

**Age UK West Cumbria**

**COPELAND COMMUNITY CONNECTIONS PROJECT:  
INTERIM EVALUATION**

**June 2018**

**PORTER BROWN**  
*Solutions*

# COPELAND COMMUNITY CONNECTIONS PROJECT: INTERIM EVALUATION

## 1: About the Project:

The Copeland Community Connections Project is managed and delivered by Age UK West Cumbria. Commencing in 2016, the overall aim of the project is to

*'improve wellbeing by supporting and equipping isolated individuals with the confidence and motivation to take part in local opportunities for socialising with others, thereby preventing or reducing the negative impacts which unaddressed loneliness can have on health and on an individual's ability to maintain independent living'* [project application].

This aim is underpinned by three objectives:

- To raise awareness of the impact of loneliness on the health and wellbeing of older and vulnerable people;
- To enable lonely and isolated people to connect with others;
- To support the development and sustainability of community solutions to address loneliness, particularly through recruiting and supporting volunteers and supporting group activities.

In order to manage and deliver the project, Age UK West Cumbria has recruited a Project Co-ordinator, based in the De Lucy Centre in Egremont, and a team of part-time Community Agents, working in localities across Copeland.

## 2: About the Interim Evaluation: Purpose and Methodology:

The purpose of this interim evaluation is to examine the performance and impact of the project so far, particularly in terms of quantitative outputs and qualitative outcomes for beneficiaries; to identify what is working well and any areas for improvement; and to analyse data for any deeper understanding it might provide on why and how participants and volunteers engage with the project.

The evaluation methodology has consisted of the following:

- Face-to-face interviews with project staff
- Face-to-face interviews with a sample of volunteers, individually and via a focus group
- Face-to-face interviews with a sample of beneficiaries (participants), individually and via a focus group.
- Analysis of survey questionnaires completed by both participants and volunteers.
- Web search of studies and research documents relating to the social and financial impact of loneliness.

### 3: The Context: Why Address Loneliness:

A 2017 study by the LSE<sup>1</sup> put a financial price on what it called an ‘epidemic of loneliness’. It estimated that it costs £6,000 per person in additional health costs and pressure on local services – but that for every £1 spent in preventing or alleviating loneliness there were £3 of savings to the public purse.

The report estimated that around 1.2 million people in the UK suffer with ‘chronic loneliness’, which research links to poorer and mental health, and increased pressure on GPs, hospitals and social services. Loneliness is also linked to earlier death and higher rates of dementia.

Putting it even more starkly, an American Study<sup>2</sup> states that loneliness increases the chance of premature death by 26%, and that it is associated with a 32% greater risk of having a stroke.

Clearly, loneliness has considerable negative impacts upon society as a whole as well as upon the personal wellbeing of the affected individuals.

People can experience loneliness at any age, and it is not necessarily predicated upon living alone – but the chances of experiencing loneliness are exacerbated as people get older. Lack of mobility, losing the ability to drive, losing partners and friends, and experiencing personal health problems all increase the tendency to loneliness. The situation can be worse in rural areas such as Copeland, where poor public transport further reducing the ability to keep connected.

Given this context, projects which target older and vulnerable people in rural areas, by supporting sustainable opportunities for them to connect and engage socially with others are likely to contribute to a reduction in loneliness and its negative impact and costs.

### 4: Project Performance: Quantitative Outputs:

To date the project has performed extremely well against its numeric output targets and milestones as set out in the Copeland Community Fund offer letter.

#### 4a: Evidence:

**Table 1: Cumulative Outputs at 31<sup>st</sup> March 2018**

Output Description	Offer Letter Target	Total at 31/03/18	Total Lifetime Forecast
Local people assisted in their skills development	90	315	386
FTE Jobs Safeguarded	1.75	0.60	0.60
FTE Jobs created	3.50	4.60	4.60
Local people who access a community facility	1,300	1,129	2,064
Volunteer hours	11,806	17,683	20,930

<sup>1</sup> Making the economic case for tackling loneliness in later life, LSE, 2017.

<sup>2</sup> The Cost of Loneliness Project

In each key area the project is out-performing its target outputs. The only exception is jobs safeguarded.

The project is making equally good progress against milestones, which have either been achieved or are sufficiently well progressed to give confidence that they will be achieved within the lifetime of the project.

**Table 2: Milestones**

<b>Milestone Description</b>	<b>Progress at 31/03/18</b>
Appoint f/t Co-ordinator and 6 p/t Community Agents	All posts filled. Milestone achieved
Steering Group developed, including key partners	Steering Group meeting quarterly – six meetings to date – includes Borough Council, County Council, CAB, Cumbria Community Foundation, Churches Together, Copeland Disability Forum, Home Group. Milestone achieved.
Mapping of venues and provision in each locality	On-going work, via an updating of social diary resource.
Provide awareness raising campaign in each of 6 localities	‘No-one Should Have No-one’ campaign ran from November 2017 – February 2018; participated in Dementia Action Week; current focus on outreach awareness raising in outlying villages. Progress on-going.
Distribute 2,000 information resources	To date a total of 7,399 information resources have been distributed. Milestone achieved.
Recruit and train 60 project volunteers by end of year 2	110 new volunteers have been recruited since the start of the project. Milestone achieved.
2010 lonely and isolated people will have access support, activities	Since the start of the project 254 people have been assessed and had personal plans agreed; 1129 people have accessed community facilities; 276 people have been support to clubs/groups – a total of 1659 people accessing support and activities since the start of the project. Progress on-going and on target.

**4b: Conclusion:**

Taking an overall view of quantitative performance to date, it seems highly likely that the project will considerably out-perform its initial target estimates.

**4c: Lessons Learned and Recommendations:**

The apparent over-performance of the project appears to demonstrate the effectiveness of the delivery model in terms of achieving numeric outputs. As the model has now been tested, future projects using it may wish to consider setting more stretching targets.

## **5: Project Performance: Qualitative Outcomes:**

Having established that the project is effective in terms of achieving quantitative outputs, it is necessary to examine the effectiveness in terms of achieving positive outcomes for participants and volunteers.

The project is dealing with a lot of people and their needs vary. Some only require to be given information, others need much more direct and hands-on support. The range of needs and the range of potential outcomes is great. Given the numbers of participants it is not possible – or desirable- to follow up every beneficiary in depth.

For those participants who engage in a holistic assessment, the impact of the project can be measured via a progress score. For other participants evidence of impact depends on sources of ‘soft’ feedback via surveys and interviews.

### **5a: Assessments:**

A holistic assessment is carried out where appropriate by the community agent in the relevant locality. The assessment uses an ‘outcomes star’ type approach to setting baselines and measuring progress against the following domains – health; wellbeing; money; home; social. Measurement is via a ‘ladder’ with scoring from 1-5. Assessments are revisited after 3 months. Data from the assessments is input to the Charities Log system. In theory this enables the data to be interrogated and reports drawn off. However, this facility has not been used so far within this project.

In future it will be worth mining this data for evidence of improvements, especially of any links between social connectedness and improved health. Such data would provide evidence for the relative effectiveness of ‘social prescribing’ and be supportive for future project applications.

### **5b: Feedback from Surveys and Interviews: Participants:**

#### ***Survey Feedback***

A total of 33 survey questionnaires were completed by project participants. Of these 26 (over 78%) were completed by women. Not all respondents answered all questions and some questions were answered incompletely.

A small majority of respondents (54%) stated that prior to contact with the Community Connections project they had not been involved in any community activities. Those that had, had been involved in a range of activities, including village groups, Rotary, Lions, sports clubs and previous Age UK services.

Over half the respondents had found out about the project by word of mouth, with the second most likely way to find out was via an Age UK worker. Only three said it was via printed publicity (2 in response to leaflets and 1 had seen a newspaper ad.) A small number reported being told about by another agency – 2 by their GPs, 2 by a social worker, and 1 by the Salvation Army.

Regarding their motivation for participating in the project, people gave all sorts of answers. However, responses fell into two categories; a few said it was to participate in a specific activity such as a local history project or an art class. The majority (82%) all gave motivations to do with developing and maintaining social contact, such as getting out of the house, making new friends, enjoying company, and having a good laugh.

*“I need to extend my life experiences otherwise I should sit on my own in my flat and moulder away – which I do not intend to do.”*

*“[It’s] a break and change from just sitting in the house.”*

When asked to consider the ways in which their involvement in the project had helped them, again the majority identified social contact as the chief benefit. Other benefits mentioned closely relate to social connectedness including the stimulation of conversation, and being able to relax. Those who had identified specific activities as their motivation for participating mentioned benefits including improved balance. This group were more likely to answer the question about learning new things (armchair aerobics, art skills, local history) although some mentioned that they had improved their social skills.

People were asked to give examples of how the project had improved their sense of wellbeing and a further question about whether it had improved their feelings of confidence, and self-esteem. There was considerable overlap between the answers to the two questions.

Meeting others was the main way in which people thought the project had improved their sense of well-being, and over half of respondents stated that it had made them more confident and given them a more positive outlook on life. Some stated that they already felt confident and positive.

*“Helped me to chat more and to talk about my husband who died.”*

*“[I] feel better getting changed and putting some makeup on to meet up with the group so feeling more confident and positive with things.”*

*“It makes me feel better meeting people...Feel happier getting out and about and not feeling down anymore.”*

*“Gives me something to look forward to every week.”*

*“I feel better for coming here. It gives me a lift and a laugh.”*

*“[It] helps me realise how blessed I am as I talk to people who are positive.”*

The second section of the questionnaire asked about the delivery of the project.

Only a few felt that the project had enabled them to take a more active role and contribute to the wider community. Where this question was answered many felt that their own health or caring responsibilities for a partner restricted their ability to do this. But some did feel they had become more involved and the examples included mixing with young people, serving the refreshments at the coffee morning, and helping football coaches. In a wider interpretation of the question, there were several mentions of feeling more connected to their local community because meeting and chatting kept them up to date with what was going on – the local ‘craic’ or gossip.

When asked what they particularly liked about the project people once again highlighted the social aspects, with some also mentioning the variety of activities. Those who were housebound particularly valued the befriending service.

*“Everyone made me feel valued and involved.”*

*“Everyone is friendly and there’s lots to do.”*

The only recommendations for improvement were for more groups (and one very specific one concerning the cobbles outside the Old Custom's House!). Most people either said they could not think of any ways in which the project could be improved, or said that they were happy with it just as it is.

In terms of awareness of, and access to, other services, people who responded mentioned other Age UK services such as the Veterans' Group, exercise sessions and Singing for the Brain, whilst there were several examples of people having been able to access services from other agencies as a result of their involvement with the project, including access to benefits, the winter warmth grant and mental health services.

Where feedback was more-or-less lacking was regarding the questions about sustainability and future provision – with most people feeling they could not answer. However there were a few positive answers regarding the project helping to run groups where there is no volunteer available and project staff bringing in good ideas.

In response to a final question about the difficulties faced by older people accessing services, the overwhelming issues were transport (lack of) and lack of personal mobility.

### ***Interview Feedback: Case Studies***

The evaluator interviewed a sample of participants, some individually and some in a focus group setting.

**CASE STUDY 1:** *"I didn't have any previous experience of Age UK. I was referred by another project. I had a drink problem and live on my own, in Haverigg. I couldn't get anywhere because everything's in Barrow and I couldn't afford the bus fare. I was feeling really isolated.*

*I have a befriender through the project. I feel it's improved my confidence. For example there is a new family moved into my street and I have had the confidence to make friends with them.*

*I mean, before I would just sit all day in my pyjamas. I had no motivation. I suffered panic attacks and depression. I'm a lot better now. Before I didn't want to get out or do anything. I'm getting back into the garden now – it had gone wild – and I go for a walk every day after tea. I'm eating properly now.*

*The project has been very helpful. I've been linked to the foodbank, and got a grant for a new washing machine. They referred me to Citizens' Advice for debt management. They helped me get onto ESA [Employment Support Allowance] so I'm better off financially, which has reduced my anxiety levels. Now my drink problem is much less.*

*I'd say I'm going upwards rather than downwards, and Age UK have helped me a heck of a lot to do that, to get things going in the right direction."*

**CASE STUDY 2:** *“My husband has Alzheimer’s. He was referred into the memory group and from that we found out about the coffee morning. I think a nurse told me about Age UK. All my family are in Taiwan, so there was no-one here to help me. I accompany my husband to the coffee morning, we go together, but I can relax because I know he’s safe. He was in the Forces, so we are involved in the Veteran’s Group as well. We can do a trip out and there are people to help. I couldn’t do that with him on my own. Age UK do a good job. Without them there would be nowhere else to go. It got me through a very bad year. I think there should be more publicity about Age UK and what they do.”*

**CASE STUDY 3:** The lady came into the interview with her daughter and both participated in the conversation.

*“My daughter made contact with AGE UK. I have a befriender once a week. We usually just have a conversation at home and sometimes go out. I really look forward to her coming. Otherwise it’s difficult to fill life.”*

*“Mum lives in Seascale and Seascale is full of groups and clubs. But Mum doesn’t like groups. She always needs company which is difficult as she won’t join any groups. That’s where the befriending works so well. The project is very flexible around the needs of an individual person. Some people like being in clubs and with lots of others. Mum is better with just one other person. The project gives her that extra company in a way she can cope with.”*

### **Feedback from Service User Focus Group**

The focus group took the form of an informal discussion in which the service users very much took the lead. Two were involved with the Tuesday morning social group and also the Veterans’ Group. One had a befriender and was not involved in any other activities. However, as a result of the conversation she said she would like to come to the Tuesday morning group. They were each very positive about their experiences with the project. The following quotes provide a flavour of their feedback.



*"I look forward to it [Tuesday group]. It keeps you alive. I have a daughter but she's in her sixties and has a lot on her plate. I don't want to put on her all the time. I mean she's there for the big things, like getting to hospital and emergencies. The big things are taken care of, but it's the little things, like just having a laugh."*

*"I enjoy the camaraderie. We have shared experiences. And the Tuesdays are a regular thing. They provide a structure, a purpose. They're a reason to get up in the morning."*

*"It would ruin my life if this [the service] wasn't here."*

## **5c: Feedback from Surveys and Interviews: Volunteers:**

### **Survey Feedback**

A total of 25 questionnaires were completed by volunteers working with the project. Of these 17 were female and 8 male. The majority were aged over 60, 4 were aged 21-30.

As with service users the majority of volunteers had heard about the project either by word of mouth or from an Age UK contact (59%). 5 people had seen ads in the newspaper and 2 had been referred by the Job Centre (to gain work experience).

Most identified their motivation for volunteering with the project as being a desire to help others. Having something to do, meeting other people and meeting own social needs were also mentioned. Gaining skills and work experience were mentioned by the younger volunteers.

*"I felt that I could offer something that would help the community."*

*"I wanted to help older people gain more confidence in the community."*

*"I wanted to do some good in the community"*

*"My grandpa had dementia and came to a group like this."*

A total of 15 people (55%) had had previous experience of volunteering either with Age UK or another organisation, whilst for the others this was their first experience of volunteering.

In terms of the delivery of the project, all respondents considered the Community Connections project to be successful in achieving its aims. Getting people together and providing opportunities for conversation were the most cited achievements. More specifically respondents were asked if the project was successful in achieving health and wellbeing outcomes. Again the responses were positive. Raising awareness, providing mental stimulation, providing relaxation and respite, improving confidence and bringing people together in a supportive environment were all cited several times.

There was less clarity around the responses to the question as to whether the groups and activities were successful in building a sense of community. Again the answers were positive but some related

the question to their experience as a volunteer, whilst others saw it as referring to the experience of the service users. Others did not answer the question or saw it as not relevant if they were involved in one-to-one befriending rather than with a group.

*“Since I volunteered...I can see a very good community spirit. This is due to the volunteers and the excellent staff.”*

*“There is a lot of good chat about local news and community events.”*

*“People are meeting and talking with others who they may not have mixed with before.”*

*“It gets people together, sharing experiences.”*

*“Yes, it helps build community because people have made friends from groups and activities.”*

*“It brings people together.”*

With regard to aspects of the project that they particularly liked, respondents who answered highlighted the social aspects – either for the service users or for themselves as volunteers. In both cases they indicated the value of getting together and talking. Volunteers also mentioned valuing the support they received from Age UK staff.

Areas for improvement that were mentioned included staff having more time; changes in staff roles; the organisation to consult more with staff and volunteers; the need to modernise some of the activities offered to encourage interest from younger retired members of the community; more activities; more volunteers; more publicity to get more people engaging with activities. On the other hand the comment was also made that the project is well publicised and that the community agents work hard to market the service.

Volunteers felt that their involvement with the project had enhanced their wellbeing in various ways such as giving them the satisfaction of having helped others. About a third of respondents stated that their confidence had improved as a result of their involvement, with others identifying related emotions like feelings of self-worth and increased empathy.

Some reported learning specific practical skills such as telephone skills; counselling; and first aid; computer skills; and increased awareness and understanding of dementia, winter warmth grants and how to apply for blue badges.

Over a third of respondents stated that their volunteering role in the project had led them to take up additional volunteering roles either within Age UK or elsewhere – for example helping at a charity shop, at a food bank; Mind; Frizington Community Group. A handful of people said that the project had led to new initiatives within the local community with which they were involved – these included building a children’s play park; arranging for a dementia awareness talk; supporting a community transport scheme. Most respondents felt that they were already fully committed and were not seeking further opportunities for volunteering.

### **Feedback from Interviews**

Of the 8 volunteers interviewed in one-to-one sessions, 7 had previous experience of volunteering, 2 with Age UK and the others with various community groups. The one who had not previously volunteered before was looking for something to do that would be useful.

*"I work shifts and had a lot of time on my hands and wanted to give something back to the community."*

*"I needed something to do after my wife passed away and I heard about this at an exhibition in Whitehaven. I've been a volunteer umpire for decades but this is very different."*

*"My wife and I were youth leaders where we lived before and when we moved up here volunteering was a way of getting to know new people."*

*"I found out about this project through my involvement with Frizington Deaf Group. I have volunteered with them for over 40 years. I'm a lifelong volunteer."*

There were various things that had specifically attracted them to volunteering with this project.

*"I had befriended an old soldier outside the project, so I was ready to get involved a bit more with befriending."*

*"I liked that I would be part of a team."*

*"I got sucked into it from the craft group – I would see staff doing jobs that could be done more effectively by volunteers."*

*"I just get something out of it that makes me feel useful. I feel appreciated and I can make other people feel valued too."*

*"I am blind, so I needed something I could do from home. Telephone befriending fit the bill."*

*"It was a chance to meet new people and talk to them which is what I wanted to do."*

The volunteers were involved with the project in various ways – as befrienders, supporting groups, and assisting in the De Lucy Centre. In all cases they felt that they gained a lot personally from their involvement and that it would have a lasting impact upon their lives.

*"It brightens up my day. I have sense of purpose. From hardly going out, now I'm never in! I have such a feeling that I am brightening other people's lives."*

*"I was very reluctant at first, but now I enjoy every minute of it, assisting people."*

*"I feel so appreciated - absolutely love it. I feel I have gained a member of the family. I never knew my own Grandmother, so D (the client) is like a having a nan. And my little daughter loves her too."*

*"I enjoy helping people and it's great that [this project] means a person with a disability can get involved. L (the Community Agent) makes it all possible for me. I have met people I would not have met otherwise, and the Age UK staff and other volunteers are so supportive and treat you like a normal person, not just a disability."*

*"Oh, it's just lovely to see their faces light up. It makes me feel important and gets me out of the house. The problems I feel at home get pushed away when I'm with the group."*

*"It keeps me occupied and it ties me into the community."*

*"Where to start? Obviously it has helped me make new connections to the community, plus the skills courses – I've learned new skills. Then there's feeling appreciated. Honestly it has totally changed my life. I've made new friends. I would recommend it to anyone. You get so much out of it."*

*"It has made me more confident, made me get involved with new people and find that I am accepted. I was beginning to think that I was useless. Now I can force myself out because I have a commitment. So that I don't lose the ability to socialise."*

Having discussed their experience of volunteering with the project, interviewees were then asked to consider the effectiveness of the service, the best things about it and to suggest any ways in which could be improved.

*"It's doing a lot, getting people back into the community – getting them back in touch with people they used to know. Things happen in life and they lose touch. This reconnects them."*

*"For people with dementia, it's the socialising and sharing experiences with others. The walking group helps people make a commitment to exercise, so their stamina increases – or at least the decline is slowed."*

*"It's the company. Most people want to be independent. They think it's great when they're making something. The project gives them back some independence, some control over their lives. For the ones living in institutions it's a few hours out of the home."*

*"People feel isolated and left out, particularly if they've been active before. It can be small things. One lady was just able to let off steam. She needed a chance to reminisce. We had a good laugh together."*

*"I can get D out of the house occasionally, just to a café for a change of scene. And she talks and talks. Like it was all bottled up and now she has someone to talk to."*

What volunteers considered to be the best aspects of the project depended on what they did within it. If they were involved with groups, it was the range of activities and events, if they were a befriender it was the way the project is able to reach out to the housebound and the personal contact involved in the befriender relationship. The team spirit of the volunteers was also mentioned.

With regard to improvements, the only suggestions were about publicity and volunteer support.

*"We need more volunteers, there are never enough, but Age UK centrally is slow at processing volunteer applications."*

*"More publicity. The Centre isn't used enough. And getting more volunteers. We need to communicate better about what's involved. Age UK could give more feedback to volunteers. Sometimes you can feel a bit taken for granted."*

*"You can't really improve something that's that good. Except to add extra days. Have more of it."*

*"It's difficult to get volunteers. There could be improved communication with 'management.' And it's difficult to take referrals from third parties, like neighbours, but that's not a project issue, it's data protection."*

*"Definitely more publicity to raise awareness of the service. The person I'm supporting found out about it by accident."*

### **Feedback from Volunteer Focus Group**

As with the service users' focus group this was a lively discussion. The 7 volunteers were all extremely committed and enthusiastic about the project in general and what they got out of it personally.

There were fewer in this group than in those interviewed one-to-one who had previous experience of volunteering. Several had responded to publicity in the local paper and posters in libraries.

This group also differed in that the motivation for several of them was that they had direct experience of supporting an elderly near relative.

*"Seeing what my mother's been through with nothing like this to support her where she lives. Every area should have a project like this."*

*"I helped my Grandad. Volunteering with Age UK seemed the natural thing to do."*

Regarding the benefits to both themselves as volunteers and the people they support, either through befriending or via groups and activities, they echoed the views already expressed by previous interviewees. They felt that attending groups or getting regular visits from a befriender

brought much needed structure into the lives of older people. The view was also expressed that many older people found it easier to talk to a volunteer than to a family member.

*“They don’t want to show their vulnerability to their family. They don’t want to upset them or feel that they are a burden. Service users will ask all sorts of things of a volunteer that they wouldn’t ask their children.”*

Outcomes for themselves as volunteers included learning new skills, gaining confidence and making new friends, plus the contact with the clients.

*“You have some great life stories to listen to. People have had such amazing lives. You see this older person and now, what they can do, it’s very limited, but there’s a whole life in there. It’s a privilege to listen.”*

Finally the conversation came around to ways in which the project could be improved, subject to resources being available. As with the one-to-one interviewees suggestions clustered around improved publicity/awareness and more support for volunteers.

*“Volunteers need a bit more help in how to deal with certain needs such as dementia. One lady has three clients all with different needs. We’re not experts so the back-up is needed.”*

*“There needs to be much wider awareness about dementia in general, also strokes and other disabilities. I’d like to see work with schools, like giving young people guidance on how to talk to someone with dementia.”*

*“I feel there’s a bit of a lack of connection between the different Age UK projects. There could be more internal referrals.”*

*“There’s a lack of joining up with other services. No, I don’t think it’s the fault of Age UK. Other organisations could make more use, I mean it’s a good source of information and advice and where to make referrals to.”*

Asked to consider the impact if the project did not exist the consensus was summed up by one of the volunteers.

***“If it wasn’t here there would be more people with advanced dementia, more people in hospital and more people in care homes. And it’s more than that. The courses and support and experience we get as volunteers doesn’t just stay within the project. We are empowered as volunteers. We take those skills and use them outside the project and Age UK. Our experience is a community asset.”***

#### **5d: Qualitative Outcomes - Conclusions:**

- a) Measuring progress and impact via the holistic assessment tool is relatively robust. The data collected by this method is logged digitally but is not currently analysed.
- b) Service users are very positive about their engagement with the project, particularly the opportunity to socialise with others, either via groups/activities or through contact with a befriender.
- c) Just under half of service users had not been involved with community activities prior to engagement with the project.
- d) Just over half of service users found out about the project via word of mouth or through direct contact with Age UK.
- e) The majority of service users stated that they had experienced improvements in their general wellbeing as a result of their engagement. This was expressed variously and included social contact, increased confidence and feeling more positive about life.
- f) A significant number of people stated they had learned about additional services and/or accessed additional services as a result of the project.
- g) Service users tended to be happy with the project as they experienced it with no recommendations for improvement except to have more of it.
- h) Lack of transport and poor physical and mental health were cited as the biggest barriers to access services and keeping connected.
- i) Volunteers had a greater tendency than service users to have heard about the project via formal advertising. However, word of mouth was still the most likely source of finding out.
- j) There appears to be an even split between people who are lifelong volunteers and those for whom this is the first experience of volunteering. Giving something back, feeling useful, having something to do, enjoying company and having direct experience of the problems facing older, vulnerable people were among the motivations for volunteering with the project.
- k) Some volunteers expressed a desire for more support from Age UK. This include more intensive support on how to work with people with complex needs; more effective communication and information-sharing between managers, staff and volunteers.
- l) Both volunteers and some service users felt there was a need for more people to know about the project and to engage with groups and use the Age UK facilities (specifically the De Lucy Centre). In this context they usually cited the need for more 'publicity'.

#### **5e: Qualitative Outcomes - Lessons Learned and Recommendations:**

- a) The scores obtained via the assessment tool could be analysed in order to provide evidence for links between social engagement and improvements in other domains, especially health and be used to support the case for 'social prescribing'.
- b) The mix of services available through the project is flexible to the needs of individuals and should be maintained. Opportunities for a wider variety of activities/groups could be explored, resources allowing, with a view to attracting 'younger' people e.g. 60s to 70s.
- c) Volunteers valued the regular get-togethers and the formal training courses and these should be maintained. Opportunities to involve volunteers in developing the project and/or shaping future projects should be considered, as should opportunities to celebrate their contribution.
- d) Volunteers expressed some concern about Age UK staff not having sufficient time to do everything they had to. This is a resource issue. Volunteers also suggested activities such as work with schools which would make further demands on staff time. It is recommended that

any future project builds in more staff resource at the appropriate levels to provide additional support to volunteers and to carry out more development work with partner organisations. This will enable future projects to have even greater impact and to link it more strongly within the 'social prescribing' toolbox of resources.

- e) Publicity – this was mentioned frequently as an issue. However, the evaluator feels that Age UK has carried out extensive publicity. In an age where people are bombarded by information, it is difficult to get people to take notice. Word of mouth and direct contact with a person e.g. an Age UK member of staff appear to be the most effective way of getting information across. Investment in human resources, backed up with leaflets and posters as reminders, is likely to be the most effective approach to publicity. It may also be worth researching the reason why people do not engage. These may have nothing to do with lack of awareness. Mobility problems, whether due to physical problems or simply poor public transport are likely to have a significant impact upon the ability of people to engage, especially in a rural area. Other issues might include misunderstandings of the Age UK role "It's not for me; it's just for people who can't cope" or similar misconceptions. There is a publicity message to be got across that Age UK is about helping to maintain independence not relinquishing it.

## **6: Project Management and Delivery:**

### **6a: Overview**

The evaluator interviewed the Manager responsible for the project within Age UK, the Project Co-ordinator and one of the Community Agents.

The project got off to a slow start due to a change of management and a change of co-ordinator. It took about six months for the staffing structure to settle down. It now appears to be working well.

The additional demands upon the time of finance staff and marketing staff had not been calculated in the original proposal so a budget variance was agreed with Copeland Community Fund. A reduction of the Co-ordinator post to 4 days freed resource to contribute towards these internal costs.

The project is delivered by a mix of volunteers and part-time community agents based in the localities. The community agents provide direct support to volunteers, promote the community assets, and link with non-Age UK groups.

On the basis of numeric performance data and the feedback from service users and volunteers the delivery model appears to be effective in achieving its objectives.

Where there are constraints upon its potential impact these relate to the challenges of engaging both with service users and with partner organisations.

The challenges of engaging with older, isolated and vulnerable people have already been considered in previous sections of this report.

There are several challenges to working with partners which are almost entirely due to limited resources affecting provision and wider systemic difficulties. The latter include the difficulties in sharing information due to data-protection issues; linking in to the various parts of the health service; staff turn-over among partner agencies making it difficult to maintain effective and informed contacts.



Reduction in resources and provision with the health and social care economy is leading to an increase in inappropriate referrals, specifically referrals from Adult Social Care of people with multiple, complex and advanced care needs. The project is not intended to deal with people with complex needs and does not have sufficient or appropriate capacity to do so.

*“I’m actively networking with hospital discharges. The project is for people ‘at risk’ but not for those with complex needs. It is not a sitting or care service. It can’t be a replacement for that kind of support.”*

Although both users and volunteers mentioned publicity as an issue (as discussed in previous section), the project appears to have been effective in terms of its reach. This is evidenced by the numbers of people engaged and the number of volunteers recruited.

Using volunteers supported by staff, and, particularly the community agents enables the project to have both breadth of cover and depth of expertise. Regular volunteer meetings and training sessions help create a team spirit as well as equipping volunteers with specific skills and enabling the sharing of experiences.

There is also some evidence that service users like working with volunteers. They appreciate that people are making a contribution to their community. In addition, some people feel more comfortable working with volunteers than paid staff; it feels less intrusive, and avoids the feeling that some older people have, that by engaging with services they are, in some way, giving up their independence.

The diversity of the service offer – various groups and activities and the befriending service – enables a wide engagement in that it can cater for people with differing tastes and different ways in which they feel comfortable interacting. Although the majority of service users either surveyed or interviewed valued the social aspects of the project, otherwise were more comfortable engaging with a specific activity such as art, while others either could not join groups or did not feel comfortable doing so. For these people the befriending service was invaluable.

The practice of using community venues is an essential part of the delivery model. It has the obvious benefits of aiding the sustainability of community facilities and enabling activities to be delivered as close as possible to where people live. It has an added benefit in that it brings together people from all parts of a community.

*“It can be difficult to get people to make the first move. But it’s voluntary. We can’t force them. They are wary of anything they think might be social services. We listen to what they want, offer choices. We can be a friend, not an official.” (Volunteer)*

*“It a wonderful project in that it has a lot of things to offer. And it can change service users into volunteers. They get involved with a group, see a need, and gain the confidence to fill it.” (Community Agent)*

*“It’s such a dedicated band of volunteers. We have a strong connection with each other and a personal loyalty to E (the Community Agent).” (Volunteer)*

*“When they come to Men in Sheds they see other things going on at the Centre that are nothing to do with Age UK, like the Mum’s group and the youth group...so there’s interaction and the project is really embedded as part of an inclusive community. We’ve got lads who’ve joined our group who have learning needs and three people who are learning English. They all support each other, they all muck in together.” (Volunteer)*

## **6b: Conclusions:**

- a) After a slow start the project structure has settled down and is delivering services and achieving both outputs and outcomes.
- b) The delivery model of volunteers supported by Community Agents and other Age UK staff provides flexibility of opportunity for both volunteers and service users, and enables in-depth connections to be developed in the localities.
- c) The service ‘menu’ offers choices that enable individual needs and preferences to be met.
- d) The use of community venues has a range of benefits, including embedding the project into localities, ensuring older people remain connected to people from other age groups.
- e) There is a good team spirit among the volunteers and staff.
- f) The project faces a significant challenge due to increased referrals of people with complex needs.

## **6c: Recommendations:**

- a) It is strongly recommended that the diversity of offer is maintained, being refreshed where necessary.
- b) It is strongly recommended that the use of community venues is maintained as is the use of well-supported volunteers and Community Agents.
- c) It is recommended that the data on referrals is scrutinised to ascertain where the majority of referrals are coming from. This will identify gaps and suggest targets for increased publicity and communication. If possible there should also be a system of ‘flagging’ inappropriate referrals – e.g. people with complex needs. This is required in order to provide evidence of the extent of inappropriate referrals.

## **7: Partnership Working:**

### **7a: Overview:**

The main focus of this interim evaluation was the delivery of outcomes. The evaluator did not attend a Steering Group meeting or interview representatives of partner organisations.

However, the evaluator saw evidence of regular Steering Group meetings and reports provided to it by the Project Co-ordinator. The Project Manager described how new members of staff and volunteers attended meetings to talk to the Steering Group.

Partnership goes much wider than the organisations represented on the Steering Group and includes the community venues used, non-Age UK groups and other agencies and people within the community who are in contact with older, vulnerable people.

Since G.P.s are often a first port of call for older people suffering the effects of loneliness, developing and maintaining contact with G.P. surgeries is important. The project staff are active in developing these local relationships, with some surgeries being more receptive than others. The Seascale practice was noted as offering a good example of effective partnership working – including Age UK assisting older patients to access repeat prescriptions digitally.

#### **7b: Conclusions:**

- a) The Steering Group meets regularly and receives full reports from the Project Co-ordinator. Bringing new members of staff and volunteers to talk to the Group is an example of good practice in terms of communication and governance.
- b) Developing and maintaining relationships with community partners is key to the effectiveness of the project.

#### **7c: Recommendations:**

- a) Maintain and further develop current practice particularly with regard to sustaining effective relationships with other community services and facilities. However, it is noted that this is resource intensive in terms of staff time and is dependent upon sufficient resources being available.

#### **8: Overall Conclusion:**

The Community Connections project is achieving both outputs and outcomes. There are challenges involved in reaching out to older people, especially in a rural area. In addition to the difficulties of transport and personal mobility, older people can lack the confidence to engage or fear that engagement signifies a loss of independence. Loneliness still carries a stigma and therefore it can be difficult for people to admit to it.

Despite these challenges, the project has engaged with a significant number of older people who appreciate the support and service provided. Indeed, some see it as a real life-line.

The mix of volunteers and paid staff works well. A few volunteers expressed the need for more communication and consultation. Most felt well supported. The model is flexible to the needs of individual service users, and enables delivery in the various Copeland localities.

The aging population with more people living longer, and living longer with disabilities, indicates that loneliness and isolation are not issues that will go away any time soon. There is not likely to be a continuing need for projects such as this, but also a need for more extensive provision.

#### **9: Recommendations:**

These have been identified in the relevant sections. In terms of priorities, increased analysis of data collected is strongly recommended in order to create a robust evidence base for the effectiveness of 'social prescribing'.