to which AFI Programme/ individual projects have become embedded within the statutory sector. But an initial examination of the public documents and websites reveals only the very briefest of mentions and even the Health and Wellbeing Board has only 2 paragraphs from the AFI project officer in one set of minutes from across the past year. It is possible that things have been missed but the overall impression is that there is real scope to initiate further discussions with statutory partners about the value of and lessons learned from the Programme and associated projects to date. A few of the more established organisations such as Care for Carers are well recognised and already integral to the package of support available for carers on the island, but for many of the other smaller projects one gets the

impression that their work is perhaps not yet sufficiently well recognised to open up conversations about their role/value in the future.

### **Summary: Working as a Programme**

- High level of participant satisfaction with projects;
- Being part of AFI programme felt to be beneficial in terms of:
  - Good partnership working between projects;
  - Raised profile of projects – scope to build partnership working (and in one case submit a successful joint bid) with external partners;
- Scope to improve the relationship between Programme team and projects with greater transparency regarding decisions, improved communication and a more collaborative approach.
- Evidence of wider impact of AFI across island – not just from participant feedback, but also the changes being made by stakeholders in response to increased awareness (often as a result of Age Friendly training).
- Projects concerned at uncertainty of future because time limited funding. Many have begun to identify opportunities for increasing income and reducing expenditure, with reliance on volunteers becoming increasingly important.
- Scope for Programme team to begin to raise profile of work undertaken by projects to help with increasing understanding with LA/CCG of benefits and impact.



## 4. Learning Digest

Throughout this report we have touched on the learning within the projects in relation to what works or doesn't work and why. This section draws the learning together from these and other sources,<sup>18</sup> to help inform and guide both the future of this Programme and any other similar developments. These are not assigned to any particular outcomes as there is significant overlap in terms of successful practice.

### Achievement of the outcomes - Success Factors

- Relationship building with:
  - Individuals to engage with, participate in and benefit from services;
  - Delivery projects (within and between) to optimise understanding and mutual support;
  - The AFI project /Programme and broader services to develop a reputation as a trusted brand.

All of which takes time, sensitivity, good communication, consistency, transparency and clarity but if successful results in a sense of safety and trust for both individuals and the projects and leads to opportunities for development and expansion.

- **Establishing partnerships** across statutory, voluntary and private sector in order to share expertise, avoid duplication, optimise 'in kind' resources, raise awareness and understanding of both older people and the Programme and to embed the work of the Delivery projects in plans, policies and services for older people across the island.
- Delivering **Age Friendly training** to external organisations has reportedly had a significant impact on the responsiveness of their services to older people, whilst providing such training / raised awareness within schools has reportedly led to an interest in volunteering amongst younger people.
- **Personalised care /approach** with all individuals in contact with services to ensure their needs are truly listened to and understood and the subsequent services delivered and/or signposted are appropriate. Face to face time is fundamental for older people as is sufficient

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<sup>18</sup> Evidence drawn from AFI Fieldwork; Delivery Projects Change Stories; Written reports on the closure of the 2 projects in 2017; Monitoring and Performance data and National and Local Learning Events.

time to talk (especially as GP time has become increasingly limited) and the reassurance that on-going support will continue as their needs change.

- **Expertise** in specific areas is invaluable to educate and inform where new skills and knowledge are being acquired and advise and guide where older people are navigating benefits or new services.
- **Creating the right environment in the right location** for participants to be able to attend and feel comfortable in doing so, in particular meeting up with those in similar circumstances or coping with similar issues was felt to be hugely beneficial. Several individual projects had also been able to optimise partnership working by co-locating with or having easy access to other services.
- **Flexibility in the delivery of services.** The initial ethos of 'test and learn' for the Ageing Better programme has helped projects adapt their delivery from their initial approaches. Feedback from participants has informed several changes in different projects, as has project lead experience and insight.
- **Running activities as a means of engaging and supporting men,** as they generally more motivated to attend where there are specific things to do and also find it easier to talk whilst engaged in activities such as IT or those offered by Men in Sheds. Apparently attending projects like Men in Sheds is reported to be more socially acceptable by their wives than going to the pub!
- **Providing access to IT** and in particular the internet is particularly useful as services are increasingly only available on line, for example applying for certain benefits, job applications, using e mail and talking to friends on Skype etc. Many of those interviewed had no access at home (because of cost of computer/broadband or lack of interest or understanding in how to work such equipment). Although this may not apply to such a degree to future generations for those older people currently being supported by the Programme this access is immensely helpful.
- **'Demonstration' effect** and Taster sessions' work well in spreading the word and attracting interest. (For example, pop up sessions for singing etc).
- **Value of local champions.** Word of mouth is an extremely effective method for raising awareness for both attracting new participants and also highlighting the issues facing older people and the role of the Programme in responding to their needs. Working with Parish Councils, Businesses and local individuals willing to advocate for older people has proved effective in creating more responsive services/communities. This will prove vital to embedding this work within the community and ensuring local ownership of the issues/services.
- **Value of younger volunteers** to enhancing activities for older people - teaching and support for digital learning, intergenerational discussions in schools, sharing experiences with Men in Sheds, providing energy and different perspective in Singabout.

- **Use of a wide range of avenues to attract volunteers** (of all ages), for example partnering with sixth forms and colleges to attract social care students; Vectis radio station regular AFI programme; local newspapers and libraries, encouraging word of mouth enquiries; Facebook and Twitter.
- **Value of volunteering to the individual volunteers** -although widely recognised and well documented beyond this project it is still helpful to highlight this learning as it was an important impact within this programme. One 53-year-old volunteer who supported a 92-year-old with Creative Futures commented that the contact had made her aware that *'P's wisdom of years brought us so much fun together. She enriched my life. It's made me think more, I've looked up things and broadened my range of interests and compassion.'*
- **Co-production** works most effectively when activities are responsive to individual needs, support is provided expertly and sensitively, participants can become volunteers and help deliver core and new services/expertise.
- **Citizen Evaluators.** –takes time and resources to recruit, train, support and retain.

### Achievement of the outcomes - Challenges

- Reaching out to most socially isolated as projects reach (and exceed) capacity and most budgets are decreasing rather than increasing.
- Transport - both in terms of cost and availability and accessibility for older people to get to activities and forums
- Provision of information to older people who generally prefer to have hard copies, but these are increasingly expensive to produce and harder to distribute to ensure take up by those in most isolated settings and/or are house bound. In addition, maintaining the Isle Find It website and keeping it up to date *'A directory is only as good as the listings that are on there'*.
- Embedding these projects and demonstrating their unique value, midst a wide range of services within the community.
- Cross referrals –capturing the movement of individuals between projects and finding out how they fared and difference made, without adding to bureaucracy demands on projects.
- Working with partners (in terms of referrals, contributing to evaluations or setting up projects within their environments) who are at the same time responsible for their own services has become harder as they are under increasing pressure just delivering the day to day work, for example care home staff (which impacted on Creative Futures) and teachers in school (which impacted on Education 50+).

- For some of the smaller projects the time and cost of recruiting and training volunteers can be disproportionate for the size of the project (for example Creative Futures needed to recruit 40 volunteers to work with 50 clients over 3 years).
- Capturing evidence of changes at a strategic organisational level.
- People do not want to be branded as old as they don't necessarily think of themselves that way, they get fed up with being asked the same questions and sometimes worry that they will be made to change. Others are anxious about attending somewhere new.

In the early days of the Programme plans were put in place for action learning and on-line communities to share findings but in practice day to day pressure on service delivery took priority and this work took a back seat. However, as the Programme enters its penultimate year establishing mechanisms for sharing these findings (and others which may be generated through different means) becomes increasingly important. This could be developed collaboratively to help strengthen the overall Programme as discussed earlier in this report.



## 5. Conclusions

Three years into the five-year funded period, it is clear that the Programme is making real progress towards the achievement of the four main Programme outcomes.

- The Programme continues to support a high number of older people, with an average of 2047 attending all the projects each month, of whom a significantly higher proportion are 85 years old or more when compared to other Programme areas and the Island as a whole. The IOW Programme participants are less lonely and more sociable than elsewhere, and these measures have remained stable despite the increasing age and risk factors associated with loneliness of IOW participants over time. Our fieldwork has shown that the programme has facilitated opportunities for older people to increase their social connections, meet new people, make friends and has led to decreased social isolation for people involved across the projects.
- Older people are increasingly involved in designing and shaping their own individual support and the services they receive from the projects. More opportunities are also being created for and being taken up by older people to influence and shape local policies and increase awareness and understanding of their needs. Not all older people wish to do so, but it is particularly encouraging that a higher proportion of older people do now feel they can influence decisions in their local area. The AFI project has played an extremely important role in supporting and facilitating this work across the island. There is still scope to progress this work further to enable a higher proportion of older people to feel empowered to influence projects, services and policies, even if some decide in the end that this option is not for them.
- Although extremely difficult to measure there does also appear to have been some significant progress towards the Isle of Wight becoming an Age friendly Island in the past year. The number of inter-generational activities are increasing as are the number of young volunteers and the hours they are contributing, with feedback from those involved being extremely positive. Similarly, the widespread delivery of the Age Friendly Training appears to be making a real impact, via the relevant organisations, on the daily lives of older people. Health and social care concerns aside, the island is generally regarded as a good place to grow old.
- Finally, although the health and well being measures from the CMF have demonstrated either no progress or minimal changes in the IoW respondents, this does not appear to fully reflect the work that is taking place and the outcomes being achieved, as evidenced through our fieldwork. It is important to highlight the high proportion of respondents (21%) over the age of 85 years; as they are a particularly vulnerable cohort, both in terms of physical and emotional health, it can take very little to set them back a long way. In this context simply

maintaining health should be seen as a positive outcome. Interviews with participants have consistently shown that participation in the Programme has had a positive impact on the physical and mental health, wellbeing and /or quality of life of those involved with the projects, whilst ensuring people feel safe and supported. All of which have helped to keep older people feeling positive about life.

Throughout this report we have sought to draw on the key learning in relation to the achievement of individual outcomes. There are several common elements which have played a particularly significant contribution across the Programme, including:

**Person centred approaches:** A priority for many of the projects was the importance of supporting older people by taking time to identify their individual needs and wishes and ensuring they responded accordingly. This approach was hugely appreciated by those interviewed, especially at a time when other services are under such pressure and can offer little time.

**Value of information technology:** Although a small number of older people did not want to engage with information provided online and expressed dissatisfaction with it only being available in this medium, those who did learn to use digital technology through AFI found this to be invaluable. They learned new skills, kept in contact with distant friends and family and appreciated practical help such as on-line shopping, changing energy supplier. This will become increasingly important as opportunities are explored to use for example, Fit Bits and home based voice recognition systems; and as the younger, more IT-literate generation of older people look to IT as a core resource in later life.

**Contribution of volunteers:** Playing a key role in the delivery and expansion of the work of the projects, volunteers are fundamental to the success of the overall Programme. This will increase as projects look to beyond 2020 and how best to maintain those services. The benefits to the volunteers themselves is also increasingly clear, especially the value of inter- generational volunteering to both parties. However, successfully engaging volunteers requires ongoing investment in a robust infrastructure to ensure effective recruitment, support and retention in sufficient numbers from a limited pool of potential individuals.

**Value of Age Friendly training:** As this has expanded in terms of number of organisations and people participating, the benefits are becoming increasingly clear. Feedback from the vast majority of those participating identifies planned changes to day to day delivery of services, and several people have commented on the improved attitudes and understanding of Southern Vectis drivers. In terms of lasting impact on the island this work, alongside the Train the Trainers course, has real scope to make a hugely significant impact on the everyday lives of many older people for years to come.

**Importance of co-production:** Although not co-production in its purest form, the willingness of all of the projects to engage with older people, listen to their views and adapt their services accordingly has been widely appreciated and helped deliver more person centred services. The focus to date has been on co-design and involvement, providing a solid foundation for projects and the Programme to build towards full co-production.

**Value of partnership working:** The value of working collaboratively both with fellow projects within the Programme and organisations beyond was stressed by all those interviewed. The mutual benefits include: increased knowledge of what was available, the opportunities to share expertise/facilities wherever possible, joint funding bids for specific pots of money, building local relationships in different localities to pursue different opportunities for services, and joint working wherever possible. There is a strong sense of commitment to relationship building and inter-project referrals across all of the 10 projects, and a very clear recognition of the benefits derived from this approach.

This Programme is not without its challenges. The projects experience a real sense of overload in terms of the administrative demands that being part of the Programme places upon them and are currently feeling unsupported and insecure. This is compounded by funding ending in 2020 and an increased recognition of the urgency of their situation, something they would like help and guidance with from the Programme team. There appears to be real scope to take this area of Programme work forward going into 2018-19, with opportunities not just to share the learning from the Programme to date, but also to promote and celebrate the achievements of the projects and the contribution they could play in the wider health and social care services on the island.



## Recommendations

### Recommendations for the Ageing Better Programme Team

Address the issue of sustainability for the appropriate projects by:

- d) Helping support and guide them as they seek to strengthen their own future position;
- e) Opening up discussions on their behalf with all the relevant statutory sector agencies;
- f) Proactively promoting the achievements of the AFI Programme to date with a view to securing increased recognition and support from the LA/CCG.

Explore how best to achieve the difficult programme balance needed between general oversight, the monitoring of targets and finance, and support for projects.

Explore opportunities for collaborative approaches to identifying and sharing Programme learning from across the Delivery partners and Programme as a whole.

### Recommendations for projects

Continue to address the issue of sustainability and explore opportunities whilst seeking also to learn from other projects.

Explore opportunities for bringing more young people into projects as volunteers/participants.

### Recommendations to be considered for local evaluation

NDTi to work with the Programme team to devise a tool for capturing activity from cross referrals between projects.

NDTi team to work with the Programme team to streamline data analysis systems.



## Appendix A. Stakeholders responding to AFI Survey

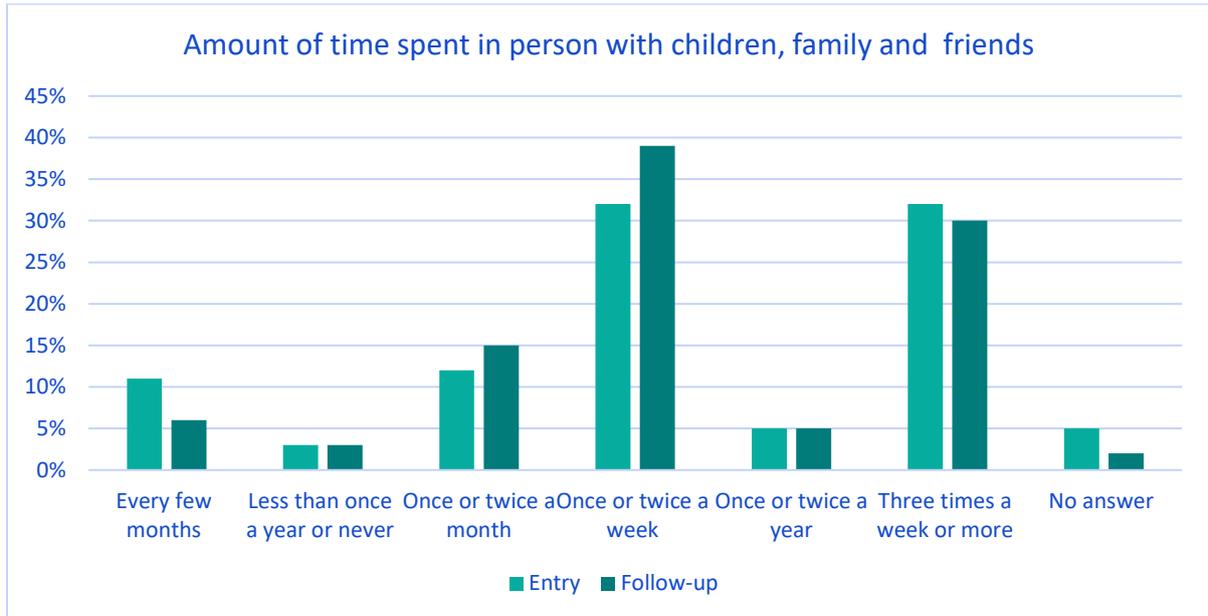
### **Stakeholders who responded to wider AFI Survey:**

- Church of England, Vicar
- Nettlesome and Seaview Community Partnership/Seagrove Silver Surfers Leader
- Southern Vectis. Administration Officer
- CASI Operations Manager, Southern Housing Group
- Police
- Local Minister St Peter's Church
- Isle of Wight Council Trading Standards Service Trading Standards Manager
- IW Chamber of Commerce Finance Manager
- Retail community champion
- High Sheriff
- Mountbatten Hospice
- Isle of Wight Library Service, Development Librarian

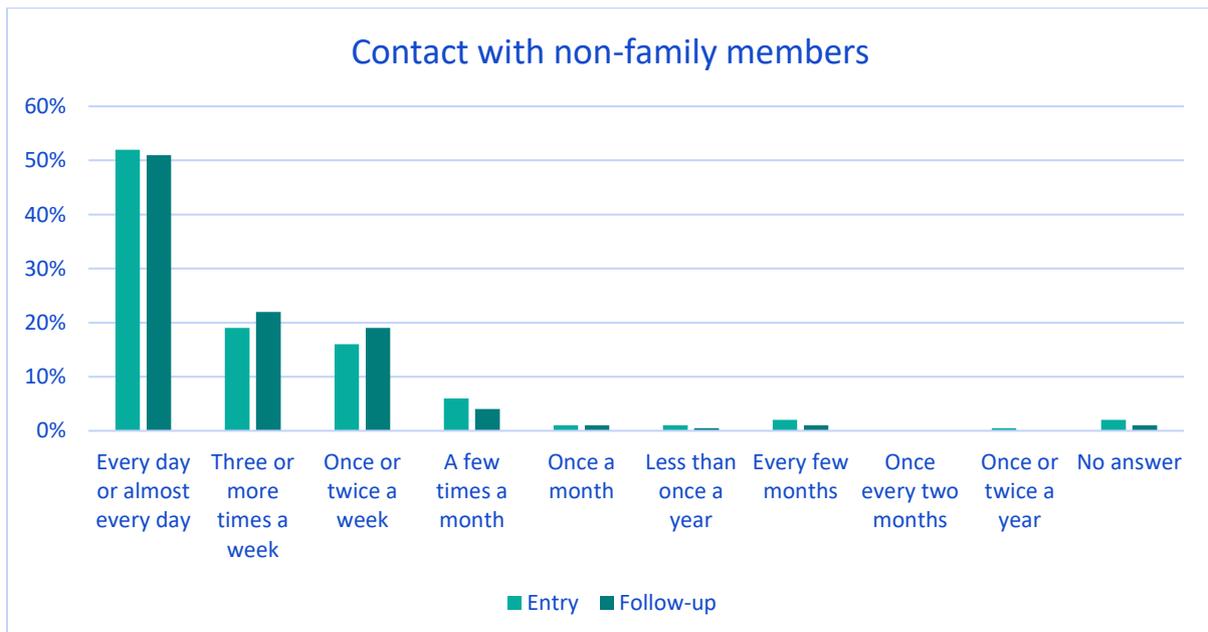


## Appendix B. Additional graphs re Outcome 1: Improved connections within their local community and reduced social isolation

**Figure B1. Amount of time spent in person with children, family and friends**



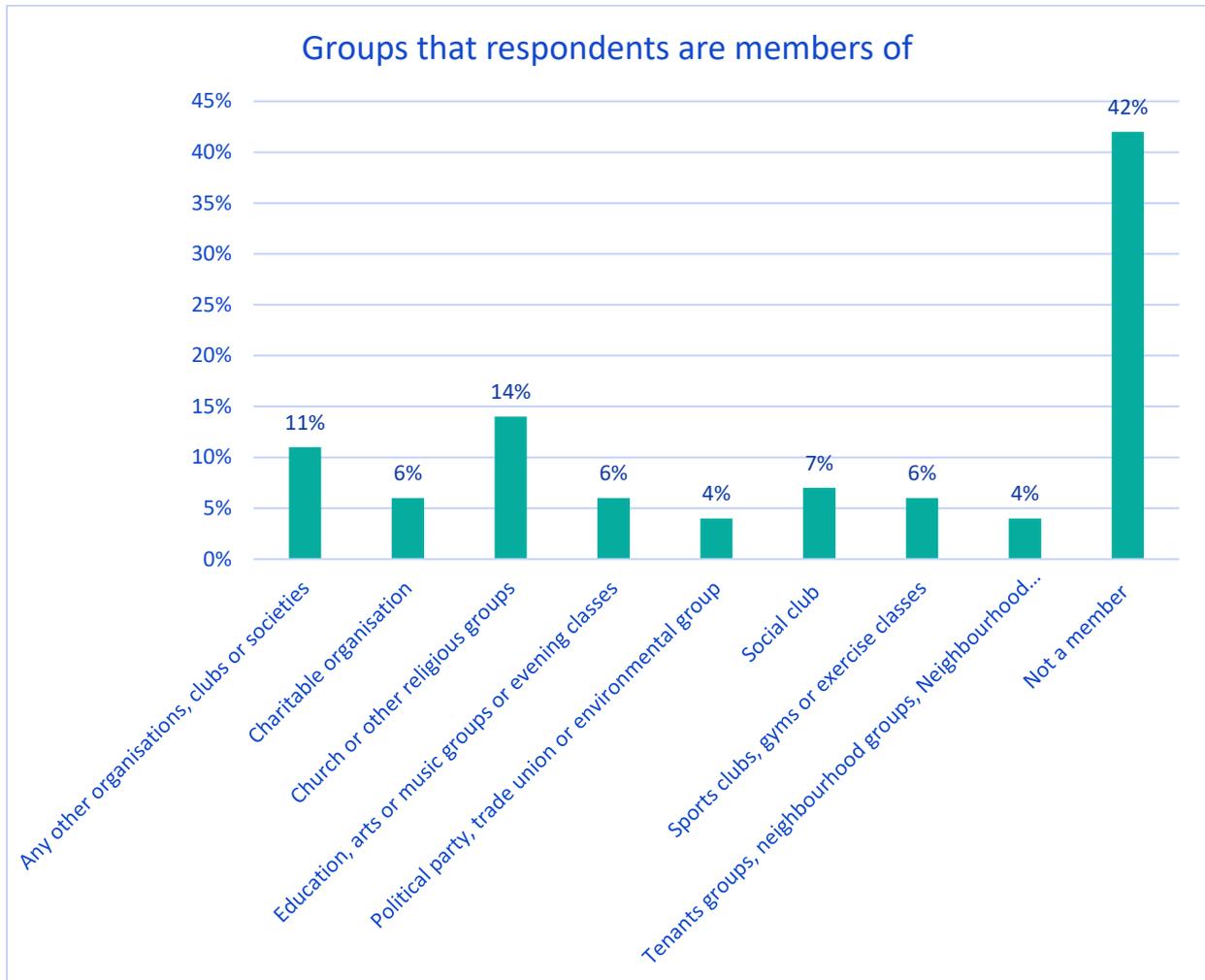
**Figure B2. Contact with non-family members**



In the entry questionnaire 58% (519) respondents were members of other clubs, organisations and societies, 42% (374) of respondents were not. Figure D3

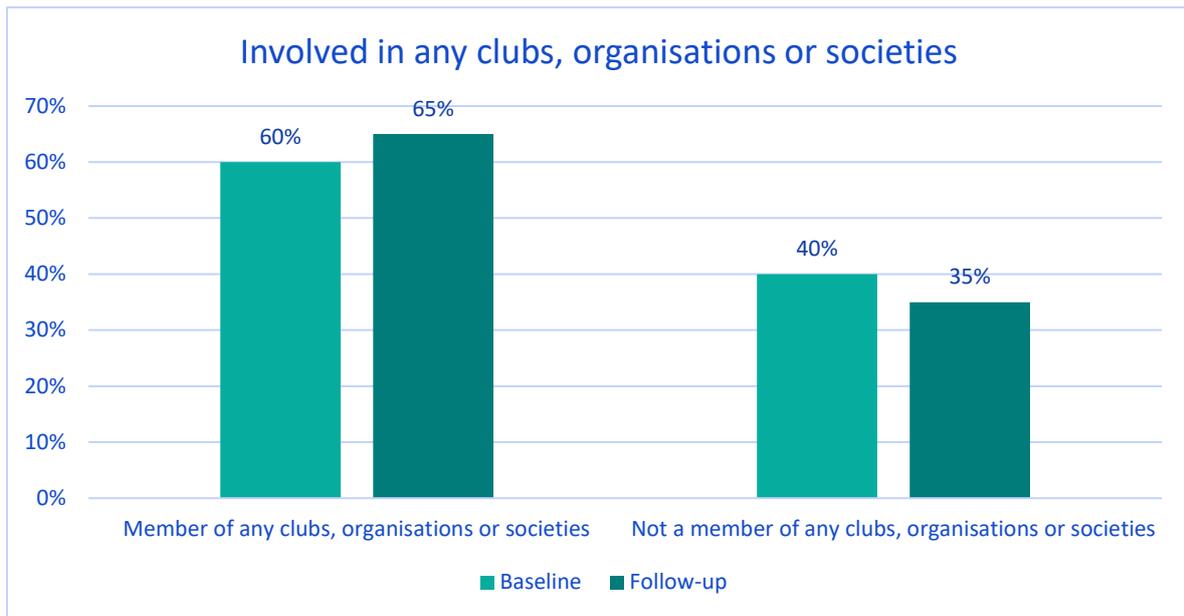
below highlight this information (Please note, this only shows the main club, organisation and society people list).

**Figure B3. Groups that respondents are members of**



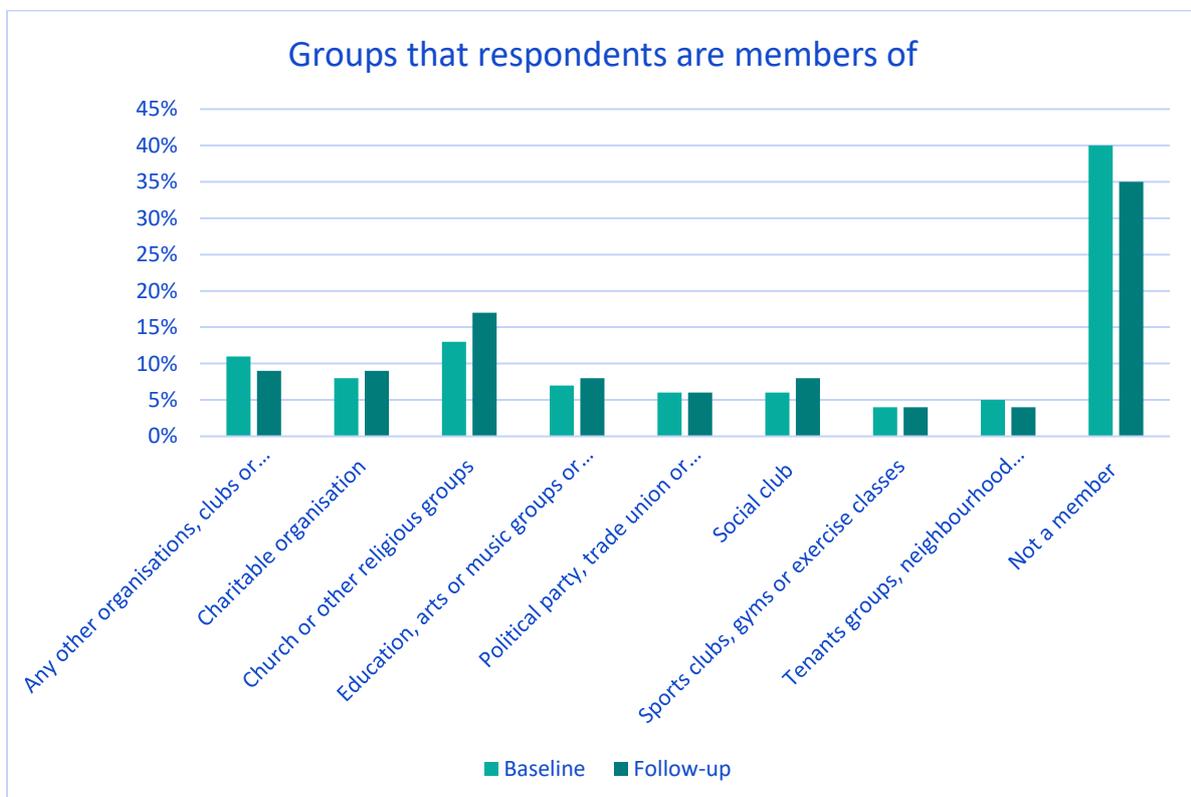
In terms of changes in activity in membership of other clubs, organisations and societies, Figure D4 below shows that in the entry group 60% (130) respondents were members of other clubs, organisations and societies whilst 65% (141) were in the follow-up – showing they are more active now than they were and have more connections? 40% (86) respondents weren't members of any clubs, organisations and societies at baseline with only 35% (75) respondents still reporting this at follow-up.

**Figure B4. Involvement in clubs, organisations or societies**



As with just the baseline data, the graph below shows the main clubs, organisations and societies that respondents at baseline and follow-up are members of.

**Figure B5. Groups that respondents are members of**



Of the respondents who were members of other clubs, organisations and societies, 417 were only members of one such group, whilst the remaining 102 respondents were members of more than one organisation, as Figure D6 below highlights the number of people who are members of 1 club has gone down as the number of people going to 1+ clubs has gone up.

**Figure B6. Number of clubs, organisations and societies**

