Evaluation of
Ageing Better Middlesbrough

2016 Report

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Acknowledgements

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Glossary of Acronyms

ABM	Ageing Better Middlesbrough
CMF	Common Measurement Framework
GAD-7	Generalised Anxiety Disorder Scale
IT	Information Technology
MSC	Most Significant Change
N=	Number of respondents
PHQ-9	Patient Health Questionnaire
SWEMWEBS	Short Warwick and Edinburgh Mental Wellbeing Scale

Ageing Better Middlesbrough Evaluation: Executive Summary for 2015/2016

Background

Ageing Better is a Big Lottery programme to support and empower older people at risk of social isolation and loneliness. Middlesbrough and Stockton Mind are leading one of 15 local projects, in partnership with other local organisations. Their project focusses on those aged 50 and over and encompasses a wide range of activity, including:

- Network membership; facilitating inclusive engagement in what's going on;
- Community development; activity intended to prevent loneliness arising;
- Targeted involvement; designed to facilitate and sustain peer support;
- One-to-one engagement; to support people via therapeutic intervention.

Teesside University are independently researching the local project to inform its progress and development, and assess its impact. This report is based on:

- Surveying the general membership of ABM;
- Interviewing key stakeholders;
- Collecting 'stories of change';
- Analysing project monitoring data.

Key Findings

The survey of membership showed high levels of satisfaction for the usefulness and effectiveness of the programme. Respondents recounted the following positives:

- Enjoyment in meeting others, and finding a sense of community;
- Feeling needed, useful and more confident;
- Feeling more comfortable with IT and better informed of local activities.

However, there was also an issue of concern; some people, unable to get out and about because of transport or mobility issues, felt even more alone.

The stakeholders who were interviewed also gave very positive perspectives. They were keen to acknowledge:

- The strength of all elements of the programme
- The value of the different roles being played; and
- The dedication and commitment of people involved.

Concerns centred on whether ABM was reaching the loneliest and most isolated people, and whether the progress made could be sustained.

Stories of change covered the breadth of ABM's activities, and illustrated the changes being achieved for people 'on the ground', as well as the successes and challenges experienced by different agencies and teams involved in the programme.

Data derived from measurement tools used for people receiving one-to-one support through outreach or psychological therapies, showed trajectories of improvement. However, these results are the ones most compromised by the low numbers available at this stage.

Conclusion

It is too early for conclusions to be more than tentative at this stage. However, all data sources used as the basis for this report – the survey of membership, the stories of change, the interviews with stakeholders and the results from measurement tools – indicate positive progress.

Amongst challenging issues identified, were the complexity of need being encountered, the complications of partnership working, and the difficulties encountered with regard to mobility and public transport.

However, these factors should not be taken to detract from the encouraging findings overall. In short, the evidence from 2015 and 2016 suggests that ABM is reaching lonely people, is successfully engaging them in its range of activities and interventions, and is making a difference to their lives.

1.   Introduction

1.1   Background

Ageing Better is a Big Lottery Programme intended to support and empower older people at risk of social isolation and loneliness in leading more fulfilling lives. Fifteen local projects across England have shared £82 million of funding to test what approaches work, and build an evidence base that can influence services and encourage older people being happier, healthier, and more active.

1.2   Local Activity

Middlesbrough and Stockton Mind are leading the programme locally, working in partnership with a range of local organisations. The project is utilising a wide range of responses to meeting needs, including:

- Network membership, to let people know what's going on and facilitate/ promote inclusive engagement;
- Community development activity, intended to prevent loneliness arising;
- Targeted involvement, designed to facilitate and sustain peer support;
- One-to-one engagement to support people through individual intervention.

Middlesbrough's programme focusses on residents aged 50 and over. Prior to programme start, Middlesbrough Public Health supported ABM to map risk factors for isolation and the local older population. This resulted in identifying 11 of the town's 23 wards as 'target areas' for ABM activity.

1.3   Evaluation

Ageing Better is seeking evidence to show the social and economic impact of a range of approaches. Ecorys is the lead contractor for the national evaluation, working in partnership with the Brunel Institute for Ageing Studies and Bryson Purdon Social Research to measure impact, and to share successes and lessons learnt. Impact and success is largely (though not exclusively) based around a Common Measurement Framework (CMF).

Teesside University are working alongside ABM in order to establish a local independent evidence base that will inform progress and development, and assess impact. There are a number of elements to this, reflecting the diversity of the programme, and the centrality of older people's involvement.

The local evaluation report for 2015 and 2016 encompasses data derived from:

- Survey detail from the general membership of ABM;
- Interview material from conversations with key stakeholders;
- Collections of 'significant stories of change', prioritised in formative evaluation, and collated for summative evaluation;
- Project monitoring data; particularly that pertaining to assessment and to 'distance travelled' by individuals engaged in one-to-one interventions.

These form the basis of the following sections.

2. Membership Perspectives

2.1 Background

Members of ABM receive a regular newsletter, sent hard copy or electronically depending on individual preference. A survey sent with the 2016 summer newsletter sought to explore the views of members. In total, 556 survey requests, sent out by post or electronically, attracted 68 and 25 replies respectively, achieving an overall response rate of 17%. As well as socio-demographic information, questions focused on people's involvement with ABM, their perceptions of social isolation and loneliness in their locality, and the impact and effectiveness of the programme. Full results are in Annex 1.

2.2 Respondent Profile

Numbers for demographic factors relating to ethnicity and sexual orientation were too small for meaningful assessment so just 3 dimensions were encompassed in most of the analysis: gender; age band; and target ward.

28 (33%) respondents were male and 57 (67%) female.

Amongst those giving their age, there was a good range of representation for each 10-year band (Figure 2.1).

Target wards accounted for 55% respondents. Figure 2.2 shows numbers by individual ward.

Figure 2.1: Respondents by age band (N= 85)
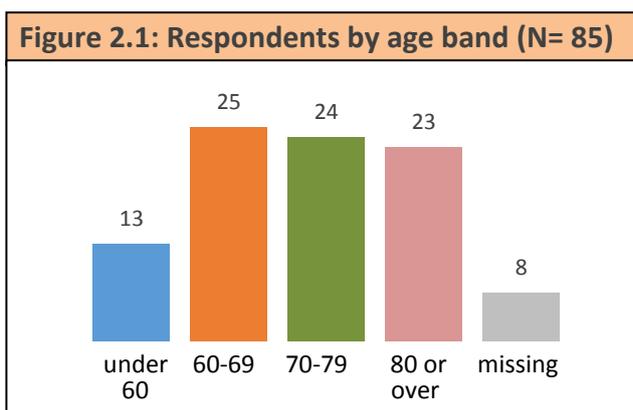
Figure 2.2: Respondents by Ward (N=93)							
Target wards (new ward name[1])				**Non-target wards** (new ward name[1])			
University (now Central)	7	Pallister (now Berwick Hills & Pallister)	1	Marton	12	Ayresome	2
Coulby Newham	7	Ladgate	4	Acklam	8	Stainton & Thornton	1
Gresham (now Newport)	6	Beechwood (now Long-lands & Beechwood)	4	Linthorpe	6	Nunthorpe	5
Kader	6	Clairville	3	Brambles & Thorntree (now Thorntree; N Ormesby & Brambles Farm)			5
Hemlington	5	Park	3	Out of Middlesbrough area			3
Beckfield (now Park End & Beckfield)	5	TOTAL	51	TOTAL			42
[1] the electoral commission recently reviewed ward boundaries							

Comparing respondents' demographics with anonymous demographic data from the membership database confirmed survey respondents as reasonably representative of ABM members at the time. Results were as follows:

Figure 2.3: Comparison between 'respondents' and 'membership'								
Variable >		Gender		Age band			Ward	
		female	male	Under 60	60-79	80 or over	Target	non-target
Respondent	No.	57	28	13	49	23	51	42
	%	67%	33%	15%	58%	27%	55%	45%
Membership	No.	355	155	136	381	128	317	261
	%	70%	30%	21%	59%	20%	55%	45%
Note: percentages based on totals of those people for whom data is available								

2.3   Involvement with ABM

Asked to choose an option best describing their motivation for being part of ABM, nearly half of those responding (39 people) identified 'personal interest', and over a third (30 people) identified 'being a member of a community group'. For 11 respondents, the motivation was 'volunteering opportunity'.

Respondents were also asked about the ways in which they actively engaged with the programme. Results are shown below:

Figure 2.4: Nature of respondents' involvement (N=71[1])

Community activity	33%
Receive support	4%
Digital inclusion	8%
Give time volunteering	15%
Other	4%
None at present	27%

[1] note that some respondents will have been involved in more than one area of the programme .
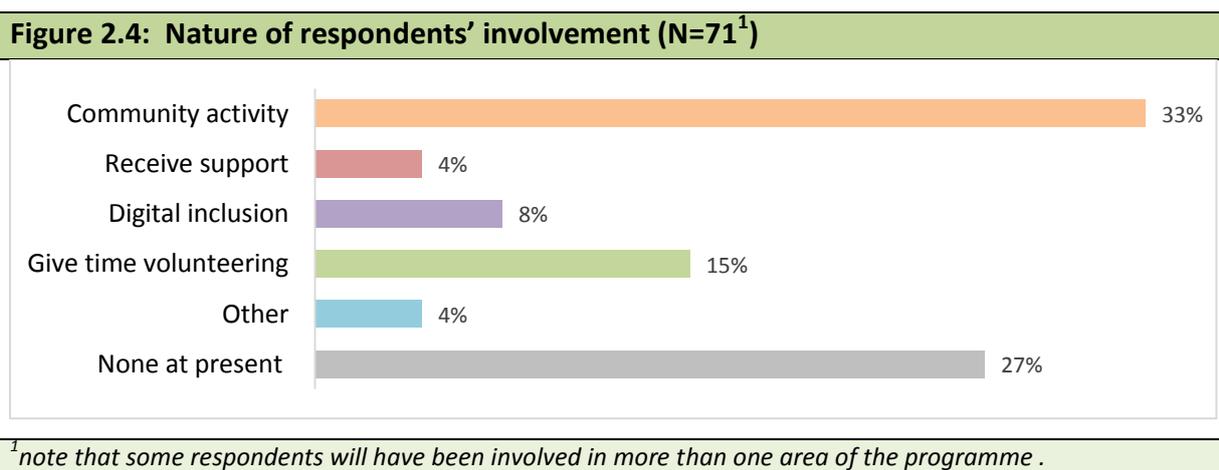
2.4   Perceptions of loneliness and social isolation

A number of questions looked to explore the respondent's connection to their local community and perceived issues of loneliness and social isolation there.

Responses were analysed by age group, gender, target ward, and size of household. For the extent people felt a connection to their community, there was no notable difference for age group or gender, but there was some variance in relation to ward and household size.

Figure 2.5: Extent of feeling part of the community (N=92)						
Feeling part of the community:	All responses[1]	Target ward (%)	Non-target ward (%)	All responses[1]	Living with others (%)	Living alone (%)
A great deal	7 (8%)	6 (12%)	1 (1%)	7 (8%)	2 (5%)	5 (11%)
A fair amount	34 (37%)	21 (42%)	13 (31%)	31 (36%)	18 (45%)	13 (28%)
Not very much	32 (35%)	16 (32%)	16 (38%)	31 (36%)	12 (30%)	19 (40%)
Not at all	19 (21%)	7 (14%)	12 (29%)	18 (21%)	8 (20%)	10 (21%)
Total	92 (100%)	50 (100%)	42 (100%)	87 (100%)	40 (100%)	47 (100%)

[1] The 'All responses' column totals differ because respondents missed out different questions.
[2] percentages have been rounded to nearest full number

Figure 2.5 shows that there was a greater sense of community belonging amongst people living in the target wards (54% giving a positive response) as compared to those living in non-target areas (32% giving a positive response). Similarly, those who did not live alone were more likely to give a positive response than those who did (rounded percentages of 50 and 38 respectively).

Asked whether they themselves were aware of someone who was lonely, 35% of respondents confirmed that they did, with similar numbers and proportions between target and non-target wards. Their perceptions of the scale of the problem in their local area (at ward- and street-levels) were also explored; results are given in Figure 2.6.

Figure 2.6: Perceptions of loneliness and social isolation in the local area (N=84)						
Loneliness or social isolation is:	At ward level			At street level		
	All responses	Target ward (%)[1]	Non-target ward (%)[1]	All responses	Target ward (%)[1]	Non-target ward (%)[1]
Not a problem	8 (10%)	4 (9%)	4 (11%)	21 (25%)	9 (19%)	12 (32%)
Not a big problem	39 (46%)	21 (46%)	18 (47%)	41 (49%)	25 (53%)	16 (43%)
A fairly big problem	27 (32%)	15 (33%)	12 (32%)	17 (20%)	9 (19%)	8 (22%)
A very big problem	10 (12%)	6 (13%)	4 (11%)	5 (6%)	4 (9%)	1 (3%)
	84 (100%)	46 (100%)	38 (100%)	84 (100%)	47 (100%)	37 (100%)

[1] Target/non-target totals differ at ward/street levels because respondents missed out different questions.
[2] percentages have been rounded to nearest full number

The analysis shows that:

- At ward and street levels, results were broadly comparable between target and non-target wards;
- Respondents across the board were likely to see loneliness and social isolation as less of a problem in their street than in the ward as a whole.

People were also asked if they felt loneliness and social isolation had increased or decreased over the past year. Again, results showed little difference between target and non-target areas and, as Figure 2.7 shows, there was a similar pattern for people's assessment of change in their ward or their street. In both cases, a higher number of respondents felt that loneliness and social isolation had become worse rather than better, but the biggest category of perception was 'unchanged'.

Figure 2.7: Perceptions of change in the amount of loneliness and social isolation

At ward level (N=86)

Much worse	Slightly worse	No change	A little better	A lot better
6	22	47	9	2

At street level (N=83)

Much worse	Slightly worse	No change	A little better	A lot better
7	13	53	8	2
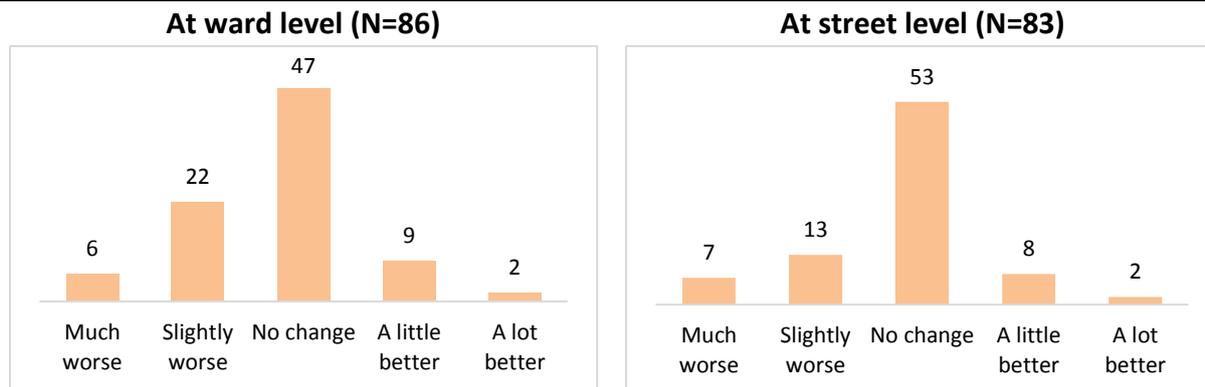
2.5   Perceptions of the Ageing Better Programme

Respondents were asked to rate the usefulness of ABM membership, and the effectiveness of the programme on a scale of 0-10 (with 0 being 'not useful/not effective at all' and 10 being 'extremely useful/extremely effective').

Figure 2.8: Perceptions of usefulness and effectiveness

	Usefulness of membership (N=85)	Effectiveness of programme (N=80)
Average score (mean)	6.38	6.93
Most frequent score	8.00	8.00
% scored at 6 or more	67%	71%

People were asked if being part of ABM had brought particular advantages or disadvantages to them, and invited to briefly explain how if this was the case. 49 respondents stated that being involved with the programme had brought particular advantages to them, 48 of whom also gave a brief explanation.

Engagement: most people talked about how they have re-engaged with the community through events, groups and local activities. Comments included:

> *"I now go to a club and play bingo, never done this before in my life"*

> *"To enjoy line dancing by gradually learning more dances and by meeting socially with people who enjoy life"*

"I know where I can go to play chess or other games if I have time"

"Benefited greatly from the social contact, really enjoyed the groups were friendly, especially been a carer often feel lonely and isolated"

Information: Other respondents commented on the usefulness of the information that they receive from ABM including the 'What's On' leaflet:

"The information circulated is done very compressively and efficiently. Information in life is crucial to decision making on many fronts"

"I am amazed how much there is out there for me"

"Like the newsletter very useful information and things going on"

"The information which has been given has been informative and helpful. There are many benefits to the guide and what is on like knitting clubs are a way of interacting with others and acquiring skills and socialising"

IT Help: The value of ABM's digital inclusion strand was also apparent:

"Help with computer and other IT"

"Knowledge of IT"

"It has put me in touch with help for use of a computer"

"…helped me with computing skills"

Wellbeing: Finally, many respondents talked about the personal gains brought by the programme:

"Lifts my spirits. Felt needed"

"Feel more part of the community"

"I feel I have more confidence in myself. Able to tackle things I did not think I could and have a successful group of people who enjoy themselves"

"I've met a new friend"

Figure 5.9: Most frequent words used by participants in describing advantages

Analysis also revealed that a higher proportion of respondents living in a target ward reported that the programme had brought particular advantages to them compared to those living in a non-target ward.

Amongst the 7 respondents to identify disadvantages of the programme, there was a single clear theme:

Figure 5.9: Words used to describe disadvantages

Transport and Mobility: People were concerned that they could not get to the events and activities on offer. They highlighted the difficulty they had in using public transport, the lack of local bus-stops near home or at the venue, and the prohibitively high cost of using taxis.

Some respondents pointed out that being aware of events and groups that they were unable to access had the effect of making them feel more isolated and lonely.

2.6   Section Summary

The relatively low response rate for the survey (17%) makes it difficult to draw firm deductions from the analysis. Nevertheless, participants were reasonably representative of ABM membership at the time, and were involved in a range of different areas of the programme, making tentative conclusions possible.

Respondents scored the effectiveness of the programme and the usefulness of membership quite highly, and insight from the open questions suggests that the programme is bringing a varied range of advantages to those involved. Notable themes include: a sense of community; meeting more people; feeling needed, useful and confident; becoming comfortable with IT; and being better informed of events and groups. There was also a clearly identified issue of concern in that some people who were unable to get out and about due to transport or mobility problems felt left behind, vulnerable and alone.

There were no notable differences between genders and age groups but, echoing other studies' findings (Thomas, 2015) people living on their own were noticeably less likely to feel part of their community. Differences between target and non-target wards were evident in two spheres: those living in target wards reported a higher sense of community, and were also more likely to identify ABM advantages. It is unclear whether this reflects pre-existing differences between wards or programme success in target areas.

3.   Stories of Change

3.1   Background

The Most Significant Change technique (MSC) is a method based on collecting 'stories of change' from participants and front-line workers in projects and programmes (Davies and Dart, 2005). Anyone can submit a story (with the permission of the person whose story it is) and collections of stories are discussed on a regular basis by different stakeholder groups with the intention of identifying, and feeding back on, which change is considered 'most significant' and the reasons why. These discussions are intended to foster formative evaluation, by allowing hierarchies an insight into what is happening on the ground, and by feeding back reasoning about priorities to people experiencing projects at the front-line. The cumulative collection of all stories can also form the basis of summative analysis, such as that presented here.

In total, 27 stories were collected in the time-span covered by this report (up to the end of December 2016).   Of these, 16 related to individuals (7 men and 9 women); 2 related to couples; 1 to a community group, and 8 to agencies involved in the programme.

3.2   Participants' Stories

Amongst the individuals and couples whose stories were collected, there was a range of known triggers to loneliness, commonly related to loss. Bereavement featured in 4; redundancy, unemployment and retirement in 4 more; and 2 individuals felt they had been 'cut off' from their previous lives as a result of other changes. Poor physical health, disability and impairment were also heavily represented, cropping up in 9 accounts, with caring responsibilities also featuring in 2. Stories typically described a starting point of boredom, dwindling confidence, low motivation and social withdrawal, contributing to a negative cycle. Occasionally, the stories relayed feelings of anger and frustration, and sometimes people expressed a lack of overall focus/purpose.

All elements of ABM were reflected in stories, and Figure 3.1 overleaf presents examples from the various projects. Unsurprisingly, the stories tended to describe positive trajectories and end-points. Commonly, narratives outline someone engaging (or re-engaging) with the community and/or interests; gaining (or regaining) confidence; and attaining (or reviving) a sense of purpose.

Figure 3.1:	
Element	**Example**
Information	A regular letter writer to ABM, previously very active but now limited in her activity, recounted increasing frustration about poor public transport which exacerbated problems posed by reduced mobility. Through the 'What's On' guide, she found a couple of local groups she could get to, who have welcomed her in. This includes a group with a particular target into which she didn't strictly 'fit', but who opened their doors to her anyway.
ABM events	A couple, not themselves feeling or anticipating loneliness, chanced upon an ABM coffee morning at which they were exposed to the issues, and to the experiences, of some of their fellow citizens. By taking part in the conversations there, they felt they were both adding something and learning something, and now attend regularly.
Community engagement	Living on a low income, X rarely left the house and had no contact with people of her age group. ABM has opened up opportunities to re-engage on a comfortable basis: *"I have dropped out of other things that I've tried with different groups because often people take over, or have their own little group and I have felt like the outsider. This isn't like that at all because most people going along to something are on their own. It's just easier and nicer."*
Support to community groups	A community arts group facing dwindling membership and faltering progress felt in need of new blood and new impetus. Having met an ABM contact at a coffee morning, the group were encouraged to publicise their activities and to exhibit their works, thereby recruiting new members. They were also put in touch with a local artist who is going to introduce new skills to the group, boosting enthusiasm along the way. The group has new-found optimism and its co-ordinator concludes: *"It wouldn't have happened without you [ABM]"*
Peer friendship	The years following family bereavement had led to someone feeling isolated and unconnected, unable to properly function or gain focus in life. Engaging in ABM and peer friendship provided a 'light-bulb moment'. *"I was isolated and now I feel insulated, protected, safe and valued, with a sense of optimism for the future."*
Volunteering	A chance meeting led to contact with someone experiencing long-term unemployment, and subsequent encouragement and facilitation from ABM to find a volunteering opportunity aligned to their interests: *"It's great that I have something to look forward to every week and I feel in a much better place… I feel like I am happy again and I have got my confidence back. I have made friends and love what I am doing."*
One-to-one support	Struggling with bereavement, Y was both intensely sad and very isolated, going for weeks without speaking to anyone. Referred to ABM, counselling has helped her come to terms with her loss, and outreach has supported her to establish friendships with neighbours, explore old hobbies, and attend a lunch club. In the future, she is considering volunteering, and has already planned an upcoming holiday with an old friend.

3.4 Agencies' Stories

Improving communication and co-ordination featured heavily in the stories of change from the organisations involved in ABM, whether this was with colleagues, programme participants or partner agencies. This included a couple of accounts in which face-to-face contact came to the fore - the network team harnessing the importance of word of mouth, for example, or the setting up of a regular coffee morning whereby staff from the different teams could simply meet up informally and chat.

A couple of agency stories also picked up on evolving ways of working, bringing them more in line with the programmes intentions and principles. The peer friendship team, for example, had switched their focus from achieving joint activity to 'facilitating authentic friendship'; the research team had 'de-formalised' the system originally put in place to collect change stories.

Finally, a notable change story concerned bringing local businesses on board. Cafes in a major high street store (Marks and Spencer) and an indoor market (Jean's Kitchen) have been receptive to instigating regular 'meet-ups' for ABM members, providing a safe place for them to catch up and enjoy a cuppa. Moreover, these private sector contacts are now keen to do more in terms of advertising, signposting, and partnership working.

3.5 Section Summary

The stories captured changes affecting people's real lives, and depicted the value of the different elements of the programme. Whilst it needs to be recognised that this research method is prone to identify positives rather than negatives, the detail provided by them helps to expose how ABM is experienced 'on the ground'.

Stories also revealed some of the issues confronting agencies and teams who make up the workforce of ABM. As well as highlighting successes, they show willingness to address challenges, and change course when necessary.

4. Stakeholder Views

4.1 Background

The local evaluation includes an annual quota of interviews with stakeholders – people who are involved in the governance or delivery of the programme, who work for partner organisations, or who link to ABM in other ways. For 2016, the primary focus was people who had experienced Board level involvement and/or who had been involved in the stages of programme development.

Semi-structured interviews were undertaken with 6 individuals; each was taped and transcribed, then considered together using themed analysis. The themes identified provide the sub-headings in this section.

4.2 Getting the programme up and running

All those interviewed commented upon the amount of time taken to get the programme fully up and running, but there were some different conclusions. Some questioned what they saw as overly bureaucratic and unnecessarily complex requirements of Big Lottery processes; others were concerned about delays in initial procurement and recruitment of staff. For one respondent, the time taken had had a negative impact in that it had been difficult to keep some people engaged and they had drifted off. However, the fact that the programme had been able to overcome these initial stumbling-blocks was considered by the majority of respondents to be an achievement in itself.

> *"Overcoming the bureaucracy and getting the programme up and running was quite an achievement. It is a massive complex programme"*

For one interviewee, the time investment had been useful in getting the programme off the ground on a sound basis and giving it a good starting point. For another, there had been an element of pleasant surprise in the numbers of people coming through. Amongst a number of comments under this theme were the following:

> *"We seemed to go to meetings and we were talking and talking and talking and we weren't seeing anything happening on the ground but now it feels like we're on the right track"*

> *"The time and investment that was put into the programme was worthwhile to get where we are now"*

4.3 Leadership and Governance

The leadership and governance of the programme was considered a particular strength by respondents. An interviewee commented that:

> *"The mix of people involved from both the lead organisation and with the core partnership is dynamic"*

And: *"they work well together in a stimulating, visionary and positive way"*.

Comments received about the lead organisation included that it was "*a good appointment*" and that the leadership and expertise provided was a key factor in attracting people and organisations into the programme:

> *"It is a massive complex programme, which highlights the strengths of the lead organisation"*

It was felt that the core partnership had good representation from different sectors in Middlesbrough; but although this was identified as an important strength, it was also one seen to require renewal. A couple of interviewees felt that the organisations that sat on the core partnership board would need to change over time to keep in line with the needs of the programme. This was seen as especially important given the 'test and learn' model, which meant design and delivery needed to respond to programme beneficiaries. One person commented:

> *"We need to take a look at the core partnership and who's on it… Membership of the core partnership needs to evolve as the programme evolves so less strategic people now, more operational …"*

Nevertheless, all of the responses made to questions about leadership and governance to date were positive.

4.4 Programme Shape and Delivery

The variety of services within the programme was considered a key feature by all those interviewed who saw the range of approaches as playing an important role in addressing the multiple issues that may contribute to social isolation and loneliness. Three people noted the importance of not making 'one size fit all' and felt that the fact that each area of activity adopted a slightly different approach in delivery meant the programme as a whole had appeal to different members of the community, giving potential to engage more people. Each element of the programme was seen to have its own strengths, summarised in the following statement:

> *"Community development: triggering interest, keeping people interested and removing people from loneliness and isolation; outreach: directly engaging people and finding people; peer friendship: for the befriending services; psychological therapies: for those with more complex needs"*

However, one respondent felt that getting the delivery partners right for the different areas of the programme had been a challenge, and a further two commented on how having various organisations delivering different distinct parts of the programme can bring its own difficulties in terms of having a common ethos, expectations and ways of working.

For one respondent, the successful delivery of the programme could be attributed to its informal approach:

> *"It's the way we're going about it rather than it actually being service land and you will engage in service land; it's a bit more of an informal approach, which is brilliant, and that's working really, really well"*.

Others commented positively on the individual projects, with different interviewees praising different elements. For example:

> *"Outreach and the publicity of the network is great"*

> *"The community development programme is a shining star and it's making a real difference"*

> *"Particularly impressed with Digital Inclusion helping people to get to grips with technology, getting people connected chatting to friends on Facebook or Skype"*

> *"The network has gone particularly well, its membership and the way the programme is working in the community"*

That is not to say that tensions posed by the breadth and complexity of ABM were unrecognised, at both project and programme level. For one interviewee:

> *"All areas of the programme face their own challenges…"*

And for another*:*

> *"the challenge of different organisations working together to deliver the programme and to not see each other as competition…"*

Thus, although interviewees generally relayed a very positive narrative about the way in which ABM is operating 'on the ground', there do seem to be issues in achieving full collaboration in a competitive, target-driven environment.

4.5   Passion and Enthusiasm

The passion and enthusiasm of the people working on the programme was a strong theme throughout the interviews. All those interviewed spoke about the level of commitment, strength, dedication and positivity of those involved, across the board. For example:

> *"The people are committed, dedicated and believe absolutely in what the programme is trying to achieve"*

> *"… the peer friends have naturally got together and developed their own support group"*

> *"… some of the people who have volunteered to help out in the programme have come forward because they are lonely and isolated themselves, so they're helping themselves by helping others"*

> *"Very good representation of older people in Middlesbrough"*

> *"The advisory group has some great people on it. Its ability to think outside the box… it's being receptive and listening to the feedback from older people"*

There were no counter-perspectives to this affirmative assessment of people's appetite and dedication.

4.6   Stereotypes and Stigma

Four interviewees spoke about overcoming barriers caused by stereotypes around ageing, and stigma around loneliness and isolation. One respondent saw these difficulties as a challenge faced by the programme. Another suggested that because the advisory group is led by older people themselves, this gives them the ability to think outside the box and avoid such stereotypes:

> *"The number one priority has to be the involvement of older people in designing, influencing and shaping the programme."*

Some interviewees spoke about the importance of getting the terms and phrases used in promoting the programme right, seeing this not only as a challenge for the programme, but a potential barrier to reaching the right people:

> *"The terminology too, using phrases like lonely and the risks of stigma attached to that and admitting you are lonely, or recognising that you are lonely."*

"… removing the stigma to enable us to have the conversation about loneliness. Getting the terminology right. Getting people to realise themselves that they are lonely or isolated."

4.7   Reaching the Loneliest

Reaching those who are most isolated and lonely was a concern for all respondents, and considered a major challenge for the programme. Five of the six people interviewed named it as the number one barrier that the programme has to overcome, and all acknowledged the difficulties in accessing someone who doesn't go out very often and who has very few external connections to their local community. For example:

"The number one barrier is finding people who are lonely and isolated. They're not people who are just going to pick up the telephone, or pick up a leaflet or that kind of thing…"

"Reaching the people who are most isolated and lonely because they are disconnected from society, which is <u>why</u> they are lonely and isolated"

There was also recognition that because such people might well have quite complex needs, it would inevitably require patience and persistence to get to the bottom of the problems they faced:

"The work around the most isolated and lonely is the most challenging. The people who are most isolated and lonely can have complex issues that are going to take a lot of work before any significant progress."

"There isn't a one size fits all solution, it's going to take time to unpack what the issues are for people and that can be time consuming and resource intensive."

Two of those interviewed also commented on how cultural differences can create a wall to reaching certain groups and the importance of getting a voice in the community to build up those networks.

For all those interviewed, the solution was seen to be working together with other organisations, and listening and responding to the learning that comes out of the programme. One respondent spoke about how the work around most significant change, a research method which involves the collection of stories, has helped to build understanding around possible triggers for people who can end up lonely or isolated. Although working closely with other agencies was seen as key by the majority of respondents, it was acknowledged

that this was not without its own problems. Perhaps most importantly, there was a consensus that ABM needed to sit down and listen to the people living in the local communities.

4.8 Sustainability

Sustainability was identified by all interviewees as a big future challenge for the programme:

> *"We need to be thinking about our legacy now! The real sea change will be if we change hearts and minds of people AND organisations."*

However, although it was a prominent concern for all, people had different interpretations of what sustainability was, and how it could be achieved. Some comments focussed on financial concerns, or on bringing other organisations on board to share good practice, ideas and help promote community activity:

> *"…opportunities to explore with different organisations a little bit more about how they could support in the long term."*

Interviewees were also concerned with changing perceptions of ageing and bringing communities together, so that looking out for and understanding the needs of older people in Middlesbrough becomes a way of life. All respondents talked about using existing community resources to keep momentum going through utilising the biggest asset; the people living in them. For many, this represented demonstration of the value of ABM's approach:

> *"Keep doing what we're doing. There's going to be challenges but if we can retain the desire to make a difference, the enthusiasm, the commitment, the positivity…"*

4.9 Section Summary

The general view of the stakeholders interviewed was overwhelmingly positive, and there was high degree of duplication in the themes that emerged. There was a consensus that much of the success of the programme comes from the dedication and commitment of the people involved, and their absolute belief in what the programme is trying to achieve.

Concerns centred not on what was happening, but rather on how what was happening could reach the most vulnerable people, and how what was happening could be sustained.

5. One-to-one Interventions

5.1 Background

This section reports on the results of measurement scales and tools used for those individuals receiving outreach support or a therapeutic intervention. Such measures are potentially used at the point of entry, review and completion but it should be noted that there is no requirement for participants to complete them. Some may only do so when a relationship is established (making the term 'entry' potentially misleading); others may choose not to complete measures at stages of review and exit. For those having therapeutic input, the worker's judgement as to suitability also comes into play. Figure 5.1 shows the scale of application during 2016:

Figure 5.1: The use of measurement tools in 2016					
Tool:	Measure of:	Usually administered by:	Number of assessments 2016[1,2]		
			On entry	At review	Upon exit
De Jong Gierveld	Loneliness	Outreach team	123	47	12
SWEMWEBS	Wellbeing	Outreach team	122	44	13
PHQ-9	Depression	Psychological therapies team	17	13	-
GAD-7	Anxiety	Psychological therapies team	17	13	-
[1] assessments are not mutually exclusive – most people will have participated in more than one; [2] a small number of incomplete, duplicate or anomalous assessments were excluded from analysis.					

In the first year of activity, numbers are small, especially at review and exit stages. Results of each are shown below but conclusions drawn are inevitably tentative. This is particularly true of the loneliness and well-being scales, which are better suited to population-level (rather than individual-level) analysis.

5.2 De Jong Gierveld Scale

This 6-point scale is based on defining loneliness as a subjective experience that occurs when people miss an intimate relationship (emotional loneliness) or miss a wider social network (social loneliness). Higher scores mean more loneliness, with the highest score possible being 6.

Figure 5.2: Mean entry scores 2016 (n=124)	
Time-scale	Average (mean) entry score
April-June	4.16
July-Sept	4.39
Oct-Dec	4.51

The data suggests that one-to-one provision was successfully engaging lonely people (all 3 quarters had average scores above 4); and that the degree of loneliness encountered gradually increased as the project established (average entry scores increasing from 4.16 to 4.51).

The use of the scale at the points of entry, review and exit allows progress to be measured over time. Figures 5.3 and 5.4 present the results for those people with entry and review, or entry and exit, scores.

Figure 5.3: Mean difference between entry and review assessments (n=47)

Category	Value
miss having people around	-0.06
general sense of emptiness	-0.11
often feel rejected	-0.21
emotional loneliness score	-0.38
enough people to feel close to	-0.21
many people to trust	-0.15
plenty of people to rely on	-0.13
social loneliness score	-0.49
TOTAL LONELINESS SCORE	-0.72
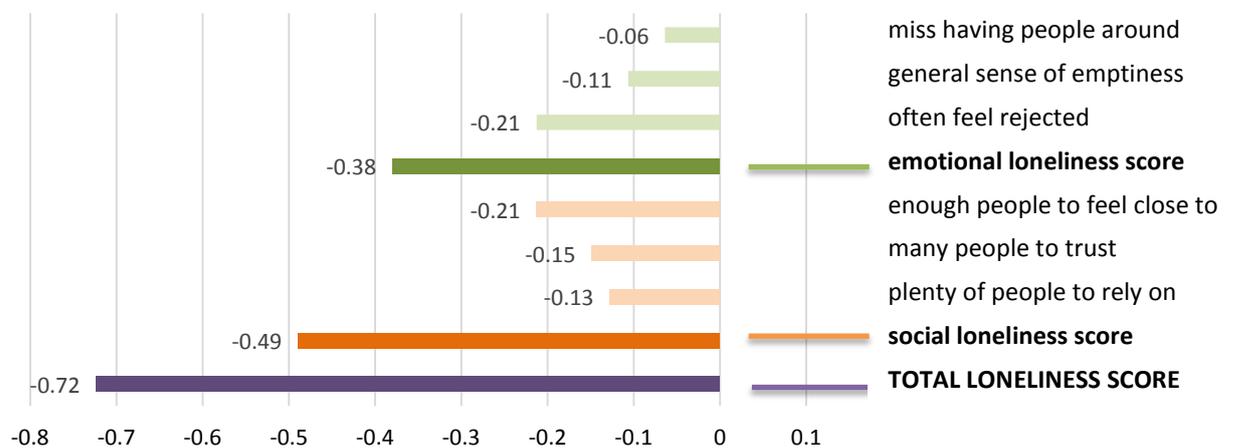
Figure 5.4: Mean difference between entry and exit assessments (n=12)

Category	Value
miss having people around	0.08
general sense of emptiness	-0.17
often feel rejected	-0.08
emotional loneliness score	-0.17
enough people to feel close to	0.08
many people to trust	-0.17
plenty of people to rely on	-0.25
social loneliness score	-0.33
TOTAL LONELINESS SCORE	-0.50
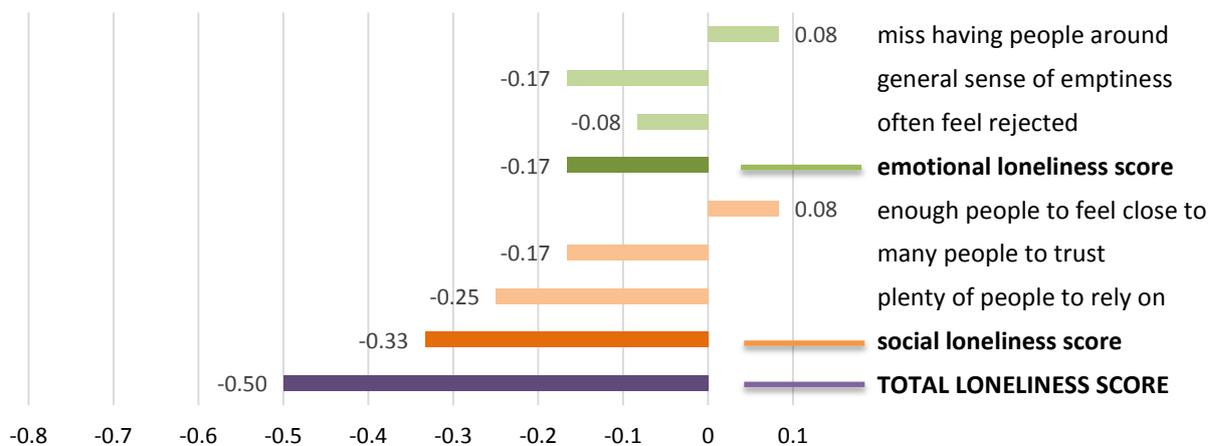
The data suggests that progress is being made in relation to loneliness; a 0.7 reduction in score at the stage of review, and a 0.5 reduction at the stage of exit. However, the low numbers, especially for those exiting the service, needs to be borne in mind. This sort of analysis will become more meaningful as time progresses and more data becomes available.

5.3   SWEMWEBS

Based around 7 domains, SWEMWBS is a shortened version of the longer Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS). This widely-used

measure has good psychometric properties, validity and reliability and thus allows for comparisons between different populations.

The 7 domains of SWEMWEBS encompass the extent to which people are:

- able to make up their own mind
- thinking clearly
- feeling relaxed
- optimistic about the future
- feeling closer to other people
- dealing with problems well

Scoring of SWEMBEBS requires metric conversion of total raw sores to achieve confidence for comparative analysis (Taggart et al, 2015). A score of between 7 and 35 is calculated, with lower scores indicating lower well-being. For comparative purposes, the analysis involved setting results against the mean score for the adult population. This was calculated as 23.61 by the 2011 Health Survey for England.

Figure 5.5: Mean entry scores 2016 (n=122)	
Time-scale	Average (mean) entry score
April-June	18.61
July-Sept	18.12
Oct-Dec	18.63

Figure 5.5 suggests that the project has successfully engaged people with relatively low emotional wellbeing, their mean score falling below that for the population as a whole.

In terms of 'distance travelled', 2016 assessments showed an average increase of 7.06 in these converted scores for the 44 individuals for whom data was available at stages of entry and review, and 2.43 for the 13 who were assessed at entry and exit. Although review results were more positive than those for exit, the low numbers mean this is by no means conclusive, and it could partly reflect people exiting outreach support to transfer to psychological therapies.

5.4 GAD-7 and PHQ-9

Two additional measures are used by the psychological therapy team; one a measure of anxiety (GAD-7) and one a measure of depression (PHQ-9). For both, higher scores mean greater severity with scores falling into three broad categories (low, moderate and severe).

Figures 5.7 and 5.8 show results for initial and review assessments during the year:

Figure 5.7: GAD-7 Assessments during 2016

Entry assessment (n=17)

- no anxiety
- mild anxiety
- moderate anxiety
- severe anxiety

Re-assessment (n=13)

- no anxiety
- mild anxiety
- moderate anxiety
- severe anxiety

Figure 5.8: PHQ-9 Assessments during 2016

Entry assessment (n=17)

- no depression
- mild depression
- moderate depression
- severe depression

Re-assessment (n=13)

- no depression
- mild depression
- moderate depression
- severe depression
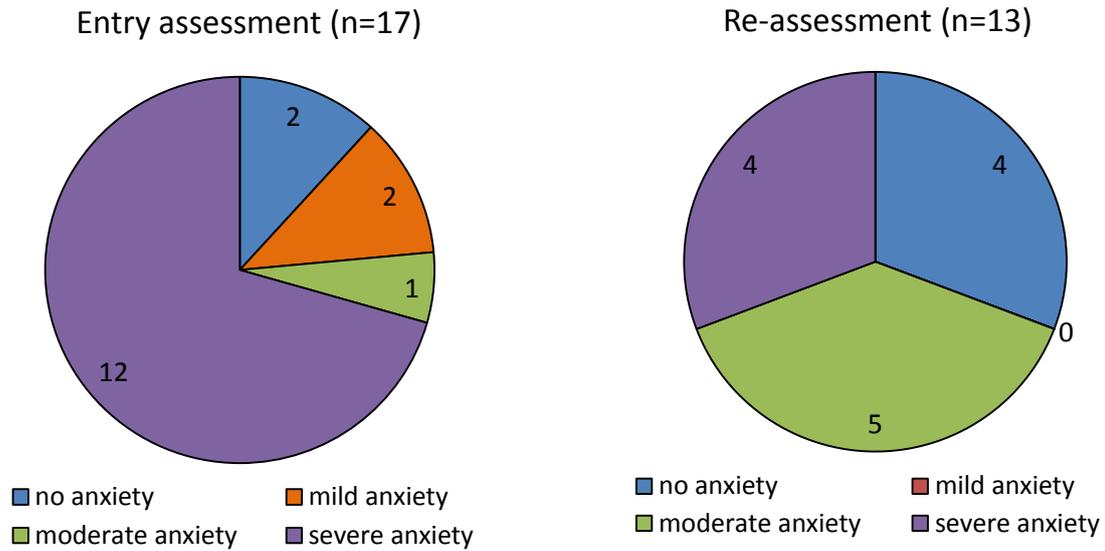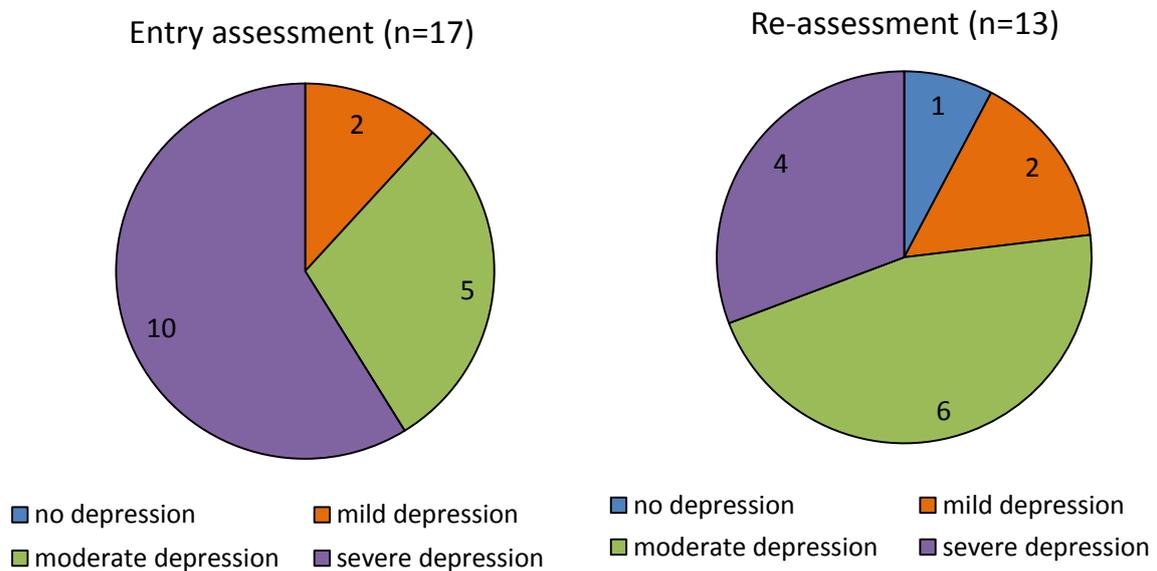
The figures suggest a modest, but recognisable, improvement over time. In terms of both anxiety and depression, the proportion of people assessed as having no issues increased between entry and review, and the proportion assessed as having severe issues decreased. The clustering in the middle ranges (mild and moderate) at the review stage indicates that people were 'moving through'.

5.5   Section Summary

The small numbers involved to date means that any conclusions drawn from the data in this section are indicative only. Nevertheless, the results suggest that positive progress is being made. For De Jong Gierveld and SWEMWEBS scales, the measures most commonly used by outreach, there was overall improvement, particularly for people remaining engaged with the team. Exit scores showed a more modest gain but here, people may well have moved into more intensive inputs because of the nature of their needs.

Numbers were even smaller for measures of anxiety and depression, those most commonly used by the psychological therapy team. Here again, however, the indications were that people were achieving positive advancement, sometimes in the face of entrenched problems. This complexity of need was evident in assessments, and confirmed by the overall analysis.

6.   Conclusions

As noted at the outset, this report is inevitably tentative in its conclusions given that the programme is in its early stages. However, analysis of the data available so far suggests that ABM's activity and outcomes are definitely moving in the right direction, The survey of membership, the interviews with stakeholders, the stories of change, and the results from measurement tools all indicate positive progress. Nevertheless, there are issues that appear to warrant attention from both practice and future research.

The complexity of need encountered is one such issue. Familiar 'triggers' (bereavement, retirement, loss of employment, relationship breakdown) were evident for some people. However, for others, loneliness and isolation seemed to be embedded in a life trajectory encompassing many more complications. Poverty is known to exacerbate loneliness in older age (David and Rossall, 2014); disability is associated with loneliness in all age groups (Sense, 2015). Given the local socio-economic context, it is perhaps unsurprising that these additional dimensions affect people in contact with ABM.

The challenges of partnership working were also raised. Whilst this was praised and valued on the one hand, some of the quandaries involved were highlighted on the other. Supposed conflict between competition and collaboration has been questioned in research (Rees et al, 2012) but there did seem to be some inherent contradictions in a set-up requiring collaborators to compete, and competitors to collaborate.

Finally, although difficulties with public transport might be seen as tangential to ABM, the insights achieved to date suggests that it is far from peripheral to the wellbeing of older people in Middlesbrough, and also that it directly impacts on their exposure to social isolation. Indeed, transport is increasingly being recognised as a crucial issue for 'positive ageing' (Holley-Moore and Creighton, 2015).

However, these factors should not be taken to detract from the encouraging findings overall. In short, evaluation evidence available so far suggests that:

Ageing Better Middlesbrough is reaching lonely and isolated people, is successfully engaging them in its range of activities and interventions, and is making a difference to their lives.

References

Davidson, S. and Rossall, P. (2014) *Evidence Review: Loneliness in Later Life*, Age UK

Davies, R. and Dart, J. (2005) *The 'Most Significant Change' (MSC) Technique: A guide to its use*, Care International

Holley-Moore, G. and Creighton, H. (2015) *The Future of Transport in an Ageing Society*, ILC-UK & Age UK

Rees, J., Mullins, D. and Bovaird, T. (2012) *Third Sector Partnership for Public Survey Delivery: an evidence review*, Working Paper 60, Third Sector Research Centre

Sense (2015) *A Right to Friendship? Challenging the barriers to friendship for people with disabilities*

Taggart, F., Stewart-Brown, S. and Parkinson, J. (2015) *Warwick-Edinburgh Mental Well-being Scale (WEMWBS) User guide* (Version 2), NHS Health Scotland

Thomas, J. (2015) *Insights into Loneliness, Older People and Well-being*, ONS

Gender

female		male		missing		Total	
No	%	No	%	No	%	No	%
57	61.3%	28	30.1%	8	8.6%	93	100%

Age Range

50-59		60-69		70-79		80 & over		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
13	14%	25	26.9%	24	25.8%	23	24.7%	8	8.6%	93	100%

Sexual orientation

straight/ heterosexual		gay or lesbian		bisexual		prefer not to say		other		missing		Total	
No	%	No	%	No	%	No	%	No	%	No	%	No	%
76	81.7%	2	2.2%	1	1.1%	2	2.2%	2	2.2%	10	10.8%	93	100%

Self-defined ethnicity

	No	%		No	%		No	%
White British	21	28.4%	English White	1	1.4%	Muslim	1	1.4%
British	18	24.3%	English European	1	1.4%	Christian	1	1.4%
British White	12	16.2%	White Welsh	1	1.4%	C of E	1	1.4%
White	7	9.5%	White British Yorkshire	1	1.4%	Missing	19	20.4%
English	5	6.8%	British Caucasian White, parents from Lithuania	1	1.4%	**Total**	**93**	**100%**
White English	3	4%						

Which ward do you live in?

Target wards	No	%	Non-target wards	No	%
Beckfield (Park End & Beckfield)	5	5.4%	Marton	12	12.9%
Beechwood (Longlands & Beechwood)	4	4.3%	Nunthorpe	5	5.4%
Clairville	3	3.2%	Acklam	8	8.6%
Coulby Newham	7	7.5%	Brambles & Thorntree	5	5.4%
Gresham (Newport)	6	6.5%	Linthorpe	6	6.5%
Hemlington	5	5.4%	Stainton & Thornton	1	1%
Kader	6	6.5%	Ayresome	2	2.2%
Ladgate	4	4.3%	Out of Area	3	3.2%
Pallister (Berwick Hills & Pallister)	1	1%	**Total**	93	100%
Park	3	3.2%			
University (Central)	7	7.5%			

To what extent do you feel part of the community where you live?

a great deal		a fair amount		not very much		not at all		not known		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
7	7.5%	34	36.7%	32	34.4%	19	20.4%	1	1.1%	93	100%

Including yourself, how many people live in your home?

1		2		3		4		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
47	50.5%	36	38.7%	2	2.2%	3	3.2%	5	5.4%	93	100%

Which best describes your interest in being part of ABM?

personal		professional		community group		volunteering opportunity		other		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
39	41.9%	0	0%	30	32.2%	11	11.8%	2	2.2%	4	4.3%	93	100%

Q5: How did you first find out about ABM?

printed media		friends or family		internet		ABM rep-resentative		community group		other		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
17	18.3%	10	10.8%	1	1.1%	29	31.2%	17	18.3%	14	15.1%	5	5.4%	93	100%

Q6: Before joining ABM, how often did you attend community groups, activities, events?

regularly		occasionally		rarely		never		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
33	35.5%	17	18.3%	16	17.2%	22	23.7%	5	5.4%	93	100%

Q7: Updates aside, which _best_ describes your involvement with ABM activities/events?

never attend		occasionally attend		regularly attend		attend as a volunteer		attend as a professional		other/ missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
18	19.4%	27	29%	20	21.5%	6	6.5%	0	0%	22	23.7%	93	100%

Q8: Which area(s) of the programme are you currently involved in?

receive support		community activity		give time volunteering		digital inclusion		other		none		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
4	4.3%	31	33.3%	14	15.1%	7	8.2%	4	4.3%	25	29.4%	8	8.6%	93	100%

Q9: Which area(s) of the programme have you previously been involved in?

receive support		community activity		give time volunteering		digital inclusion		other		none		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
8	8.6%	36	38.7%	15	16.1%	7	7.5%	3	3.2%	23	24.7%	1	1.1	93	100%

Q10: Are you aware of anyone who might be lonely or socially isolated?

	No.	%		No.	%		No.	%		No.	%
Yes	29	31.2%	No	55	59.1%	missing	8	8.6%	Total	93	100%

Q 11: How much of a problem is loneliness and social isolation is in the _ward_ in which you live?

not a problem		not a very big problem		a fairly big problem		a very big problem		not known		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
8	8.6%	39	41.9%	27	29%	10	10.8%	9	9.7%	93	100%

Q 12: Which phrase _best_ describes how this has changed over the last year?

a lot better		a little better		no change		slightly worse		much worse		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2	2.2%	9	9.7%	47	50.5%	22	23.7%	6	6.5%	7	7.5%	93	100%

Q 13: How much of a problem is loneliness and social isolation is in the _street_ in which you live?

not a problem		not a very big problem		a fairly big problem		a very big problem		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
21	22.3%	41	44.1%	17	18.3%	5	5.4%	9	9.7%	93	100%

Q 14: Which phrase _best_ describes how this has changed over the last year?

a lot better		a little better		no change		slightly worse		much worse		Missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2	2.2%	8	8.6%	53	57%	13	13.9%	7	7.5%	10	10.8%	93	100%

Q 15: On a scale of 0 -10, how useful is it to be a member of the Ageing Better Network?

	0	1	2	3	4	5	6	7	8	9	10	missing	Total
No.	5	3	5	2	4	9	6	15	17	5	14	8	93
%	5.4%	3.2%	5.4%	2.2%	4.3%	9.7%	6.5%	16.1%	18.3%	5.4%	15.1%	8.6%	100%

Q 16: On a scale of 0 -10, how effective is the Ageing Better Programme as a whole?

	0	1	2	3	4	5	6	7	8	9	10	missing	Total
No.	3	2	3	2	1	12	5	10	16	12	14	13	93
%	3.2%	2.2%	3.2%	2.2%	1.1%	12.9%	5.4%	10.8%	17.2%	12.9%	15.1%	13.9%	100%

Q 17 & 18: Has being an ABM member brought any particular advantages or disadvantages?

Advantages						Disadvantages					
yes		no		missing		total		yes		no		missing		Total	
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
49	52.7%	36	38.7%	8	8.6%	93	100%	7	7.5%	75	80.6%	11	11.8%	93	100%