NHS North, Central and South Manchester Clinical Commissioning Groups

Evaluation of the Reducing Social Isolation and Loneliness Grant Fund

Evaluation final report

August 2016

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Foreword

Foreword by Mike Wild, Chief Executive of Macc

The work reflected in this report tells a story which you may find pretty amazing. You have, in front of you, clear evidence of the power of great community projects in working with older people to reduce social isolation and loneliness. As often happens with research, you may think it proves something you already thought was fairly obvious: that getting involved in community activities is a great way to meet people, make friends and be more involved in the life of the places and communities in which we all live. There is a lovely fundamentally human theme which runs throughout this report about the number of friendships which have been created by this work – just take a look through it and you'll see that on virtually every page there is some reference to the power of supporting people to make connections and the "legacy of friendships". That may seem an odd thing for an NHS body to want to invest in but the evidence shows the impact this has on people's wellbeing – and that's fundamental to our NHS. It is, after all, a National Health Service.

There is a strong lesson here for those in the public sector who commission services: grants for community action have, in recent years, been phased out in favour of tendering on a single large scale for contract opportunities which are often inaccessible to smaller local organisations. The clear evidence of this report is that grants programmes such as this can, by being designed in partnership with the voluntary and community sector, reach deep into local communities precisely because they are already there. It's because of this that we grabbed the opportunity to work with the Manchester Clinical Commissioning Groups (CCGs) to find a straightforward means of supporting local groups to do more of this kind of work. Small grants, simple processes and an ethos of encouraging groups to be creative were essential to the approach.

I must admit I'm tempted to be a little smug and say it doesn't surprise me at all. One of the joys of my job at Macc is that every day I come across examples of the inspiring every day the work of voluntary and community groups all across Manchester: I know what amazing work our sector is capable of when encouraged and supported to do so. For me, it's as exciting to see the power unleashed by relatively small amounts of money spent in the right way as it is to see the difference which that then made to

people's lives through the great community projects described in this report. What you have here is evidence of the voluntary and community sector at its best. I am delighted that Macc and the Manchester CCGs have been able to work together with local organisations to create such a legacy of friendships among older people all across the city.

Foreword by Dr. Mike Eeckelaers, Chair, NHS Central Manchester Clinical Commissioning Group

I'm delighted to introduce this report; the evaluation of a programme of work I've been closely involved with over the last two and a half years.

We decided to fund the programme for a number of reasons. We saw the increasing impact of social isolation and loneliness on the health of the older people we see in our GP practices and wanted to do something about it. We recognised that the whole system needs to work together to address this issue and the solution to keeping people well is not just about clinical services. We also believed that we needed to be much more creative with the way we work with community organisations and a grant fund seemed to be the best way to do it.

Voluntary and community sector organisations rightly feel that they have a lot to contribute to the improvement of health and wellbeing outcomes in Manchester. They are based within the heart of our communities, are trusted locally, and tend to know much more about what people need and want. Often, however, our traditional forms of commissioning can exclude them. In addition, the last few years have been a difficult time for voluntary and community sector organisations as a result of challenges to funding as a result of national austerity programmes.

Over the lifetime of this grants programme, it's been inspiring to hear all about the innovative schemes which have been developed and the support they have given to people across the city. I also know there are 100s of other such groups, working every day to improve life for the residents of this great city. It is important that NHS organisations, and indeed others from across the public sector, find better ways to work in partnership with these groups, developing joined up services which are based around, and reflect the needs of local people. The emerging Our Manchester vision, led by Manchester City Council, articulates this well and we fully endorse it.

This evaluation highlights the successes of the grants programme and also identifies lessons we need to learn. We will take these on board and are currently working with the Age Friendly Manchester programme to work up a proposal about how we will continue to address social isolation and loneliness in the city by building community resources and strengthening networks within neighbourhoods. We have also recently launched a Mental Health Grants Programme which uses a similar model to increase the support available to those with mental health needs in our communities.

Finally, on behalf of the 3 Clinical Commissioning Groups in the city, I'd like to thank all of the projects we funded via this programme for the great work you have done. It has been truly inspiring. I'd also like to thank MACC for the support they have given the programme. Whilst the funding for the programme has come from the Clinical Commissioning Groups, it wouldn't have been a success without MACC who not only administered the programme, but also used their skills and experience to provide on-going support to the funded projects.

Acknowledgements

Our thanks go to all those who have contributed towards or overseen the evaluation. Partners who have contributed data and insights, and helped to shape and inform the evaluation findings are:

- Large and small grant project leads, and in some cases, project staff.
- Project users, who have completed user questionnaires and equalities monitoring forms.
- Members of the Programme Board and Evaluation Reference Group, including CCG representatives, Macc programme leads, older people's representatives and Manchester City Council representatives.
- Attendees, speakers and workshop leads at the Interim Learning Event and final celebration event.

Cover photo kindly supplied by the Debdale Eco Centre 'Growing Together' project.

Introduction

This report presents the findings from the evaluation of the Reducing Social Isolation and Loneliness Grant programme. The programme was commissioned and funded by North, Central and South Manchester Clinical Commissioning Groups (CCGs), and administered and managed by Manchester Community Central (Macc). The evaluation has been undertaken by the Office for Public Management (OPM), an independent not-for-profit research and consultancy organisation, commissioned by the CCGs and Macc.

The evaluation has run for the duration of the programme, generating emerging findings for programme leads. This report presents the findings at the end of the programme and evaluation. It explores project specific findings alongside more generalisable learning and evidence of impacts. The report assumes no prior knowledge regarding the programme, the funded projects, Manchester demographics or evaluation methodologies.

The report is structured to present the context and background to the programme; an overview of the programme and evaluation design and scope; evidence of the impacts achieved and extent to which the programme achieved its stated aims; process learning and reflections; and conclusions and suggested learning points for the partners involved.

The report culminates with appendices presenting individual case studies, showcasing learning and impact evidence from all funded projects. Further details regarding the programme funding and the evaluation methodology are also presented in the appendices.

Context

Social isolation and loneliness are two distinct concepts. The Campaign to End Loneliness define loneliness as "the subjective, unwelcome feeling of lack or loss of companionship" that occurs when there is a mismatch between the quantity and quality of social relationships that people have, and those they want. Loneliness is an emotional response to a particular set of circumstances, whilst social isolation is an objective state – which can be (but is not always) a trigger to loneliness[1].

It has become widely recognised in the UK, in the context of ageing better, that social isolation and loneliness can have a significant detrimental impact on health and wellbeing; this has led to increasing political momentum to address the problem.

As the UK's population rapidly ages, the issue of acute loneliness and social isolation is one of the biggest challenges facing our society. It is estimated that across the UK older population, 6-13% of people are often or always lonely[2], whilst 12% feel socially isolated[3].

Research shows that social isolation and loneliness impact on quality of life and wellbeing with demonstrable negative health effects. Being lonely has a significant and lasting effect on blood pressure and is associated with depression and higher rates of mortality[4].

A meta-analysis of 148 studies covering older participants reported that having adequate social relations is associated with a 50% greater likelihood of survival over 7.5 years of follow-up compared with those without adequate social relations. This effect size was comparable to that of giving up smoking and greater than the effect of obesity and physical inactivity[5].

Health issues arising from loneliness and isolation need to be addressed for the sake of both the individuals concerned and the wider community. They need to be tackled because of the pressure they put on statutory health and social care services, which are already significantly stretched.

[1] http://www.campaigntoendloneliness.org/

2 Age UK (date unknown) Evidence Review Loneliness and Isolation. Available at http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

3 Cattan M, Newell C, Bond J, White M. Alleviating social isolation and loneliness among older people. International Journal of Mental Health Promotion. 2003 August; 5(3):20-30.

4 Masi CM, Hsi-Yuan C, Hawkley C, Cacioppo JT. A Meta-Analysis of Interventions to Reduce Loneliness. Personality and Social Pyschology Review. 2011;15(3):219 - 66. Epub 17 August 2010.

5 Holt-Lunstad J, Smith TB, Layton JB. (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Medicine 2010;7(7).

CCGs working with Health and Wellbeing Boards (H&WBs) have an important role to play in understanding the needs of older people and commissioning effective services to combat loneliness and isolation.

Manchester residents experience high levels of deprivation and ill health. Rates of obesity, smoking, cancer and heart disease are significantly higher than the national average and life expectancy at birth is the lowest in England. However, not all residents experience the same health outlook and there is a gap in life expectancy of almost six years between the poorest and most affluent areas. Studies suggest that loneliness rates tend to be higher amongst older people who live in socially disadvantaged urban communities such as Manchester.

It is against this backdrop that the Reducing Social Isolation and Loneliness Grant Programme was commissioned in Central, South and North Manchester.

Introduction to the programme

The Reducing Social Isolation and Loneliness Grant Programme was developed to reduce social isolation and loneliness amongst Manchester residents aged 50+. It was designed to encourage a range of innovative approaches from the voluntary and community sector (VCS), aligning with existing initiatives and support programmes across the city.

The grant was provided by South, Central and North Manchester CCGs, who each contributed equal amounts to make up the £550,000 grant fund.

The application process for grant funding ran during February to mid-March 2014, with both large (£10,000-£50,000) and small (less than £10,000) grants being available. Local VCS organisations were eligible to apply for funding; organisations could be part of up to three funding applications, and partnerships between provider organisations (including public sector bodies) were encouraged where appropriate.

The programme was developed in order to reduce social isolation and loneliness amongst people aged 50+, and aimed to encourage a range of innovative approaches which aligned with, but did not duplicate, other initiatives and support programmes across the city.

Project beneficiaries attending Stroke Association's indoor aerial assault course

The funded projects and programme as a whole were intended to help contribute towards Manchester CCGs' strategic priorities, and a secondary aim of the programme was to build effective working relationships between CCGs and VCS organisations across the city. There were a number of equality objectives which were intended to be met in part or full by successful applicants and formed part of the evaluation of the programme, which were to:

- Strengthen the knowledge, understanding and evidence base about communities in order to increase community cohesion and design services that meet needs.
- Tackle discrimination and narrow the gap between disadvantaged groups and the wider community and between Manchester and the rest of the country.
- Celebrate the diversity of Manchester and increase awareness of the positive contribution that diverse communities make to the city.

The main aim of the grant programme was to reduce the social isolation/loneliness of older people (50+) in Manchester. A secondary aim was to build greater understanding of how the Manchester CCGs can work with VCS organisations in improving health and wellbeing outcomes. The programme was intended to do this through:

- Increasing the capacity and capability of local VCS organisations which were already working to reduce social isolation/loneliness of older people.
- Increasing the capacity and capability of local VCS organisations to enable them to extend their reach, in order to work with older people.
- Establishing new models and approaches to reducing social isolation/loneliness of older people, based on enabling older people to help themselves.

As well as meeting the aims identified above, grant recipients were required to demonstrate how some or all of the following objectives were embedded within their projects:

- User Involvement and Empowerment: Projects seek to enhance the capacity and capability of older people to participate within the community and local social networks, to look after themselves and to increase their social capital:
  - Organisations involve older people in decision-making, both in terms of their own support and in the strategic direction of the organisation.
  - Organisations have systems in place to find out the concerns and wishes of older people and can demonstrate how these have (or will) lead to change.

- Equality: Strengthening knowledge, understanding and the evidence base about communities, so that the CCGs can design services that meet everyone's needs and increase community cohesion.
  - Tackling discrimination and narrowing the gap between disadvantaged groups and the wider community, and between Manchester and the rest of the country.
  - Celebrating the diversity of Manchester and increasing awareness of the positive contribution that diverse communities make to the city.
- Partnership: Build greater collaboration between public sector health and social care services and voluntary and community activity.
- Social Value: Show how the project will contribute to the social, economic and environmental welfare of Manchester.
- Sustainability: Organisations should be able to show how their projects will be sustainable beyond the lifetime of the funding other than through additional funding.
- Safeguarding: All bids must be clear about how they will adopt best practice in safeguarding vulnerable adults.
- Value for Money: The value for money that a project adds will be assessed against its total contribution to both the aims and objectives.

The grants had to be used to help reduce social isolation/loneliness of older people in Manchester. All projects were required to take place within the boundaries of Manchester.

The grant was managed and administered by Macc, with a programme board, evaluation steering group and older people's reference group being established to help oversee the programme.

Grants were awarded to 29 projects across the city, and 27 progressed with implementation[6]. Funding enabled projects to run from September 2014 up to March 2016, although projects varied in their individual duration.

[6] Although 29 organisations were originally awarded funding, only 27 progressed and implemented their activities.

Introduction to the evaluation

In November 2013 the programme board commissioned the Office for Public Management (OPM) to evaluate the grant programme. The evaluation ran until May 2016 in line with the completion of the funded projects.

Evaluation aims

The evaluation focused primarily on the large grant funded projects, in order to:

- Demonstrate outcomes and a link between outcomes and CCG strategic priorities.
- Demonstrate how the grant programme and projects have met the equality objectives of the programme and impacted on the relationships between CCGs and VCS organisations.
- Provide robust and credible evidence to inform future CCG commissioning.
- Support VCS organisations who receive smaller funding amounts to self-evaluate.
- Help key stakeholders to develop an in-depth understanding of the critical success factors, enablers and challenges in delivering interventions to reduce social isolation and loneliness, providing evidence of 'what works, and why'.

Overview of methodology

This section provides an overview of the evaluation methods employed. Further detail regarding the evaluation methodology can be found in Appendix D and E.

Scoping and pathways to outcomes model development: During the scoping stage, and informed by a review of key programme documentation, an overarching logic model was developed for the programme, linking the resources put into the programme to the activities and processes developed, to the expected outcomes over the short and longer term. The logic model can be found in Appendix F.

Development of evaluation tools: OPM undertook desk-based research into published and validated studies into social isolation and loneliness, exploring the measures and instruments used to demonstrate impact and monitor change over time amongst project users. Following this research, evaluation tools were developed by OPM and validated by the evaluation steering group members and large grant project leads during summer 2014, with leads given the opportunity to adapt and tailor tools and collection methods to their project. Small grant funded projects were also encouraged to use the tools, which included:

- A **baseline survey for project users**/beneficiaries to complete when they joined the project (or at an appropriate early stage of engagement). We received 641 completed baseline surveys.

- A **follow-on survey** to be completed by project users/beneficiaries approximately 3-6 months after they joined the project, and/or when the project ended. We received 195 completed follow-on surveys.
- **Equalities monitoring forms**, for completion by project users/beneficiaries. We received 832 equalities monitoring forms in total.
- A **quarterly project monitoring form** to be completed by project leads to track project progress against expectations, document outcomes being achieved, and capture any learning emerging.

All survey and equalities monitoring data was inputted into an Excel spreadsheet, enabling programme and project level analysis. Data from the quarterly monitoring forms was entered into a thematic framework and interrogated to highlight commonalities and differences between the projects in terms of their progress, reported outcomes and emerging learning.

Qualitative fieldwork: To build on the data captured via the monitoring forms and project user questionnaires, in-depth interviews were carried out with programme stakeholders and project leads:

- Interviews were conducted with all large grant funded project leads/staff at programme start, mid-point and end-point.
- Interviews were conducted with 13[7] small grant funded project leads at the programme end-point. Written feedback was received from two small grant funded projects.
- Interviews were conducted with 5 programme level stakeholders at programme end-point.

Events

OPM participated in the design, facilitation and presentation of two programme-wide learning events. An interim learning event took place in June 2015 and was well attended by grant funded project teams, alongside representatives from the programme board, the CCGs, Macc and OPM.

A final event took place in May 2016 to share headline findings from the evaluation, thank grant recipients and to celebrate and showcase programme successes. The event was attended by representatives from the three CCGs, Manchester City Council, Macc, local research organisations, plus VCS leads and volunteers from across the city.

[7] Not all small grant funded project leads were interviewed due to varying end dates for smaller projects; some projects finished within a few months of commencing.

Some important points to consider

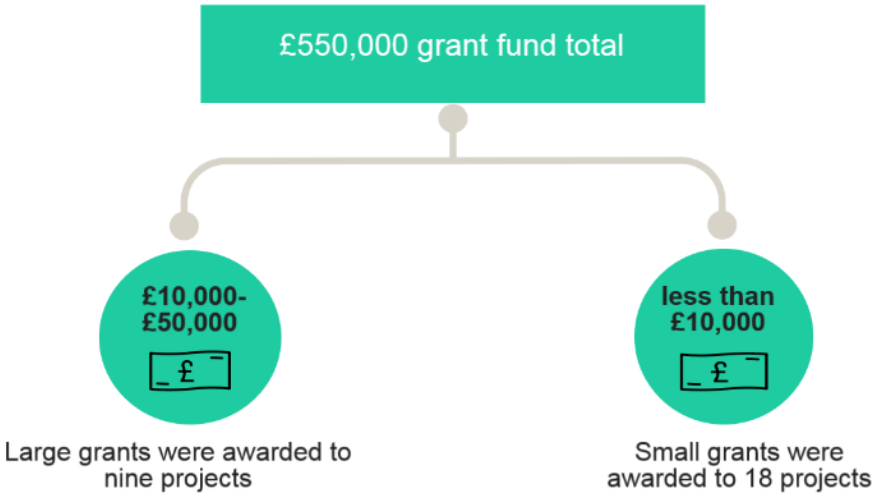
Readers should consider the following caveats when considering the findings presented in this report:

- Project activities and progress have been self-reported by project leads, via quarterly monitoring forms and lead/staff interviews. Activities and progress have not been independently verified.
- Each funded project varied in their target user group, objectives, activities and outputs. Key differences and commonalities between the funded projects have been highlighted throughout this report, alongside individual project examples and learning points.
- The type and extent of impacts at an individual (project user) level vary according to service users' individual circumstances, needs, and the nature of the service they engaged with. Users are likely to be affected by social isolation and loneliness to varying degrees; users access projects with different expectations, needs and hopes; the projects do not operate in isolation and other factors are likely to impact on project user outcomes, loneliness and isolation; and what success looks like will be different for each person accessing the projects.
- Isolation and loneliness was self-reported through the surveys, and we are unable to validate the findings. Those who have communication difficulties or speak English as a second language were reported (by project leads) to find the surveys difficult to engage with, with some translation and support required from project staff and volunteers in order to complete the forms.
- It has not been possible to track individual project user responses to the questionnaires, for reasons of confidentiality and anonymity. Project users were not asked by evaluators to provide any personal identifying information at any point.
- Equal opportunities monitoring forms and surveys were completed by a small proportion of beneficiaries/project users overall, and were disproportionality provided by several of the large grant funded projects. The findings should therefore be treated as a partial insight only into the full potential impacts and reach of the programme.

The grant funded projects

Of the 27 funded projects which progressed with implementation, nine received large grants and 18 received small grants, as shown in figure 1 below.

Figure 1: Overview of the grant allocations



Projects were funded across the three CCGs: nine in North Manchester, twelve in Central Manchester, six in South Manchester, and five operated city-wide. Some projects targeted localised communities, others worked across large parts of the city, or from more than one locality.

A breakdown of the full list of projects and their awarded grant can be found in Appendix C.

Large grant funded projects

Below is a brief description of each of the large grant funded projects, which formed the primary focus of the evaluation.

Birch Community Association: *Rusholme Social Café (formerly Social and Security)*	Aimed at older people living in Rusholme, Longsight, Fallowfield and neighbouring wards, this project was designed to provide stimulating activities, promote a vibrant community-space, and offer volunteer and training opportunities for people to use their skills in a rewarding way.
Coverdale and	Operating in the Ardwick area, this project was designed to offer a combination of community navigation, befriending and mentoring,

Newbank Community Association: *Cup of Sugar*	as well as group activities. It included visits to people's homes and 1-1 engagement to build confidence in engaging with others.
Debdale Eco-Centre: *Growing Together*	Working in partnership with Anchor retirement homes, local organisations and targeted groups, the project was designed to bring together Anchor residents through horticultural activities, to provide a holistic approach to addressing issues of isolation and loneliness.
Henshaws Society for the Blind: *Friendship Matters in Manchester*	Working in formal partnership with Manchester City Council's Sensory Team, the project aimed to extend Henshaws' reach through making initial contact with 2000 people aged 50+ on the Sensory Register, to offer specialist information advice and guidance, and signpost to other services and a newly established exercise group.
Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation*: Befriending and Group work*	The befriending scheme involved volunteers supporting less active LGBT people to integrate more into their communities. The group work project built on two pre-existing groups to deliver themed workshop sessions and discussions to support people to build skills, self-esteem and social networks.
BME Health and Social Care Partnership: *Reducing Loneliness and Social Isolation for BME Communities in Manchester*	Working as a partnership of five established organisations, this project aimed to work with those with English as a second language, and reach 'seldom heard' communities through identifying and contacting those at risk or experiencing loneliness and social isolation, encouraging them to take part in activities and be proactive in managing their health and well-being.
Stroke Association: *Community Stroke Support Project*	Offering three 'hubs' in North, South and Central Manchester, each hub aimed to provide a monthly group session for people affected by stroke, to act as a gateway to the development of different social interest groups, informed by the needs and wishes of project users, and led predominantly by volunteers.
Trinity House	The project was designed to build on Trinity House's existing LINK project to meet client needs and gaps in provision through:

CRC:
LINK TWO

engaging new clients; expanding geographical reach (covering Whalley Range, Fallowfield, Rusholme, Moss Side and Hulme wards); and training volunteers to be befrienders and run LINK social group activities.

Project beneficiaries accessing Stroke Association's laughter workshop

Overview of project activity

Figure 2: A typical progression route through project activities

The programme supported projects involving many different approaches to address social isolation and loneliness. We have mapped project activities broadly according to categories set out in the Loneliness Framework developed by the Campaign to End Loneliness[8]. This framework presents the range of interventions needed in a local area to support older people experiencing this individualised problem.

Each project funded via the grant programme offered one or more of the following in order to identify and address social isolation and loneliness.

Foundation services

These are the **first steps in finding individuals** experiencing loneliness and enabling them to gain support that meets their specific needs. Examples include proactive contact by projects (via letters and calls), as well as the needs assessments which were carried out formally and informally by many projects.

Foundation services – approaches adopted during the programme included:

- Proactive direct initial contact on a one-to-one basis (letters, telephone calls and door knocking).
- Undertaking needs assessments.
- Work to build understanding of the local community and individual needs.

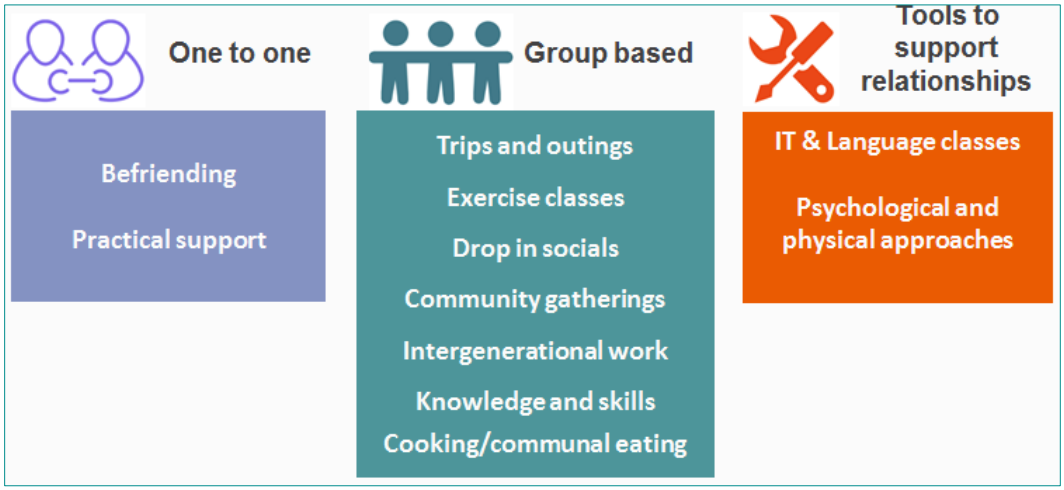
Direct interventions

Direct interventions are services that reduce social isolation and loneliness by **directly increasing the quantity and/or quality of a person's relationships.**

[8] Campaign to End Loneliness (date unknown) Loneliness Framework. Campaign to End Loneliness website. Available at: http://campaigntoendloneliness.org/guidance/theoretical-framework/ (accessed 19.05.2016)

Interventions are categorised as one-to-one services, group-based services and tools to support relationships. These categories are overlapping; psychological approaches can take place within a group-based setting, for example. One user may access more than one type of intervention within a project; indeed, this was often encouraged as a progression route to reduced social isolation and loneliness.

Figure 3: Types of interventions taking place within the programme



One-to-one approaches

One-to-one approaches were employed for the most vulnerable and isolated older people, and were typically delivered alongside (often as a precursor to) group-based activity.

Befriending schemes aimed to support the formation of new connections through the befriending relationship itself and through building confidence and removing barriers to wider social activity. Some projects delivered **formal befriending schemes**; at LGBT Foundation for example users signed up for a structured ten-meeting programme of support. Befriending in a broader sense also occurred informally, and particularly in smaller projects, whereby users would receive **ad-hoc phone calls and visits**.

One-to-one engagement also took the form of **practical support and advice** to address the barriers inhibiting project users from leading healthy and/or well-connected lives. This involved outreach workers supporting user with their benefits paperwork (as demonstrated by the BME Partnership), for example. Coverdale and Newbank delivered practical support for vulnerable older people in Ardwick around the home, undertaking tasks such as DIY, gardening and cleaning, to build up a rapport with local residents who were isolated and lacking confidence and

trust. The African Caribbean Care Group aimed to directly address wellbeing through the provision of individual therapies.

Group based approaches

Group based approaches were the primary intervention used by projects to tackle social isolation and support the formation of new connections. Some projects catered for **informal and unstructured interactions** through drop-in social sessions; however, projects more commonly created structure to these engagements through providing **creative and/or physical activities** and assisting with **practical skills**.

Health and wellbeing was the predominant focus of much of the group activities, either directly (through exercise classes and health/wellness talks, for example) or indirectly, such as through the provision of a healthy meal or teaching people about growing vegetables.

Project beneficiaries taking part in the Stroke Association's 'Challenge for Change' indoor aerial assault course

Group trips and outings were used as a means to build users' **confidence to get out and about** in their community, whilst simultaneously bringing people together and helping to develop new social connections. Intergenerational activity aimed to improve engagement and understanding between the old and young. Examples included Debdale's Growing Together project, bringing local school children together with local Anchor Homes residents.

Examples of the direct interventions deployed by funded projects included:

- Informal drop-in social sessions (e.g. breakfasts, coffee mornings).
- Experiences to reduce isolation and build confidence (e.g. day trips, cultural visits, showing films).
- Skill development (e.g. cooking, gardening, IT, English language).
- Knowledge sharing (e.g. keeping healthy, supporting people who've experienced a stroke or dementia).
- Creative activities (e.g. craft, singing, poetry).
- Intergenerational engagement.
- Exercise-based activities and classes.

Project beneficiaries accessing Birch Community Association's cookery classes

Tools to support new connections and maintain relationships

A number of projects focused on providing users with the tools that would both enable them to form new connections and better maintain existing relationships. Most commonly deployed were IT and computer/tablet classes (e.g. the Nephra Good Neighbours and Coverdale and Newbank projects) to help users connect with others, as well as English language classes to aid communication, either with friends and others in the local community, or with health and care practitioners.

Psychological approaches: Positive thinking workshops (as delivered by Chorlton Good Neighbours) aimed to improve beneficiaries' mind-set to reduce feelings of loneliness, whilst also supporting new relationship building.

Examples of the tools deployed to support new connections included:

- IT classes.
- Language classes.
- Positive thinking workshops.

Project beneficiaries taking part in Birch Community Association's bike ride

Project delivery against expectations

The number of activities delivered and number of users engaged is a crude measure of project delivery and activity, as these do not consider the nature of the project or the intensity of intervention. That said, taken together they can provide an indication of the scale and reach of the programme as a whole.

Our conservative estimates based on information provided by project leads are that over the 18 months of the programme:

- **3000+ sessions/interventions** were delivered.
- **2000+ users** were engaged.
- **300+ volunteers** were recruited.

Large grant funded projects

Analysis of the monitoring returns from large grant funded projects indicates that the majority completed their project broadly in line with the expectations set out at grant application. The table below shows where projects have met or exceeded delivery expectations (indicated in green) or not (indicated in orange).

Table 1: Large grant fund project delivery, compared to original expectations

Large funded projects	Activities/sessions	Beneficiaries engaged
Birch Community Association	203	73
Coverdale and Newbank	400	65
Debdale Eco Centre	167	62
Henshaws	5094	558
LGBT Foundation	203	73
BME Partnership	973	449
Stroke Association	48	61
Trinity House CRC	157	220

All activities/sessions involved engagement with project beneficiaries in some form. However, it is important to note that activities, sessions and interventions have been categorised differently by different projects, and consequently the numbers presented in the table above are not intended

to indicate the scale of project delivery or provide an assessment of value for money. For example, Stroke Association categorised each meeting of one of their 'hub' groups as a session or activity, bringing together several beneficiaries in one intervention, whilst others categorised phone calls, drop-in activities, one-to-one engagement and individual gardening sessions, for example, as individual activities.

Some large projects **adapted their plans** over the course of the programme, to reflect emerging learning. These were largely minor adaptions including changes to session venues (Stroke Association); session delivery day, times and project name (Birch Community Association).

Projects have also shifted the focus of activities in response to the preferences of their beneficiaries, attendance rates, or changes in project staffing (BME Partnership, Birch Community Association).

Project beneficiaries taking part in the Wythenshawe Good Neighbours project

Small grant funded projects

In almost all cases small grant funded project leads said they had delivered as planned, with many **exceeding their original expectations in terms of the scale and reach of their project**. Projects that didn't meet their original expectations in terms of delivery cited challenges around:

- Recruiting participants.
- Receiving referrals from health, social care and housing partners.
- Recruiting project volunteers.

The delivery and learning from individual small projects is set out in Appendix B.

Trinity House CRC's longstanding partnership with City South Housing provided them with free venues for activities, and office space. They also helped with advertising and promotional activities to support the project.

Working with partners

Working in partnership with local organisations took two distinct forms at project level:

- Referrals from partners.
- Multi-agency delivery.

Partnership working formed a key part of many project plans. Projects have engaged with partners including other **VCS organisations, housing associations and local businesses.**

Debdale Eco Centre recommended contacting a school at least three months before running the session. Having local links with a school helps facilitate initial contact. If that is not possible, approaching the head teacher first can prove to be an effective 'way in'.

Debdale Eco Centre and the BME Partnership both engaged with schools to deliver intergenerational activities with their users, with positive results. When engaging schools it is important to **allow time for building relationships. The start-up work can be slow**; it can be difficult to identify the right contact at the school, there are bureaucratic processes to work through, and teachers are extremely busy.

Anecdotally, primary schools are reported to be more accessible and flexible compared to secondary schools. The timing within the academic year may also be critical to securing successful engagement, with the autumn term being seen as particularly busy in schools.

The BME Partnership comprised several smaller VCS organisations working in collaboration to deliver their project; this model of partnership working is explored in greater detail in the project case study, and whilst challenging in terms of the amount of time required to formally establish

the partnership, is perceived to have resulted in increased reach for the project.

Case study example – LINK TWO (Trinity House CRC)

"Group work - the key thing that's taken place, and that we couldn't have succeeded without, was our work with housing associations. We have a model now where we will take the shed or a room at a sheltered housing scheme and hold a meeting with the residents and the warden and give them what they want [in terms of activities]. Then we can start to bring in people referred from the local area, once we've built trust they often give us the room for free, and with sheltered housing they have nice rooms that don't get used much."

Project lead, LINK TWO (Trinity House CRC)

Working with volunteers

Volunteers typically formed a central part of project delivery and resourcing, talking on roles as varied as befriending, outreach work, community navigating, administration, supporting activities/session delivery, delivering training to new volunteers, and marketing and communications activities.

Befriending has shown to be popular volunteering opportunity, whereas community navigators and volunteer drivers have proved far more challenging to recruit.

Across the large projects, leads reported that over 300 volunteers have been recruited, as shown in table 2 overleaf. With the exception of Debdale Eco Centre and Coverdale and Newbank (where most volunteers were also participants) most volunteers of large projects were not project participants aged 50+.

All project leads reported that they were broadly happy with the level of volunteer recruitment achieved. It should be noted that volunteer recruitment was not an explicit objective of all projects or the programme as a whole, although some projects did state in their original applications that their delivery model was based on volunteer involvement.

Most projects recruited volunteers from a range of sources including **volunteer forums, using local advertising, leaflets and word of mouth**.

Some volunteer roles were highly popular such as befriending (LGBT Foundation have a waiting list of potential befrienders, for example). Health-based roles such as supporting occupational therapy have also shown to have a strong appeal to medical and therapy students.

Table 2: Volunteer recruitment, large grant funded projects

Large funded projects	Volunteers recruited
Birch Community Association	7
Coverdale and Newbank	25
Debdale Eco Centre	29
Henshaws	20
LGBT Foundation	56
BME Partnership	88
Stroke Association	6
Trinity House CRC	55

The University of Manchester has a large pool of students that projects were invited to draw on for volunteering, however a number of organisation noted at the interim learning event that they did not find student placements effective, due them being short term and often term-based only. The University states that students are required to volunteer for a minimum of 12 hours per year; however this would only cover training hours with some volunteer placements.

Project beneficiaries

Characteristics of project users and beneficiaries

Details of the characteristics of project users were collated through equal opportunities monitoring data provided by 832 project users. This data is heavily skewed towards a small number of (large grant funded) projects and should therefore be treated as a snapshot profile of some project beneficiaries/service users only, rather than a comprehensive profile of all (see detailed methodology in Appendix D).

More detailed information regarding the characteristics of project users can be found in Appendix G. It is important to note however that the programme was never intended to reach a representative sample of the Manchester population, and certain projects were specifically designed to target different demographics and service user needs.

Where relevant, survey and equalities monitoring data have been supplemented with observational findings provided by project leads.

Age profile

The target age group for the funded projects was 50 years and upwards. The largest proportion (30%) of surveyed beneficiaries were in the younger target age range of 51- 60, for whom participation may be considered an early intervention to reduce the risk of poor health and wellbeing in later life.

There was also a notable proportion of users (13%) aged over 80. Research shows that it is this 'oldest old' group that are more likely to experience exclusion from material goods, basic services and social relationships[9].

A small but notable number of users have been accessing the projects outside the target age group. Our discussions with projects leads revealed that some projects have taken an inclusive approach; while they focused their recruitment and promotional efforts on engaging people aged 50+, they did not turn away younger people who they felt may benefit from the service.

[9] Social Exclusion Unit (2006) The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study of Aging, Social Exclusion Unit, London. Available at: http://www.ifs.org.uk/docs/odpm_social_exclusion.pdf (accessed 18.05.2016)

Gender profile

Data on gender was provided by 825 project users, and was fairly evenly split: **55% of project users identified as female and 45% as male.**

Evidence from the English Longitudinal Study of Aging reported by Independent Age highlights that **older men experience more moderate to high social isolation compared with women, and report less contact with both family and friends**[10]**.** Anecdotally, project leads told us that older men can be more prone to isolation and can be more difficult to engage in social or group activities.

Ethnicity

Amongst the surveyed beneficiaries the **white ethnic group accounted for 77% of responses.** This is higher than the 67% of residents from a white ethnic background recorded in Manchester's 2011 census data. However the proportion of white residents is likely to be notably higher among older residents; the census showed that black and minority ethnic (BME) groups have much higher proportions of young people and lower proportions of residents aged 65 and over, compared to the white ethnic group[11]. It was estimated that in 2009, 11.1% of males and 8.8% of females aged 65+ in Manchester were of BME backgrounds[12].

It is important to keep in mind that surveys were not submitted by the vast majority of small grant funded project users, a number of which explicitly targeted BME groups (including the Refugee Support Network, Wai Yin, African Caribbean Care Group and Warm Hut UK).

Older people belonging to BME groups may experience more social isolation due to language barriers and higher levels of poverty. Research suggests that levels of loneliness amongst BME elders are generally higher than for the rest of the population, with the exception of the Indian population[13].

10 Beach B, Bamford S-M. Isolation: the emerging crisis for older men. ILC-UK 2014:60.

[11] Manchester City Council (2015) Manchester's State of the City Report 2015. Available at http://www.manchester.gov.uk/info/200088/statistics_and_census/6469/state_of_the_city_report (accessed 18.05.2016)

12 Manchester City Council (date unknown) Joint Strategic Needs Assessment: Aging Well Report. Available: at:www.manchester.gov.uk/.../ageing_well_report_section_2_health_needs(accessed 18.05.2016)

[13] Victor C R, Burholt V, and Martin W (2012) Loneliness and ethnic minority elders in Great Britain: an exploratory study. Journal of Cross-Cultural Gerontology 27 (1) http://www.springerlink.com/content/6q4302657026jk27 (Accessed: 18.05.2016)

Disability profile

Fifty-five percent of project users considered themselves to have a disability, based on 800 responses. Research shows that limiting longstanding illness or mobility problems are associated with a withdrawal from leisure activities and cultural engagement[14].Those with sensory impairments were found to be significantly more likely to be excluded from social relationships, civic activities and basic services[15].

Demographic risk factors for social isolation

There are a number of personal characteristics that are shown to be associated with increased social isolation and loneliness. Living alone; being single, divorced and never married are all notable risk factors for loneliness[16].

Data on sexual orientation was provided by 806 project users; 64% identified as heterosexual; 16% as gay; 7% as lesbian; and 2% as bi-sexual.

In survey responses, **59% of project users indicated that they lived alone** (based on 582 responses), whilst **60% defined their relationship status as single**. Respondents who indicated 'other' most commonly said they were bereaved or divorced. Single individuals are more than twice as likely to be detached from social networks compared to any other marital status group[17]. Having a spouse dying or going into care is a life event particularly associated with social isolation among older people[18].

Seventy-nine percent of those accessing the projects indicated they do not do any paid or unpaid work. There is some evidence to suggest that going into retirement and losing connections with colleagues can be a

[14] Jivraj, S., Nazroo, J. & Barnes, M (2012) Changes in social detachment in older age in England in The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-2010. Available at: http://www.ucl.ac.uk/news/pdf/elsa5final.pdf (accessed 18.06.2016)

[15] Social Exclusion Unit (2006) The Social Exclusion of Older People: Evidence from the First Wave of the English Longitudinal Study of Aging, Social Exclusion Unit, London. Available at: http://www.ifs.org.uk/docs/odpm_social_exclusion.pdf (accessed 18.05.2016)

[16] Age UK Oxfordshire (2012) Loneliness- The state we're in: a report of evidence compiled for the Campaign to End Loneliness, available at: http://campaigntoendloneliness.org/wp-content/uploads/Loneliness-The-State-Were-In.pdf (accessed: 18.05.2016)

[17] Jivraj, S., Nazroo, J. & Barnes, M (2012) Changes in social detachment in older age in England in The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-2010. Available at: http://www.ucl.ac.uk/news/pdf/elsa5final.pdf (accessed 18.06.2016)

[18] Public Health England (2015) Reducign Social Isolation across the life course. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf (Accessed 20.05.2016)

risk factor for social isolation[19]. Not being in employment may also be an indicator of low income, which is strongly associated with social isolation and exclusion.

[19] Public Health England (2015) Reducign Social Isolation across the life course. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf (Accessed 20.05.2016)

Evidence of impact and beneficiary feedback

Evidence of impact and beneficiary feedback was captured via baseline and follow-on self-completion surveys. Readers should bear in mind the considerable challenges of collecting impact data, as discussed in the introduction to this report. Survey data has been supplemented by the observations of project leads, who are involved in day-to-day project delivery and observed impacts emerging first-hand.

It is important to note the different response rates from baseline to follow-on, and that it is not a matched sample. It is likely that those who filled in the follow-on survey will be amongst the projects' most well-engaged users; for example, people who noticed no benefit from accessing a project are unlikely to sustain that engagement over a 3-6 month period. Projects have not captured the impact for those who stopped engaging at an early stage, and we have not been able to follow up with those who ceased engagement. Consequently, it is not possible to assess how long it takes for impacts to be realised, or how many people accessed projects that did not experience any positive impacts.

"The best thing was being in a group that I belonged in. I loved the people and making new friends"

Henshaws project user

Reducing social isolation and loneliness

Introduction

Social isolation and loneliness are separate, distinct concepts, and can occur in tandem or separately. An individual can report feeling lonely regardless of how well connected they are socially; likewise, someone may be socially isolated by not feel lonely. Projects sought to increase social connectedness for project users, whilst also tackling loneliness.

It is also important to note that the evaluation tools and project leads tried to **avoid using the terms 'lonely' or 'socially isolated'**, in order to avoid triggering negative feelings and any stigmatisation of those accessing the projects. Consequently, **proxy measures for social isolation and loneliness were used** when capturing evidence of impact, based on reviews of validated tools used elsewhere in UK-based and international studies of social isolation and loneliness.

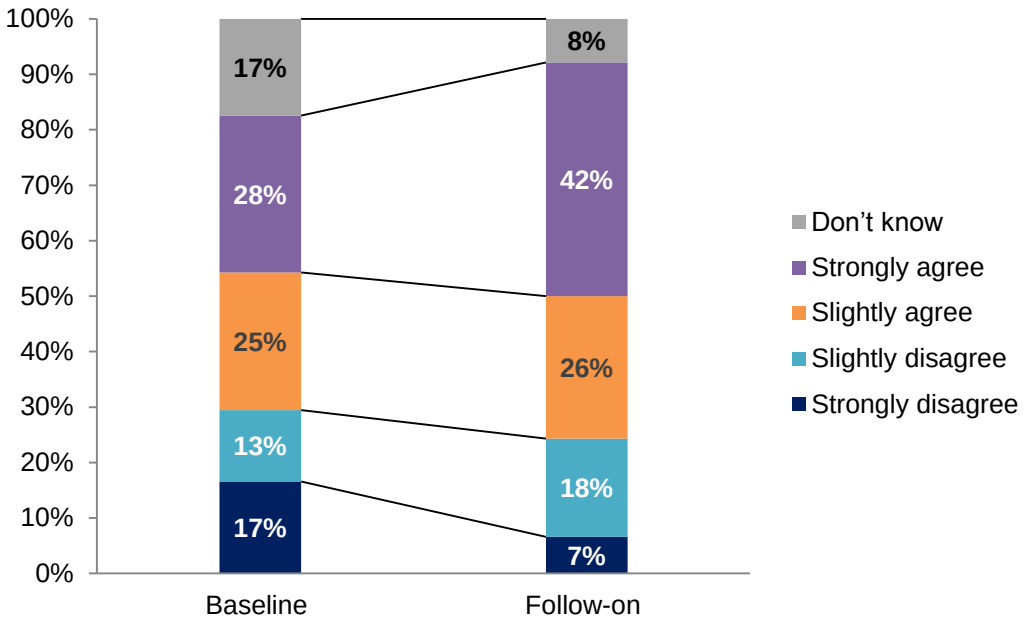
Project beneficiaries attending Henshaws' Friendship Matters exercise classes

Evaluation findings – impacts of the funded projects

In terms of increasing the volume of social interactions by project beneficiaries, in the follow-on survey **almost all respondents agreed that they had met new people** through the project they accessed (97%, n189).

Comparing project beneficiaries surveyed at baseline to follow-on shows a notable **increase in the proportion who agreed that they have enough opportunities to engage with others locally**, shown in figure 4.

Figure 4: I have enough opportunities to engage with others locally (Baseline n597, Follow-on n152)

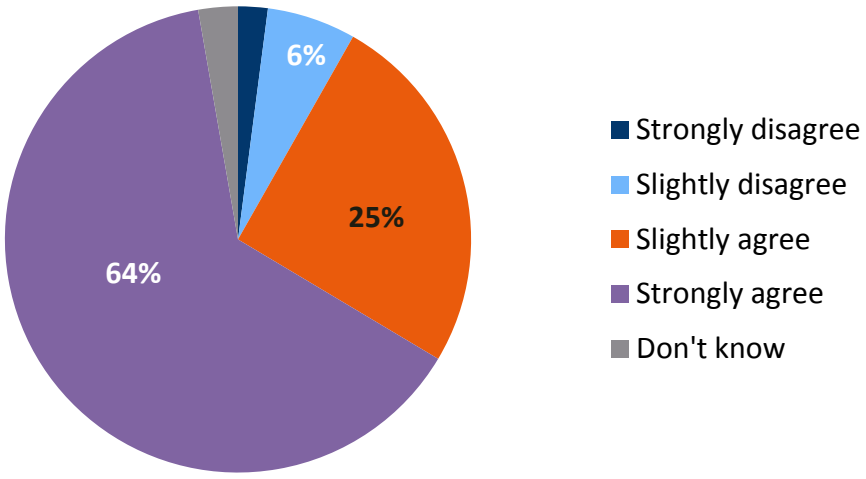


Similarly, there was an **increase in the proportion who agreed that they can find company when they need it**. The proportion who strongly agreed increased 11 percentage points (42% to 53%), while the proportion who strongly disagreed decreased from 11% to 3%[20].

More importantly, in terms of turning these social interactions into relationships, **89% of follow-on survey respondents agreed that they had made new friends through the project**.

[20] Baseline n592, Follow-on n192

Figure 5: Through this project I have made new friends (n146)



"I feel now I'm in a group. There are people to ask advice and the friendliness knows no bounds."

Project beneficiary, Stroke Association

Project leads noted that those who accessed their projects benefitted from developing relationships with peers. People bonded over common interests and identities such as their local area (through history and storytelling), ethnic or cultural background. Benefits included a **renewed sense of social belonging.**

Beneficiaries found it valuable to spend time with others with common life experiences, as sharing these experiences could be a great source of comfort and emotional support. Examples include groups for people affected by stroke (Stroke Association); visual impairment (Henshaws); and groups for people identifying as LGBT (LGBT Foundation).

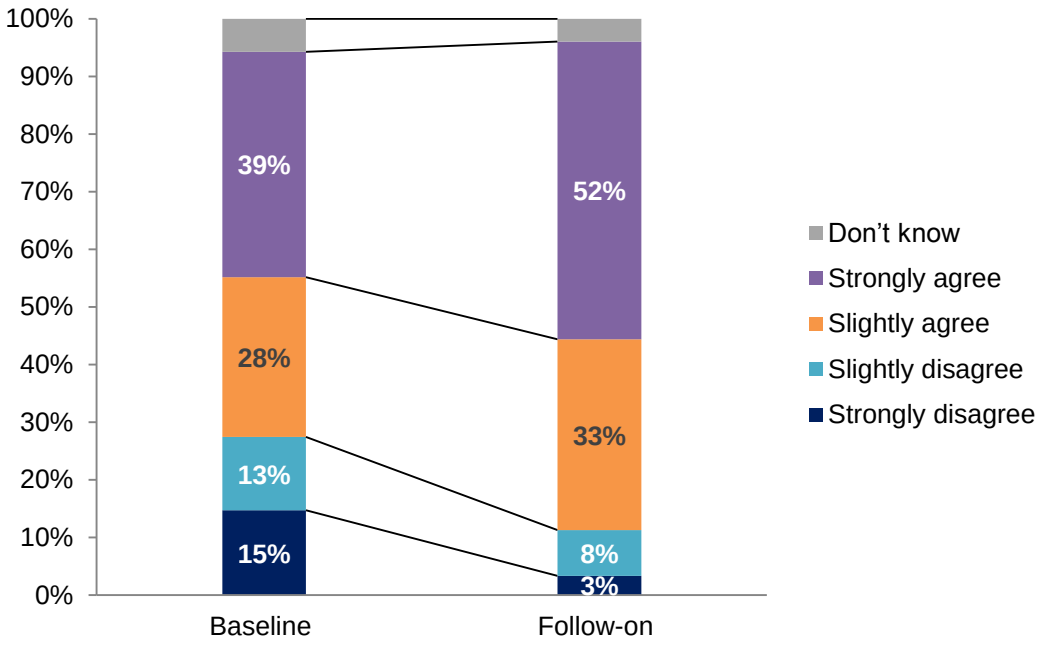
> "Meeting other people with a visual impairment and seeing how cheerful they were- it made me realise I wasn't on my own."
>
> Project beneficiary, Henshaws

Beneficiaries also drew on support from the project staff and volunteers, who invested time in understanding them and their needs, and held specialist knowledge and expertise to support them. For example, Henshaws' staff were fully trained in delivering groups and exercise classes for people with visual impairments.

Comparing baseline to follow-on responses shows an **increase in the proportion of respondents who agree there are people around them who understand them**, shown in figure 6. A larger proportion at follow-on also agreed that there are many people they can count on to support

them: 84% agreed with this statement at follow-on compared to 68% at baseline[21].

Figure 6: I feel there are people around me who really understand me (Baseline n591, Follow-on n151)



It was not just common experiences that formed the basis of relationships. People from different backgrounds and experiences too were brought together through a **sense of shared endeavour around an activity** such as cooking, gardening and multicultural events.

We do not know the extent to which social relationships have been maintained since programme ended. However, a number of projects who have maintained contact with beneficiaries after their project funding ended have observed lasting friendships. For example, beneficiaries from the African Francophone Women's Support Club continue to meet independently (outside of the project) and go out for meals together; this indicates that sustainable friendships have been established as a result of the programme.

"Words cannot express my thanks to you all for your help through our befriending sessions. We have done things which I know I could not have had the confidence to do on my own."

Project beneficiary, LGBT Foundation

Confidence and independence

Older people's confidence and independence are important protective factors against social isolation and loneliness. A lack of either can be

[21] Baseline n602, follow-on n151

detrimental to people's ability to get out and about and engage with wider networks.

We saw that project beneficiaries lacked confidence at baseline in a number of ways; some reported feeling unsafe leaving their home and fearful of their surroundings, particularly during bad weather and at night. Confidence and independence in some cases was limited by a physical or sensory impairment; some were not able to get out the house without physical support and transport. Older people who did not speak English as a first language reported low confidence in some cases to go out into their surroundings and navigate the city.

The project user surveys showed **improvements in the extent to which beneficiaries felt they can 'get out and about'**. The proportion who agreed they can get out and about as much as they want to increased 13 percentage points from baseline to follow-on (64% to 77%)[22].

Case study: Brenda, Henshaws seated exercise classes

Brenda first became aware of Henshaws when her husband Eric was diagnosed with a visual impairment. Brenda began to suffer from deteriorating sight loss herself as a result of glaucoma. She decided to try the series of seated exercise classes aimed at over 50s, to regain some of her own confidence. She said:

> "Before the classes I was becoming less and less active. By slowly introducing exercise into my routine again, I have gained much more confidence in my physical abilities. I missed a tram on the way to a class and rather than waiting 15 minutes for the next tram, I decided to walk the two mile journey. I felt great for this achievement and would never have had to confidence to walk this far before."

Projects have helped older people with the psychological and practical barriers to leading independent and connected lives. Some provided transportation for people with physical impairments so they could attend a group which they would not have been able to access otherwise.

[22] Baseline n588, follow-on n192

Some projects escorted their beneficiaries to appointments. Several projects took their beneficiaries on group outings, assisting with using public transport and reading the bus timetable, or how to call Ring-and-Ride. This developed confidence to visit each other's homes and public places such as coffee shops, restaurants and city sites, even after the project funding ended. The improved mobility and fitness that some users reported as a result of accessing exercise classes potentially offers longer term benefits for those individuals, as well as for their local communities.

Case study: Jane, Chorlton Good Neighbours' Positive Living Project

Jane suffers from anxiety attacks. They affect her in crowds so she tended to avoid going to busy places and didn't visit unfamiliar places. Through the Positive Living course Jane learned breathing techniques that were effective for coping with these incidences:

> "When they happen now I can just take a deep breath and they work for me."

As part of the course she set herself a task to try something new. She took a taxi to a local art gallery that she had always wanted to visit, but would never have had the confidence to do without the support and encouragement of the course.

> "I wouldn't have done it on my own…I'm hoping next year to go further in, to go to the central library or maybe even further afield."

Health, wellbeing and quality of life

"I am more positive about my life and my future."

Project beneficiary, Chorlton Good Neighbours

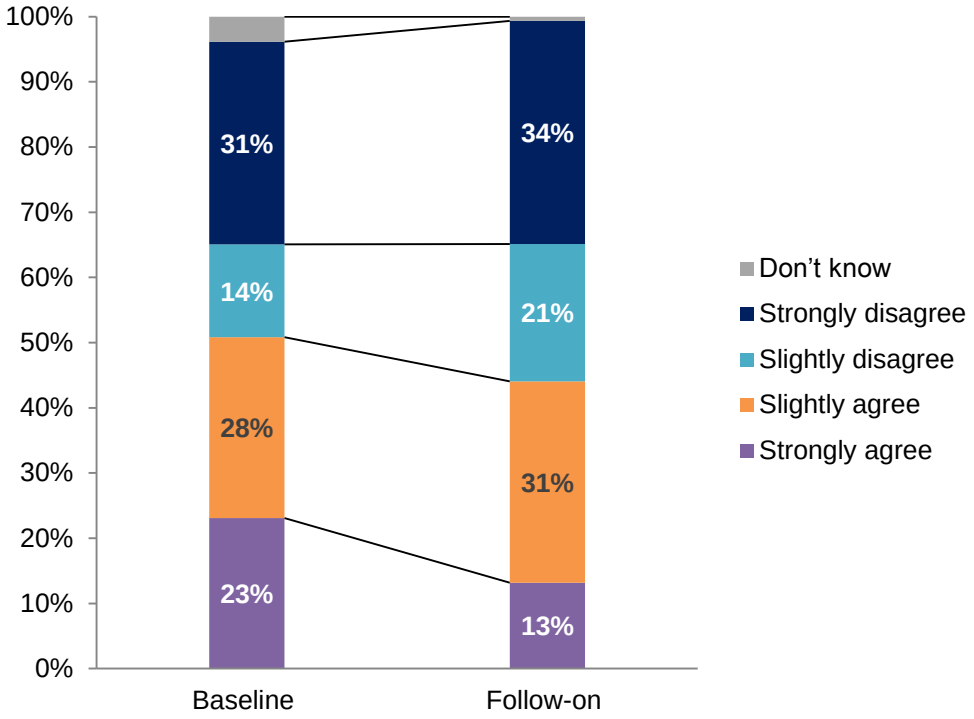
Immediate impacts were seen in beneficiaries' wellbeing and quality of life through the increase in confidence, social activity, enjoyment and sense of purpose gained through participating in the programme.

Projects supported users to lead more varied and enjoyable lives. When asked in the follow-on survey to describe what the main impact of the project was for them, many beneficiaries reported that **it had helped them to get out of the house more often.** When asked the counterfactual question: what would have happened if you hadn't accessed the project, most indicated that **without the project they would be spending more time at home on their own.**

> "I had a boring life. I would not have met new people."
>
> Project beneficiary, Henshaws

This was reflected in the closed question responses too; from baseline to follow-on the proportion of respondents who indicated that their days were very long and boring decreased from 51% to 44%.

Figure 7: My days are very long and boring and I don't know how to change that (baseline n598, follow-on n152)



"Without the project I would be feeling low and bored"

Project beneficiary, Birch Community Association

At baseline and follow-on project beneficiaries were asked to rate their quality of life and their health overall. **The proportion who rated their quality of life on the whole as 'good' or 'very good' increased from 41% to 51%[23]. The proportion who rated their health as 'good' or 'very good' increased from 38% to 44%[24].**

There were clear benefits to be had for beneficiaries from receiving practical information and advice on keeping well. **Projects raised awareness around dementia, stroke, healthy eating and keeping fit,** via events, activities and hosting expert speakers.

> "I feel have more information about the effects of stroke, and more confidence in living. [I'm] less afraid of life. I have information about positive things to do to improve my health."
>
> Project beneficiary, Stroke Association

[23] Baseline n602, follow-on n152
[24] Baseline n603, follow-on 194

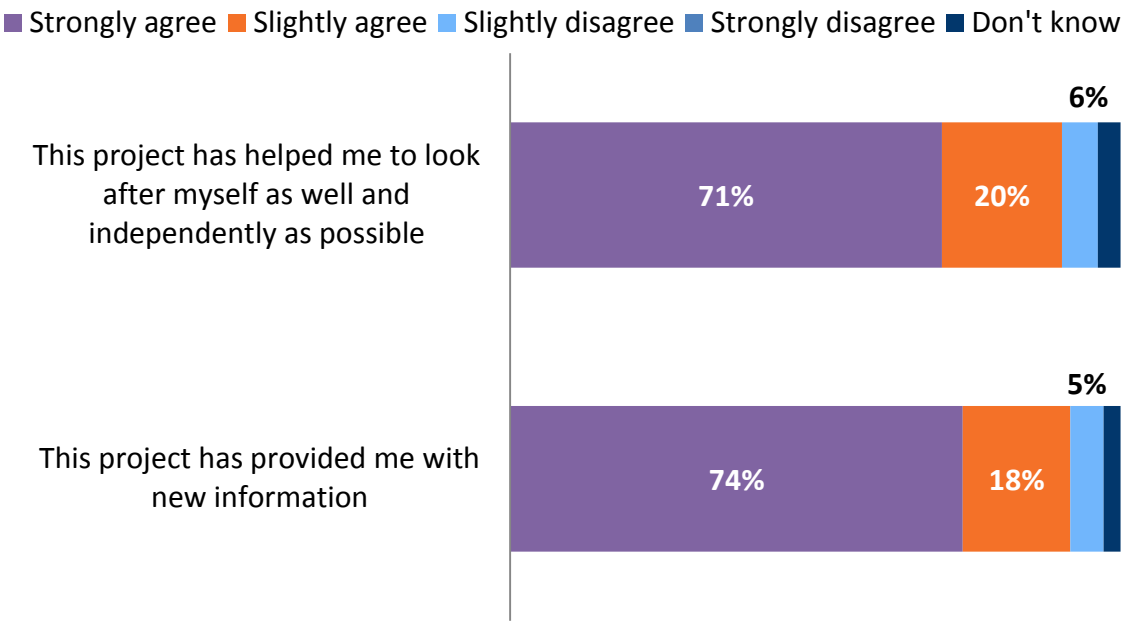
Case study: Saliha, BME Partnership

Saliha had been suffering from depression and health problems since her husband passed way in 2002. In 2013 she failed her medical assessment and her Employment Support Allowance (ESA) was stopped. With no money coming in she fell into arrears on her rent and utility bills. As well as experiencing depression she attended hospital with angina pain.

The Bangladeshi Woman's Association acted as her advocate as part of the programme. They contacted Job Centre Plus, Citizens Advice Bureau and the local councillor and MP to progress Saliha's case. The organisation donated food to her, and staff supported her emotionally through home visits. They encouraged her to join activities and she regularly attended the project coffee morning, yoga and healthy living, art and craft, keep fit, English language and knitting classes.

The overwhelming majority (91%) of those surveyed at follow-on said that the project had **helped them to look after themselves as well and independently as possible.** Similarly 92% said it had **provided them with new information**.

Figure 8: 'This project has helped me to look after myself as well and independently as possible' (n188) and 'This project has provided me with new information' (n182)



The **proportion of surveyed beneficiaries who agreed that they know how to keep themselves as well as they can increased** from 88% at baseline to 96% at follow-on. This was largely attributed to an increase in the proportion who 'strongly agreed' (Figure 9). Further to this, the proportion who 'strongly agreed' that they do everything possible to stay as well as they can increased from 59% to 65%[25].

[25] Baseline n594, follow-on n193

Case study example – LINK TWO (Trinity House CRC)

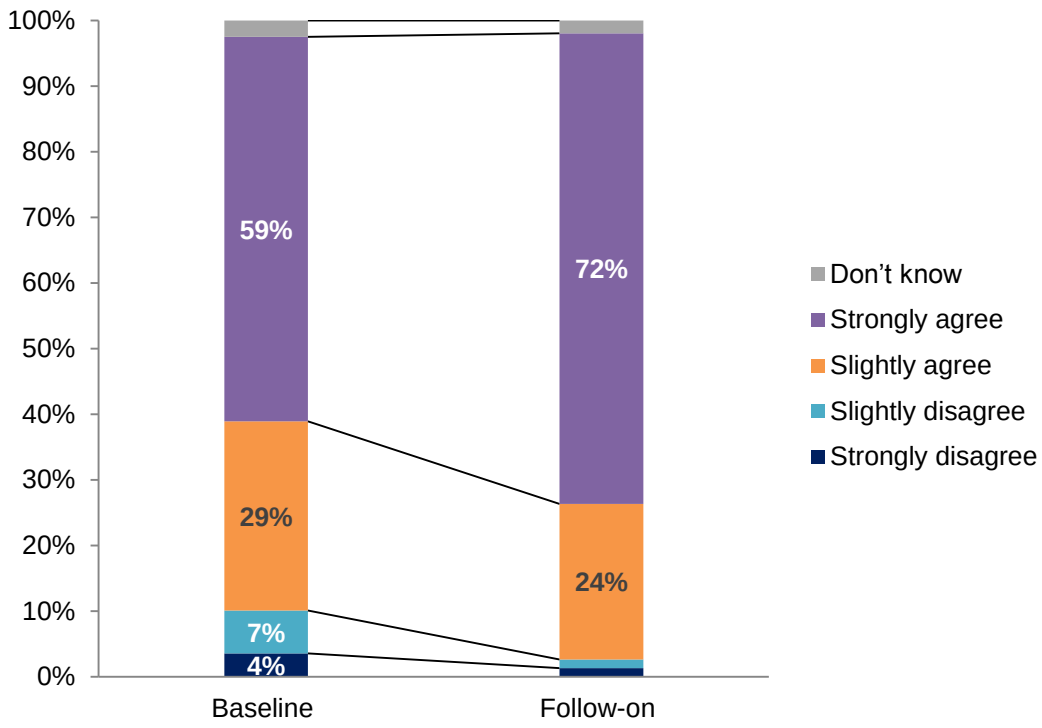
The brunch club established in one sheltered housing scheme acted as a 'catalyst' for other activities and groups to help bring people together. For example, a computer club has been established, and efforts are underway to set up a community shop.

"It's had a huge impact – they have a community space and the food there is really good every week. I know there have been a couple of people referred in by nurses who are not well nourished, who were struggling to keep nourished."

One lady was referred into the project by the community mental health team, who made high numbers of attendances at her GP surgery.
"Since coming to us she doesn't go to the GP anymore because she has somewhere to go and someone to talk to… she said she feels so much better.

"One guy [accessing our scheme], he'd been very isolated for a long time, and didn't talk to anyone, didn't see anyone or know his neighbours. When we first started he would come down but was quiet. Now if I knock on his door he wants to have a cup of tea and have a chat, and he's reaching out for help. Now he's saying he hasn't received his winder fuel letter. That feels huge to him."

Figure 9: I know how to keep myself as well as I can (Baseline n596, follow-on n152)



Use of services and support

Social isolation and loneliness in older people is associated with increased use of intensive health and social care services in later life. It is therefore anticipated that through sustaining a reduction in social isolation and loneliness, building improved community networks, and increasing health and wellbeing, the programme will lead to reduced statutory service use in the longer term.

In the immediate to short term, **projects have enabled their beneficiaries to access services and support more appropriately and effectively**. This could mean an increase in the use of services where they were previously not accessing what they needed and was available to them. For example, projects working with those for who speak English as an additional language have supported service users to navigate the health and care system, access services and attend appointments.

Henshaws found that many of their project users, despite being on the Council's Register of Visual Impairment, had not been assessed for support for many years, even when they had experienced a change in their needs. Henshaws helped them to re-engage with services, including

attending long cane training courses to promote mobility and independence.

Comparing baseline to follow-on responses, the proportion of respondents who agree that they:

- Know **where to go if they have worries about their health** increased very slightly from 87% to 88%.
- Feel able to access **local health and social care services** increased from 75% at baseline to 86%.
- Feel able to access a **range of support groups** increased from 55% to 68%.

Skills and personal development

Developing the skills of project beneficiaries formed a core part of many projects' approaches to reducing social isolation and loneliness. Skills such as cooking, IT and English language were delivered as group activities. This provided the setting for social relationships to form, whilst simultaneously providing the tools to enable participants to lead healthier and more connected lives in the longer term.

Project activities provided opportunities for participants to bring their knowledge, skills and experience to bear, for example through creative activities (arts and craft, poetry), singing (as part of the Ladybarn Community Association project), and reminiscence scrapbooking (Birch Community Association). **In the follow-on survey 68% agreed that they put their skills and knowledge to good use, compared to 52% at baseline[26].**

The importance of social participation by older people in urban environments is highlighted within the World Health Organisation's Age-Friendly Cities Guide[27]. Some projects were shown to help their beneficiaries reengage with their community through enabling them to meet other local people, get out and about around the city and learn about local histories.

[26] Baseline n597, follow-on n150

[27] Global Age-friendly Cities: A guide, World Health Organization, 2007 (available at: www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)

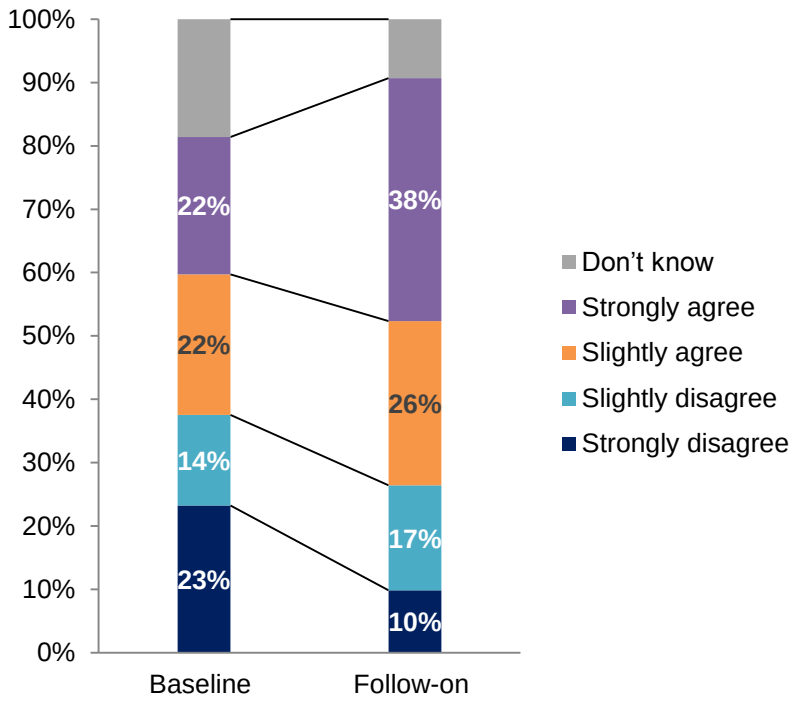
"I feel part of Rusholme, I can tell people about it, I like seeing the photos and films."

Survey Respondent, Birch Community Association

From baseline to follow-on **the proportion of respondents who agreed that they make a positive contribution to their local community increased from 44% to 64%.**

It is not possible to assess the impacts of the personal development and skill building which occurred as part of this programme. However, the wider evidence base regarding social isolation and loneliness indicates that the new capabilities and networks developed by project beneficiaries are likely to act as protective factors at an individual level against further social isolation and loneliness in the future. Likewise, given the increase in the proportion of project beneficiaries reporting that they make a positive difference in their local community, there may well be longer term community-level benefits resulting from the programme. However, it will be difficult to evidence and attribute these back directly to the programme.

Figure 10: I feel that I make a positive contribution to my local community (baseline n581, follow-on n193)



Learning around reducing social isolation and loneliness

In this section of the report we explore the learning emerging from the programme and funded projects.

Identifying the socially isolated and lonely

"It's not just people who live alone who are lonely. Those living in a large household can feel life is going on around them."

Small grant funded project lead

To realise the multitude of outcomes the programme aimed to achieve around health, wellbeing and quality of life, the projects needed to effectively reach socially isolated and/or lonely individuals, as well as those at risk of either. **Identifying the socially isolated and lonely is notably challenging;** people who are socially isolated are difficult to identify. People who are socially isolated and experiencing loneliness may be reluctant to identify themselves as such because of a stigma attached to these labels, and may have lost their confidence in accessing services or activities, even if they are promoted in their local area and targeted specifically at them.

The funded projects within this programme took a wide range of approaches to identifying individuals, which we have categorised into:

- Proactive approaches.
- Community based approaches.
- Universal approaches.

All three approaches have shown merits as well as challenges. The approach(es) adopted by projects were influenced by the specific population being targeted, project resources and networks, and past experiences. The resources and expertise available to individual organisations impacted on the effectiveness of employing a particular approach.

Proactive approaches

Proactive approaches explicitly target those with specific risk factors for social isolation and loneliness, such as those who are physically isolated, those with a sensory impairment and the very old[28]. The rationale behind this approach is that it offers the potential to reach

[28] Age UK evidence report

those most in need of support: the most isolated people and those with additional needs.

Examples from the programme include the projects delivered by Henshaws, Coverdale and Newbank, Stroke Association and Trinity House.

Henshaws' experience has highlighted the benefits of taking a proactive approach to identifying and addressing isolation and loneliness amongst their target group:

> "The main thing learned through [the funding programme and Macc's support] is that a proactive approach is needed. They [users] haven't been picking the phone up to get support but are in need of it. It shows the need is there."
>
> Henshaws

Henshaws' approach is particularly impressive in scale; they **proactively contacted over 1000 older people from the visual impairment register, of which over 500 received telephone assessments**. They found that a large number of individuals they contacted had **high levels of need** and were not accessing the services and support they were entitled to.

Other proactive approaches were geographically focused, identifying neighbourhoods and buildings where people were likely to be at risk of social isolation and loneliness. Trinity House targeted housing providers based on their knowledge of the area, where there was a lack of activities in particular for older male tenants. **Focusing project activity within the building was seen to be a successful approach**; Trinity House secured access to a communal area within the building as the base for activity, and then targeted potentially isolated male tenants, focusing on their common interests.

Nephra Good Neighbour's Community Champion's project set out to trial a new approach, whereby volunteer champions would go out into their local area to identify the isolated and lonely within their area, and seek to engage them in activities and social interaction. Coverdale and Newbank adopted a similar approach, door knocking across the estate, specifically targeted older people believed to be isolated and vulnerable, based on local knowledge.

Proactive approaches

Enablers:

- Knowledge of the risk factors for isolation and loneliness and the population you are trying to reach.
- Networks and access to data regarding people to invite to take part.
- Capacity to do the upfront engagement work.

Challenges:

- Lead in time for volunteer recruitment.
- Lead in time for data sharing protocols and admin if using a database of people to approach for inclusion.
- Will require repeated visits or attempts in many cases; may be lack of engagement / lack of trust with regards to cold calls.
- People were often reluctant to identify themselves as community champions.

Community and partnership approaches

The vast majority of grant funded organisations had **established community ties which they drew on to identify suitable project users**. They drew on their existing contacts within other VCS organisations, service providers, housing providers, religious buildings and facilities, and community spaces.

African-Francophone group advertised their project through church leaders and visited women in their homes, to build their confidence before they agreed to join the group.

For example, Manchester Refugee Support Network knew there were older community members who were not engaging with social activities. They sent out targeted emails and posters across member organisations. The Network has an office base that is passed by younger members of the community (and they used this for marketing the project) as well as a mailing list and pre-existing links with a local GP.

Spreading the word of the project to younger people in the community was important, as it was often relatives and neighbours who knew about isolated older people at home, and could make them aware of the project. This was particularly important for older people where English is not their first language, as they can be at risk of spending long periods of time at home isolated from the wider community.

This approach recognises the **distinction between being socially isolated and being lonely**; particularly in the projects targeting older BME individuals, it was noted that **older people can live with their families in large households and still lack social interaction**. For example, older women who are left alone during the day while their family members are working.

Project beneficiaries enjoying Birch Community Association's craft workshop day with local students

The **risk to this approach is that the projects may be targeted at those who are already accessing services and/or have some social networks**; most projects engaged a mix of individuals that were already known to their organisation and others who were 'new' recruits.

Health and social care referrals

Several projects sought referrals from health and social care providers, building this into their project delivery model and marketing plans. Having CCG funding for the programme was expected, by some, to help generate awareness of and interest in the scheme amongst health and social care professionals.

Partner engagement for securing referrals was a notable challenge for some projects, particularly those with no prior links. In some cases this led to delays in receiving referrals, and referrals not being obtained via the originally anticipated route. Some projects for example had anticipated regular referrals from health and social care professionals, which they struggled to generate.

Projects with no pre-existing relationships with local GP surgeries found it particularly difficult to by-pass the 'gatekeepers' on reception

and get project information displayed in waiting areas and relayed to GPs or practice staff.

Projects had greater success with community based professionals such as community nurses, social workers and allied health professionals. A number of projects secured slots at team meetings to promote their work; however this didn't necessarily translate into referrals.

Word of mouth within and across teams of professionals was seen as a powerful way to spread awareness of projects. However, building up trust amongst professionals is a slow process, hampered by short-term funding timescales and lack of long-term certainty regarding the projects.

Stakeholder engagement has highlighted that professionals are often reluctant to refer into projects that may cease to operate after a few months, and it is difficult for professionals to remain aware of all services and projects operating within a particular locality.

Projects that did have success tended to have relationships with professionals formed before the programme. Those that struggled in this area had overestimated the extent to which they could infiltrate these channels to get referrals quickly into their project. No project exclusively relied on referrals from professionals, and where this approach was **adopted it operated alongside other recruitment methods.**

Housing associations

Several projects used housing associations as a route to identifying project beneficiaries. This was a **highly successful approach** that enabled projects to target potential beneficiaries in a focused way, and the support of housing associations and managers was invaluable in promoting some projects.

Identifying a **key contact for the relationship** was important; Debdale Eco-Centre benefitted from the support of the housing manager for example. Projects highlighted the importance of **building trust and transparency between the two organisations**. Involving housing associations in the project by inviting them to visit the activity sessions and see the impact of the work was important in securing their engagement.

Community and partner network approaches

Enablers:

- This grant funding enabled projects to invest in staff to carry out the foundation work needed to identify isolated and lonely individuals.
- Projects with local knowledge may already know where isolated and lonely people are.
- Understanding that people who are isolated and lonely may have some form of contact with others in the community such as younger relatives and neighbours can help with recruitment.
- If projects are credible and delivered by trusted providers in their community it can help to break down any initial resistance or wariness.

Challenges:

- Risk of accessing people who may not be isolated or lonely.
- It can be relatively high risk to have a referral strategy that is dependent on new links forming with partners e.g. housing providers, health and social care practitioners etc. as these partnerships can take a long time to form, and for that to then translate into referrals.

Universal approaches

Many projects employed some form of universal advertising and marketing to encourage engagement and referrals, including leafleting in public spaces such as community centres and libraries, advertising in the media (e.g. radio and newspaper) and social media, as well as setting up stalls in public spaces such as supermarkets and at community events.

The impact of these approaches is difficult to measure, but project leads reported success from all of them to varying degrees, depending on their target audience. Engagement and marketing of the projects to prospective partners formed a key part of staff activities, and all projects have been proactive in promoting their work widely. Some examples include:

- BME Partnership found that promoting the project via leads standing with information in supermarkets was effective.
- Levenshulme Good Neighbours reported a high level of interest generated from community radio.
- Jabez Group found success from advertising on Facebook.

The **risk of these approaches, recognised by project leads, is that projects reach the less isolated older people.** This approach is less likely to reach those with risk factors for loneliness such as people with disabilities, low confidence and ill health. However this can be a good way for projects to identify people that are unknown to their organisation and expand their organisational reach.

Universal approaches

Enablers:

- This can broaden traditional organisational reach.
- It can help to raise the profile of the VCS's work to tackle social isolation and loneliness.

Challenges:

- Accessing the most isolated and lonely can be difficult.
- Some people may require follow up engagement before they will access project activities.
- Long lead in time from marketing activity, to enquiry, to attendance.

Engaging and retaining project beneficiaries

Initial contact and assessment

Initial engagement with potential beneficiaries – often on a one-to-one basis, was undertaken by the vast majority of funded projects. This often took the form of phone calls prior to attendance, or one-to-one conversations with new joiners at activity sessions. Some projects were built around a more lengthy lead-in time, involving one-to-one support (for example, Coverdale and Newbank's approach of carrying out small home maintenance or gardening tasks in order to build up beneficiary confidence, before they are invited to group sessions, and Henshaws' initial phone calls with people identified via the Sensory Register).

This initial contact and assessment is seen as an essential stage in engaging those who are the most isolated and lonely. Project leads considered that attendance at activities wouldn't be possible without the upfront engagement and one-to-one support provided beforehand. The learning emerging indicates that:

- Phone calls may be necessary in order to encourage people to attend; particularly those lacking in confidence or who are particularly isolated; sometimes face to face visits may be more effective, but this was not possible for all projects.
- There can be an initial (real or perceived) apathy from potential project users, which may be linked to anxiety or uncertainty about engaging.
- Logistical barriers and transport were challenges faced by many projects, except those who had built transportation into their model. Even where transport was within the original project plan, some experienced difficulties with recruiting volunteers to provide the transport, and bad weather could deter project users from venturing out.
- There is not a 'one size fits all approach'; do not underestimate the importance of having an initial conversation and assessment of needs and preferences, and tailoring the offer or approach accordingly.

Clear, attractive and appropriate project offer

The projects funded as part of the programme all offered a different approach, with the aim of testing 'what works' and also appealing to as wide an audience as possible across the programme as a whole. Several projects offered different activities in order to maximise their appeal to different potential beneficiaries; some offered activities at different times of the week or in different locations; and others combined one-to-one and group engagement.

Different group activities appeal to different users, and while this can be a result of individual preferences, the following common themes have emerged across the group settings:

- Cookery is popular and appeals to males and females and people from different cultural backgrounds. It offers a number of benefits: cooking classes teach a skill; provide opportunities to learn about nutrition and healthy eating; keep users engaged with others for a substantial period of time; it results in a social activity (eating);

and means users don't have to worry about their main meal for that day (a concern for some vulnerable people). Having a 'distracting' activity may also help less confident and shier group members to feel less pressure to interact with others.

- Informal coffees and social lunch club sessions remain the preferred activity for some users who enjoy the social interaction in a more informal environment. Informal settings can be a good way to build up users' trust when they are first attending.
- Intergenerational work has been hugely enjoyed by both older and younger people taking part.

Learning has emerged regarding approaches for making the project offer as attractive and inviting as possible for target audiences:

- Do not assume that you can put on a group by "providing tea and a packet of biscuits and just expect people to attend" - and also expect people to keep on attending just because they are isolated. There has to be an attractive offer or 'hook' to generate interest in the first place, as well as to sustain that interest and involvement.
- The project offer needs to be articulated clearly: not using the language of isolation and loneliness but emphasising the positives in terms of what participants will gain, learn and do.
- Activities with dual purposes may work well, by providing an initially appealing offer, whilst also developing capacity and confidence amongst users.
- Social groups worked when there was a common thread between them, such as a common experience.

The African Francophone Group found that older women in their community preferred sessions on Saturdays because of their childcare responsibilities in the week.

Location and timing

The funded projects adopted group-based approaches to help to tackle social isolation and loneliness. Examples of the types of approaches adopted are explored in more detail in the project case studies appended to this report.

When group-based activities are considered, the location and timing of groups was an important factor in engaging participants and securing regular attendance. In terms of the timings of group-based activities, it can be important to pay attention to culture and lifestyle factors: what works for one group will not necessarily work for another. Warm Hut found that when they asked project users to attend a group in the evening time they didn't feel safe to go out, so they changed the time to the afternoon;

whereas at Wythenshawe Good Neighbours, the evening times were convenient to carry out befriending visits in people's homes, because this is when they reported feeling most isolated.

Demographics and group dynamic

A group's demographic composition appears to impact on its user engagement success in some cases. Several projects ran groups targeting males and females separately (Trinity House, LGBT Foundation, BME Partnership, African Francophone Group). Project leads had specific rationale for this: men are understood to have different needs and preferences relating to isolation and loneliness. Some women were thought to be more comfortable accessing women-only activities. Within the older LGBT community, men and women have historically had different experiences and may therefore prefer to share these independently from one another; women for example have historically had a weaker presence in the LGBT community.

"We had a service user living with her male partner, and he wanted to join the group as well, [but] we started as a female [only] group. It was a challenge for us."

African Francophone Group

Whilst this gender segregation persisted across some funded projects, others have explored and challenged demographic boundaries:

- The Stroke Association have combined their target user group (50+) with younger stroke survivors in recognition that stroke (which itself can be a cause of isolation and loneliness) affects people of all ages and survivors can benefit from having this shared experience.
- Trinity House welcomed women users into their men's group at women's request, without problems.
- LGBT Foundation are exploring ways to make all their services inclusive for the Trans community, which includes readdressing the notion of separate gendered groups.

Project learning indicates that it is important to avoid making presumptions about how group dynamics will play out.

Maintaining interest

As outlined above, maintaining the interest of beneficiaries requires some thinking about, and projects funded as part of this programme tried in many cases to build this into the project design at the outset.

Projects have seen success in encouraging their beneficiaries to try new things out of their comfort zone that they never would have done before, particularly where they have been engaged in other discussions or activities previously within the project, and not launched immediately into a new activity. Examples of more innovative approaches trialled within the programme include:

- Aerial assault course (Stroke Association).
- Mindfulness course (Chorlton Good Neighbours).
- Line dancing (Levenshulme Good Neighbours).

Learning from the projects highlights the importance of letting project users define the topics that are most of interest to them and take ownership of activities (whist maintaining staff / volunteer input and support). For example, brunch clubs have been particularly successful where the users have taken ownership over the running of the group. This happened at Trinity House where the residents of the Will Griffiths Court Group have put a great deal of effort into the promoting the club which in turn has increased attendance at this and other events.

Offering both structured and informal activities can prove beneficial, as can building in scope within the project design for progression and development of the project.

Realising and sustaining impacts for beneficiaries

Understanding needs and tailoring support

Impacts are met when the activities delivered align with users' needs. What success looks like for one person will not be the same as another; individuals come with different levels of isolation, loneliness, confidence and health.

Befriending has been shown to be beneficial for the most isolated and lonely users, including those from the LGBT community and BME groups.

Several projects noted that the **level of need among their users was higher than originally anticipated** and they have had to adjust their activities accordingly to **provide a more intensive and personalised service**. In the case of the BME Partnership, addressing the level of user need required a considerable amount of staff time, engaging on a one to one basis. The LGBT Foundation have found that some users require telephone communication before they can build up to face to face engagement, and they are developing a telephone befriending service to

meet this need. Henshaws found the level of need to be so high among some of their users that they are introducing a more intensive counselling service:

> "The key thing we have found is that when we have got people on the phone the level of need has been quite acute, and formed our thinking in terms of offering a counselling service pilot. The level of need on those phone calls was quite prevalent and required additional intervention."
>
> Henshaws

Legacy

At the outset of the application process, applicants were advised to consider the legacy and sustainability of their project, and it is important to note that the legacy of the programme goes beyond the individual project progress and achievements.

Grant applicants were invited to consider sustainability, as outlined in the box below.

Sustainability requirements for grant recipients

Grant recipients were required to show how their projects will be sustainable beyond the lifetime of the funding, other than through additional funding. The original guidance issued by Macc and the CCGs indicated that this might be done through predicting:

- The lasting impact on clients/participants.
- The creation of mechanisms/networks/facilities that will have a lasting impact on the ability of older people to participate within the community and help themselves.
- The increase in the learning/capacity/skills of the organisation to help older people.[29]

"Through the processes of networking, we are helping other services become aware of the needs of the older LGBT community and also encouraging them to make their services more accessible."

LGBT Foundation

It is important to note that legacies can be achieved at individual and project level, as well as at programme level. This section specifically focuses on project legacy and sustainability, but also includes reflections on the legacy for individuals taking part in the projects where relevant.

Each project has its own legacy from the grant funding, and while much project activity came to an end with the end of the programme, the majority of projects are sustaining activity and outcomes to some degree. The following sections outline the ways that sustainability and legacy have been approached, along with associated challenges and enablers.

[29] Programme Guidance, Macc, 2014

Working in partnerships

The programme enabled organisations to form **lasting partnerships** that are **expected to bring long term benefits**. For many projects, the added value of this programme funding was that it gave small organisations the space away from delivery to undertake the upfront scoping and capacity building work needed for sustainable outcomes. Specific examples included:

- **Securing future funding:** The BME Partnership (formed through this programme) have sustained their partnership and launched a website. They report being in a stronger position working together through the sharing of knowledge, expertise, governance and resources, and will apply for future funding as a collective.
- **Sustainable project resources:** After receiving funding, projects are looking to identify low cost ways to continue their activity. For example, LGBT Foundation is looking increasingly to partners to deliver interesting and stimulating content for their group work sessions at low cost. Trinity House will continue to use a model of partnering with sheltered housing providers to secure free spaces in which to deliver their activities.
- **Continued project activities:** Debdale Eco Centre's Growing Together project built links between residential housing and local schools. The success of the project has led to a lasting partnership with at least one school. Levenshulme Good Neighbours used the grant funding to undertake capacity building with other local groups which has led to ongoing future opportunities for collaborative activity.
- **Sustained referral flow:** LGBT Foundation hope to sustain an intake of project users through continued distribution of promotional material through a range of channels.
- **Age Friendly networks:** Being part of the Age Friendly networks is expected to facilitate communication with other professionals, which will support sustainable outcomes for user groups.

Capturing learning

Grant funding enabled organisations to identify and engage with the isolated and lonely and to test their ideas around the best ways to realise impacts for this group. Through the programme, organisations have learned from successes and failures to **increase their understanding**

overall of how to address social isolation and loneliness amongst their target groups. Some project staff reported that they now have a clearer and more informed understanding of the scale of the issue, the needs of their target users, and how best to meet these needs.

Evidence of success has been captured formally, i.e. through the evaluation, as well as informally. Project leads feel better placed to bid for funding where they can evidence that their approach is impactful. Henshaws and Birch Community Association are good examples of projects that have **gone on to secure ongoing funding**. Henshaws used the successful outcomes of their project as leverage for future funding. Part of this funding will allow them to deliver exercise programmes in the areas of Trafford, Salford and Manchester and also run social groups in this area.

Stroke Association and LGBT Foundation have evidenced the value of the projects, and the organisations are **taking steps to sustain them as part of their regular service offer**.

Developing sustainable models for social interaction

The challenge inherent in any short term funded programme is sustaining the impacts and leaving a legacy after funding comes to an end. The partners involved in the programme recognised this at the outset, and sought to encourage project leads to develop plans for sustainability from the initial application stage. Whilst some projects continue to rely on grant funding in order to operate, others have taken steps to sustain the impact of their work.

Encouraging project users to meet independently has proved effective in limited cases sustaining the impacts of the projects once funding ended. This has been built into the model of some projects, e.g. women from the African-Francophone group still visit each other in their own homes and go out to restaurants together now that the project has finished. Similarly the users of Warm Hut project continue to meet informally, because this was part of the routine of their project. The '**legacy of friendships'** was widely recognised by several project leads as a key way in which their impacts are being sustained longer term.

Others have addressed the sustainability challenge by attempting to build in an **element of consistency and routine**. For example, Debdale and Trinity House continue to hold their groups on the same day at the same time even now that the programme has ended, as this makes it more likely that people will continue to attend, even without the support of project staff.

However, learning emerging from the programme indicates that some form of **on-going light touch support** may be needed in order to encourage project users to continue to engage in activities over a longer term, and it is important that project leads and funders are realistic about this and manage expectations accordingly.

Another approach to sustainability adopted by projects included investment in equipment and knowledge sharing, and finding 'champions' to carry the work on. For example, Debdale spent the last three months of their project identifying the gaps in participant knowledge and filling these, so they were able to continue gardening without the full support of staff. Debdale provided summary materials outlining everything participants had learnt on the programme for them to refer back to if they got stuck.

Investing in sustainable outcomes

Projects have also sought to sustain the outcomes achieved, even if the processes are not sustained once funding ended. This has included the following approaches:

- Encouraging progression and personal development by project users and volunteers; be that in confidence, skills, interpersonal interaction etc.
- Supporting beneficiaries to become independent and access support and services without the need for staff or volunteer support.
- Investing in longer term health and well-being e.g. nutrition, awareness, exercise.
- Investing in sustainable skills and relationships e.g. IT and language skills that enable relationships to form.
- Building preventative knowledge and skills e.g. how to keep yourself well.
- Addressing the underlying issues that are inhibiting isolation and loneliness. E.g. ill health, language barriers.

Developing project users into volunteers

Volunteering can directly prevent and alleviate loneliness, improving wellbeing and creating social connections for the volunteer. The intention to develop and **support project users to become project volunteers** is built into the sustainability design of a number of the projects and positioned as an approach to reduce social isolation and loneliness for that individual in the longer term. There are examples across the projects

of project users who are also project volunteers. For example, Debdale Eco Centre progressed their users towards working more independently via a series of small steps; they set users discrete tasks to undertake independently and provided opportunities to take ownership over the project by regularly collecting user feedback and suggestions.

At Coverdale and Newbank, encouraging project users to also volunteer (on a formal or informal basis) is central to their approach to reducing social isolation and loneliness through **personal empowerment.**

Project leads agreed that **some volunteers do not see themselves (or like to be labelled) as volunteers.** Whilst this can help to ensure these individuals remain engaged and are not deterred by the perceived formality of a volunteering role, this can lead to challenges with securing compliance with deadlines and getting firm commitments. It has proved challenging in some projects to encourage volunteers to work independently without close supervision. There is also an invisible barrier preventing some users from becoming volunteers, with a perception that becoming a volunteer could be detrimental to the relationships they have formed with other users, and may change the nature of their interactions.

"Janette continues to progress, first attending as a member, then supporting and volunteering at the sessions and now providing paid holiday cover. Yvonne has started to volunteer supporting local-history sessions in the community providing opportunities to further reduce her social-isolation and develop her skills."

Birch Community Association

In some projects becoming a volunteer is a formal process that requires specific training and development, marking a clear departure in their role within the group (e.g. LGBT Foundation). However, for a number of projects this transition has been far more organic, and the boundaries have blurred between user and volunteer.

There has been **more resistance from users to take the lead on project activities than first anticipated**, which may be indicative of the level of need among this target group. Where some projects had hoped that users would be beginning to form their own interest groups and shape their activities, they have found that staff still need to be directive and offer a high level of support (e.g. Stroke Association).

Towards the end of the programme, project leads were starting to see gains in their more confident beneficiaries. For example, Birch Community Association saw an increase in the amount of support and volunteering from their regular members.

Resources for sustaining impact

Sustaining project activity so that it can continue to benefit current and future project users inevitably requires resources. Projects have **taken**

steps to reduce the ongoing running costs of activities, and have used grant funding to invest in tools and equipment so work can continue (Debdale Eco Centre, Coverdale and Newbank). A key factor is establishing projects in places where ongoing rent isn't required, such as housing association communal areas.

Projects have learned from success and failure to **condense project activities to the most effective model.** For example, by consolidating groups to the most popular location (Stroke Association) and reducing the frequency of sessions where appropriate.

Some are exploring ways to **bring in additional revenue** by charging for services. The African Caribbean Care Group has introduced costs to their holistic therapies, though this has had a significant impact on the popularity of the service.

With all this considered **it is not possible to continue without capacity and resource**. A number of projects are absorbing the costs of sustaining impacts for their beneficiaries. For example by making phone calls to check in on their most isolated and vulnerable project users, however they do not now have the capacity to identify and support new users.

Assessment of the programme against objectives

This section of the report explores the extent to which the programme achieved its stated objectives.

The overall programme aim was to reduce the social isolation/loneliness of older people (50+) in Manchester. This has been explored in depth in the earlier sections of this report. A secondary aim was to build greater understanding of how the Manchester CCGs can work with VCS organisations in improving health and wellbeing outcomes, via:

- Increasing the capacity and capability of VCS organisations which are already working to reduce social isolation/loneliness of older people.
- Increasing the capacity and capability of local VCS organisations to enable them to extend their reach to working with older people.
- Establishing models and approaches to reducing social isolation/ loneliness of older people, by enabling people to help themselves.

The programme objectives were:

- To build effective working relationships between CCGs and VCS organisations across the city.
- To achieve equality objectives, specifically to:
  - Strengthen the knowledge, understanding and evidence base about communities in order to increase community cohesion and design services that meet everyone's needs.
  - Tackle discrimination and narrow the gap between disadvantaged groups and the wider community, and between Manchester and the rest of the country.
  - Celebrate the diversity of Manchester and increase awareness of the positive contribution that diverse communities make to the city.

As well as meeting the aims identified above, grant recipients were required to demonstrate how some or all of the secondary objectives were embedded within their projects: User Involvement and Empowerment;

Partnership building; Social Value creation; Sustainability; Safeguarding; Value for Money. These are explored in turn.

Relationship between CCGs and VCS organisations

"There are a lot of us working on this, and a notable improvement in relationships [with the VCS]"

Programme stakeholder

The programme has **facilitated a degree of improved understanding between the CCG and VCS organisations.** Representatives from the CCG feel that they better understand the organisations and types of work being done by VCS organisations in the local community, and the challenges they face in delivering their services and activities. The **buddying visits and programme events provided opportunities for this learning** to be shared, whilst the evaluation monitoring forms provided space for project leads to regularly reflect on challenges and successes encountered, which OPM then reflected on with CCG leads and Macc.

Some (but not all) project leads feel that they now have closer ties with the CCG. Large projects with a buddy generally welcomed having a named CCG contact associated with their project.

However, it should be noted that, particularly at an early and mid-stage in the programme, some project leads reported that they did not feel sufficiently well supported by the CCG in terms of help with generating interest and referrals from health and social care professionals, with some expressing frustration that a CCG-funded programme wasn't more widely promoted to health and social care staff across the city.

Programme equalities objectives

The programme set a number of equality objectives to be met partially or fully by successful grant applicants, which were to:

- Strengthen the knowledge, understanding and evidence base about communities, in order to increase community cohesion and design services that meet everyone's needs.
- Tackle discrimination and narrow the gap between disadvantaged groups and the wider community and between Manchester and the rest of the country.
- Celebrate the diversity of Manchester and increase awareness of the positive contribution that diverse communities make to the city.

While it is important to note that the demographics data presented is not representative of all programme beneficiaries, data from those surveyed

does present a positive picture overall that **the programme has reached a diverse population of Manchester residents.** For example:

- It is encouraging that 45% of project users are male, considering that older males are notably more challenging to engage in social activities.
- The proportion of BME survey respondents was lower than in Manchester overall, but likely to not be lower than the proportion in older Manchester residents.
- Over half of project users consider themselves to have a disability.
- A quarter of project users identify as gay, lesbian and bi-sexual.

Through the programme**, VCS organisations have strengthened their knowledge around how to best support diverse communities through appropriate activities and engagement**. A number of projects have explicitly targeted groups that the Campaign to End Loneliness highlights as having notable gaps in the evidence around how to support them, including carers, BME groups, and LGBT older people[30]. Examples of how projects have supported these groups include:

- Addressing isolation and loneliness from a place of **cultural awareness and sensitivity**. For example, recognising the requirement for gender specific groups within some communities (e.g. Warm Hut) and the stigma around dementia in some Asian communities (North Manchester Black Health Forum).
- Recognising that isolation and loneliness can **manifest in different ways for different groups.** For example the African Francophone Woman's Support Club targeted stay at home women who were surrounded by family but still lonely.
- **Specialist information and support** for those with dementia (North Manchester Black Health Forum), visual impairments (Henshaws) and people affected by stroke (Stroke Association).
- **Providing carers with information** and the opportunity to meet others with similar experiences (Stroke Association).

[30] Campaign to End Loneliness (date unknown) Loneliness Framework. Campaign to End Loneliness website. Available at: http://campaigntoendloneliness.org/guidance/theoretical-framework/ (accessed 19.05.2016)

- Supporting those with English language barriers and those who are new to the UK and Manchester's services and support systems (Warm Hut, Refugee Support Network, BME Partnership, Wai Yin).
- Supporting older people from the lesbian, gay and bi-sexual communities who face specific barriers to social engagement (LGBT Foundation).

Project leads were confident that they have reached disadvantaged and hard to reach groups including those **on low incomes, the socially isolated, people affected by mental illness and people with disabilities.** They have sought to narrow the gaps between these groups and the wider community through providing the resource and support for them to become more socially engaged:

- The projects delivered **free services** to those who wouldn't access them otherwise, that will contribute to improved wellbeing and engagement (e.g. holistic therapies from African Caribbean Care Group, Christmas hampers from Levenshulme Good Neighbours).
- The programme has **promoted equal access to health and social care** services through talks, advice and teaching English.
- People that were socially isolated have been **supported to engage in community and civic life.**
- **Diversity has been celebrated** and promoted through intergenerational activity, cross-cultural activities and multicultural events. For example, Wai Yin and the African Caribbean Care Group both noted how this programme had enabled them to expand their organisational reach to other BME groups.

User involvement and empowerment

A key programme objective was to empower users:

- Projects seek to enhance the capacity and capability of older people to participate within the community and local social networks, to look after themselves and to increase their social capital
  - Organisations involve older people in decision-making, both in terms of their own support and in the strategic direction of the organisation
  - Organisations have systems in place to find out the concerns and wishes of older people and can demonstrate how these have (or will) lead to change.

Developing project users' confidence and skills to take the leading role in project activities after the funding ended was central to many projects' sustainability plans at the outset. For example, Birch Community Association intended to support participants to form a 'friends group' and apply for their own additional funding to continue and enhance the project.

Others focused on **developing and sustaining volunteers** who have become an integral part of the project delivery:

> "The continuing commitment and dedication from the group of volunteers that help deliver the befriending service will enable us to sustain our service and deliver such a high standard of support."
>
> LGBT Foundation

Many projects involved older people in determining the format and timing of activities or interventions; either through direct one-to-one engagement or in group sessions. This helped to ensure the projects met users' needs, whilst also empowering beneficiaries to inform provision and have their voices heard. For example, session timings or activities were changed; some group activities were opened out to other users based on demand, and participants were invited to suggest future activities in some of the funded projects.

The evidence is less clear in terms of the extent to which projects engaged users in informing the strategic direction of the organisation.

When considering the extent to which users met independently, the appetite of project beneficiaries to continue independently has been highly varied. Very few projects reached a stage where project

beneficiaries could meet independently, although it was common for groups to have people at different stages with some more confident members leading the way in this area.

The challenges were two-fold; firstly the level and complexity of need was higher than anticipated, with beneficiaries presenting with a number of physical, psychological and social challenges. Secondly, the journey from identifying beneficiaries and taking them through to a stage where they could continue unsupported was seen to take longer than expected, with leads describing that some of their users had made small but nevertheless significant progress in their journey travelled. This could mean leaving the house for the first time but still needing to be supported.

Partnership building

The programme set out the objective to build effective partnerships:

- Partnership: Build greater collaboration between public sector health and social care services and voluntary and community activity.

Several projects sought referrals from health and social care providers, building this into their project delivery model and marketing plans. Having CCG funding for the programme was expected, by some, to help generate awareness of and interest in the scheme amongst health and social care professionals.

Partner engagement for securing referrals was a notable challenge for some projects, particularly those with no prior links. In some cases this led to delays in receiving referrals, and referrals not being obtained via the originally anticipated route. Some projects for example had anticipated regular referrals from health and social care professionals, which they struggled to generate, which came as a surprise to some in light of the CCG-funding for the programme. Where projects did manage to secure referrals from health and social care practitioners, they found that community-based teams were often more responsive to promotional information and requests for referrals than GP practices.

Projects with no pre-existing relationships with local GP surgeries found it difficult to by-pass the ‘gatekeepers’ on reception and get project information displayed in waiting areas and relayed to GPs or practice staff.

Projects had greater success with community based professionals such as community nurses, social workers and allied health professionals. A number of projects secured slots at team meetings to promote their work; however this didn't necessarily translate into referrals.

Word of mouth within and across teams of professionals was seen as a powerful way to spread awareness of projects. However, building up trust amongst professionals is a slow process, hampered by short-term funding timescales and lack of long-term arrangements for the projects.

Stakeholder engagement has highlighted that professionals are likely to be reluctant to refer into projects that may cease to operate after a few months, and it is difficult for professionals to remain aware of all services and projects operating within a particular locality.

Projects that did have success tended to have these relationships with professionals formed before the programme. Those that struggled in this area had overestimated the extent to which they could infiltrate these channels to get referrals quickly into their project. No project exclusively relied on referrals from professionals, and all **adopted this approach alongside other recruitment methods.**

Social value creation

The programme objective regarding social value stated that:

- Social Value: All projects must show how the project will contribute to the social, economic and environmental welfare of Manchester.

This objective has been addressed in different ways by the different funded projects, as might be expected given their divergent nature and format. There is evidence that projects have all worked to contribute to the social welfare of the city, given their focus on tackling social isolation and loneliness. Some projects focused explicitly on improving the environmental welfare of localities, via gardening schemes in particular.

The economic welfare progress is more difficult to evidence; whilst some projects did encourage volunteering and successfully recruit new volunteers (both young and old), it is not possible to draw conclusions regarding this and attribute any economic impacts back to the projects. It is also not possible within the scope of this evaluation to assess the extent

to which volunteering may be sustained longer term, or to assess the impacts of volunteering on the volunteers themselves.

Sustainability

Sustainability was a key programme objective:

- Sustainability: Organisations should be able to show how their projects will be sustainable beyond the lifetime of the funding other than through additional funding.

Sustainability has been explored in detail in the previous section. Please refer back to the 'Legacy' chapter for more information regarding sustainability outcomes and progress.

Safeguarding

Ensuring safeguarding was a key programme objective:

- Safeguarding: All bids must be clear about how they will adopt best practice in safeguarding vulnerable adults.

Safeguarding was a key requirement for all projects, who had to demonstrate (as a funding requirement) how they would take steps to ensure participants and volunteers were kept safe.

Projects worked within their organisation's own safeguarding arrangements, and no challenges or issues were highlighted regarding safeguarding, or grant recipients' capacity and capability to effectively ensure safeguarding.

Value for money

Value for money was a key decision making criteria:

- Value for Money: The value for money that a project adds will be assessed against its total contribution to both the aims and objectives.

The projects ranged in grant size, from small (less than £10,000) up to awards of £50,000. Value for money was considered during the project selection process, to try to ensure that larger grant projects delivered proportionally bigger impacts or on a larger / more targeted or intense scale than those awarded smaller amounts of funding.

The evaluation did not include an economic assessment, and consequently it is not possible to robustly monetise the value for money or cost benefit emerging as a result of the programme or individual projects. However, conservative estimates based on uptake and grant allocation figures indicate that the **programme cost approximately £275 per project user** engaged over the 12-18 month period. Caution must be taken when interpreting and citing this figure, but it does provide an indication of the value for money of the programme overall.

Programme learning

Application and selection

Several learning points emerged regarding the application and selection process, as explored below. When reading these points it is important to note that the programme has been successfully delivered and administered, with funding allocated across the city and with full engagement from the CCGs, Macc and Age Friendly Manchester throughout.

Large versus small applications

"The other learning I would take is the huge impact that the small grants have had. Large projects have as well but… large bigger scale project tends to require large amounts of staff."

Programme stakeholder

The application process invited VCS organisations and their partners to apply for either large (£10,000 to £50,000) or small (less than £10,000) grants. Bidders were encouraged to apply on a full-cost recovery basis, i.e. covering all costs associated with the project within their application. However, the amount of funding requested for management and administration costs varied significantly across projects, with some specifically requesting funding for this (in some cases with limited specific details being provided), whilst others absorbed this within their overall staffing costs.

Some programme stakeholders have raised questions regarding the expectations and achievements of the projects. Some of the smaller grant projects were delivered by 'smaller organisations with fewer overheads, and "can do a lot with a small amount of money". Some

stakeholders raised concerns regarding the sustainability of the approach where large proportions of the funding have been used to recruit and pay for staff, whose jobs may not be sustainable once the programme funding ends, jeopardising the sustainability of the approach longer term.

However, we do not have the same level of detail and insights from smaller grant funded projects, and consequently it is not possible to objectively determine whether small or large grant funded projects are more effective at achieving the stated aims or providing value for money. As stated above, we have not carried out any sort of economic assessment of the programme or funded projects.

New approaches versus sustaining existing projects

The grant application process allowed applicants the option to submit a funding bid to continue or build upon an existing project, or start a new one using a different approach. Some stakeholders have since questioned the extent to which the grant added the maximum amount of value where it was used to continue existing projects or approaches. However, we do not have evidence to indicate whether new or existing projects were more successful in achieving the stated aims or delivered the most value for money.

"One of the complicating factors was that [project leads] could set up something new or you could continue off [the back of] an existing service... this is something I would look at in more detail and make the definitions stronger around that."

Programme stakeholder

In addition, innovative approaches were trialled within the programme, and there was no guarantee of success. This grant funding model encouraged innovation, and some highly effective and engaging approaches have emerged as a result, but other commissioners may be less willing to adopt this approach without a solid evidence base. In addition, expansion into new areas and localities has worked to varying extents, with some projects having to revise their approach based on lower than expected uptake in some localities, and difficulties in receiving the expected referral numbers.

Programme governance

The programme was overseen by the Programme Board, comprising representatives from the three CCGs, older people's representatives, a Manchester City Council representative, OPM evaluators, and Macc programme managers and support officers.

The Board met on a bi-monthly basis throughout the duration of the programme, chaired by a CCG lead and with clear administration arrangements supporting the meetings, provided by Macc. The Board reviewed financial monitoring information, evaluation progress and

emerging insights, plans and outputs from the learning events, and oversaw the buddying and capacity building support arrangements.

Sharing intelligence

A dilemma occurred during the programme whereby 'soft' intelligence captured by programme Board members raised concerns about the governance of a funded project, but the intelligence was not backed up by evidence at that point. This raised the question of the extent to which local intelligence could effectively influence decision making.

Older people's involvement in programme management

The Programme Board, Selection Panel and Evaluation Steering Group all involved older people's representatives, from initial design and application stage through the disseminating findings and learning from the programme. Engaging older people with real understanding of the issues facing their peers, as well as a good understanding of the city and existing VCS provision, helped the CCG understand the needs to be addressed.

"Some of the most valuable input was at the selection point, with the older people involved in it who knew about the issues that we were trying to tackle and I didn't have an understanding, and I only gained it through [the older people's representatives], they gave me the insight to understand what was happening."

Programme stakeholder

Older people's involvement in the evaluation steering group also helped to ensure that the data collection tools were understandable and easy to complete. Whilst Board representation by service users can often be seen as 'tokenistic', in this programme there are examples of where the older people's representatives have influenced the programme design and outputs.

Macc's role

Promoting the programme

Macc played a key role in the programme, promoting the funding opportunity widely across the sector using their existing networks and databases of contacts, and generating a high level of interest as a result. Macc provided drop-in sessions to support organisations with their applications, and their experienced staff were available to answer any questions that applicants had regarding the process.

Macc worked with the CCGs and programme board to develop clear eligibility criteria, which were outlined to potential applicants via launch

events and drop-in sessions, as well as promoted via the Macc website. The interest in the launch events indicates both a keenness amongst the VCS to engage in this type of opportunity, and also the level of credibility and connectedness that Macc has within the VCS in Manchester.

Macc also played a key role in facilitating the discussions of the selection panel, providing crucial administrative and managerial support at this key point in the programme, as well as on an ongoing basis via programme board meetings.

Projects credited the programme for recognising the true cost of delivery (as explored above). This was credited to Macc, because of their understanding of the realities of delivery for small VCS organisations, and was seen as a key enabler for some recipients to take part in the programme.

Overall project leads **praised the support received from the team at Macc**, citing the responsiveness and flexibility to their needs and challenges as being particularly beneficial. Project leads reflected that Macc have been **highly engaged in their work** throughout the course of the programme and have helped projects to address individual challenges as they arise. Having a key point of contact within Macc was reassuring.

Macc were also seen as playing a key role in guiding and supporting project applicants at the outset of the programme, an offer which is said to have helped the majority of those seeking assistance to succeed in their applications, despite the relatively low levels of uptake, with only approximately six applicants seeking this assistance.

"To have Macc there as someone to discuss things with was helpful - I never felt that those who oversaw the programme were far away."

Small grant funded project lead

Several projects accessed the capacity building support offered as part of Macc's wider role in supporting the local VCS, and this was seen as **offering added value** to the programme. However, Macc's supporting role was not fully funded via programme resources, leading to Macc self-financing some of their support work.

Sustainability planning was suggested as an area where some projects could have benefitted from further support. It would have been useful for some if there had been a **formal support offer around sustainability planning as the programme came to an end.**

"Within Macc there should be a glass wall between grant giving and capacity building."

Programme stakeholder

Macc also played a key role in liaising with the Charities Commission regarding one large grant funded project (ExCell) which entered into

administration a few months into the programme, including obtaining legal advice and leading correspondence with the organisation.

"It has been useful [working with Macc] and their knowledge of the sector and credibility."

Programme stakeholder

However, whilst widely recognising that Macc's role in supporting the projects has added value and helped to ensure successful implementation, some programme stakeholders called for a greater **separation between Macc's monitoring remit and the capacity building support** provided. This is to avoid any potential (or perceived) "unfair advantage" for projects receiving support.

Flexibility, responsiveness and monitoring

The programme design involved monitoring of large grant projects by OPM, and financial monitoring across all projects by Macc. Macc leads engaged with project leads on a formal and informal basis, to ensure project leads could report emerging learning, seek clarification, and request changes to their project plans and funding models where needed. This model of monitoring and engagement has enabled different models to be tested and the flexible funding arrangements have meant that when one thing doesn't work, project leads have been able to engage with Macc (who in turn, report back to the board for decision making) to apply to use the funding flexibly in order to try something else. For example, Nephra Good Neighbour's Community Champions project didn't go as anticipated, so they were able to apply to transfer the funds to their successful digital engagement project.

"The learning event helped us to share our experiences, challenges and achievements."

Programme stakeholder

Enabling the VCS to identify solution to meet needs in their communities

The programme was praised by project leads for being built on a model of trust, enabling them to build on their understanding around how best to meet the needs of their community. The application forms did not require applicants to spell out everything that they were going to do in great detail upfront, allowing solutions and approaches to evolve and emerge over time. This also meant that the funding could be used to allow the VCS to undertake capacity building and exploratory work, something which project leads report is rare in grant giving.

Programme structure and timescales

In terms of the programme structure and timescales, stakeholders reported that the 18-month delivery timescale was more generous than

"I am keen to know how the voluntary sector can engage in ongoing discussion

many other funding regimes, which often operate on a 12-month cycle. This extended delivery timescale was welcomed by many, particularly where projects were expanding into new localities, relied on referrals from others or access to databases of potential contacts, or were dependent on volunteer recruitment or 'snowballing' recruitment amongst project users.

However, it is important to note that 18 months remains a relatively shorty time frame for programmes of this nature. Many of the impacts are only realised after multiple, sustained engagement by project users, and 18 months may not be long enough for effective sustainability plans to be put in place and embedded.

Another challenge related to project delivery during winter months, with several projects finding it difficult to encourage older people to take part in activities (or indeed to leave the house) in poor weather. This impacted on the amount of sessions some projects were able to successfully deliver over the winter months.

Networking and learning events

The programme involved an interim and a final event, facilitated by Macc and the OPM evaluation team, as well as launch events at the outset of the grant and following selection of the projects.

Feedback regarding the interim event (received through the post-event feedback forms) was overwhelmingly positive. Delegates said that the event was well constructed, allowing them to meet other projects and representatives from the CCG, with plenty of opportunity for discussion.

The event involved plenary presentations and discussion regarding emerging evaluation findings, as well as four break-out discussions, each focused on a different topic, led by a large grant funded project lead with input from CCG and Macc leads where appropriate. In terms of improving the event, people wanted the chance to attend more of the break-out discussions, with concerns that they may have missed useful learning from elsewhere if they couldn't take part in all four sessions.

While project leads found the events to be useful and enjoyable, some organisations struggled to make the time to attend, given the pressures of project delivery, particularly smaller organisations with few members of staff. It was seen as essential that the purpose of the event was clear communicated beforehand so they could judge the most appropriate person to attend and any resources shared afterwards so as not to

disadvantage those who couldn't attend. Some project leads called for more innovative and flexible ways for sharing learning across projects, such as online portals and webinars.

Suggestions for improvement including facilitating earlier opportunities to network and build relationships, including improved communication and marketing of the programme – both across project participants and grant recipients, and across wider stakeholders and potential referrers.

There was strong appetite amongst participants for further opportunities to discuss how the VCS could collaborate with the CCGs around achieving their strategic priorities, with project leads welcoming the change to build links with the CCGs that this programme provided.

CCG buddying

The buddying arrangement between CCG leads and large grant funded projects was implemented to try to address the aim of building relationships between the CCG and VCS organisations. It was introduced at an early stage after funded was awarded, with initial meetings and follow ups at key points throughout the programme.

Despite the intentions of the buddying scheme, few of the large projects had established a clear relationship with their CCG buddy by the end of the programme. Nevertheless, **project leads remained supportive of the CCG buddy arrangement in principle**. CCG leads reflected that the buddying did enable them to build a better understanding of project delivery and the issues facing the grant holders.

Stakeholders indicated that the model could be improved on future programmes by taking the following learning into consideration:

- Establish project / CCG buddy relationships at the outset of the programme, to ensure that all projects are clear about who their buddy is. The early project stages are particularly important as projects shape their approach to engaging with partners, particularly for new projects without established referral routes.
- Allocate buddies from the CCG according to the location of the project. That said, if a project covers a number of locations, it is likely to be better to have one consistent buddy than one for each CCG area.
- Clarify the purpose of the relationship. The intention of the buddy visits was not always clear; were they there to review the project critically as a funder, or to provide support. Having a

meeting upfront outlining what the buddy can realistically offer the project may also be helpful here.

- Once the purpose of the relationship is established then it would be helpful to agree expectations for contact and visits. CCG representatives and project leads are busy, and so it would be helpful to get milestone dates and expectations regarding preparation, focus etc. clarified upfront.
- It is important to recognise that each project will want different things from the buddy relationship.

Programme evaluation

It is widely recognised in the literature and dialogue around reducing social isolation and loneliness that there is a lack of robust evidence around which interventions are successful for different user groups. It is however recommended that projects build a measurement of effectiveness into their design, in order to generate learning for future programmes and to build on 'what works'.

The programme evaluation sought to provide evidence of impact across a large number of projects, through capacity-building projects to self-evaluate, alongside light-touch evaluation activities.

'This is part of a process for us putting in place a sustainable consolidated programme of work.'

Programme stakeholder

Whilst generating valuable insights and impact evidence, we have encountered a number of challenges to this evaluation design. Evaluation activities were optional for small grant funded projects and only three of the projects choose to use the data collection tools provided.

Project leads note that any programme requests for data are challenging to produce, as projects are often stretched for capacity and rely on volunteer and part-time staff to prepare reports, alongside delivery and promotion activities. The planned programme of evaluation activity has proved effective in making the process as manageable as possible for project leads.

Large grant funded project leads have highlighted the challenges of evidencing the impact on their project users through formal measurements and scale approaches alone, and of administering the questionnaires to project beneficiaries:

- Despite the initial validation process with large grant fund project leads, data collection tools were not always suitable for some of those who had cognitive impairment or communication difficulties.

- Some beneficiaries have fed back to their project leads that the question wording can in some cases act as a trigger to reflect on negative things in users' lives. While the questions asked were based on validated tools for measuring isolation and loneliness, it is important to note the experience of those undertaking them.
- Similarly the equalities monitoring questionnaires were considered too lengthy and intrusive (questions around sexual orientation for example) by some.

Project leads emphasised that the most effective way to evidence the impact on their users is to **speak to them directly** and have provided user quotes and case studies that illustrate impacts on individuals, which have fed into the evaluation analysis.

Lessons to take forward from the evaluation learning include:

- Build in **a pilot phase** for data collection tools wherever possible.
- **Prioritise key questions** within questionnaires.
- **Be realistic** about seeing impact data within limited timeframes.
- **Tailor tools** to the client group and be accommodating of specific needs.
- Value **qualitative insights** alongside quantitative data when looking at sensitive topics. Appreciate that what success looks like for one person will not be the same for another; understanding context and people's individual journeys is key.

Conclusions and discussion

This report presents the many and varied impacts that have emerged from the Reducing Social Isolation and Loneliness Grant Programme. The programme has **reduced feelings of isolation and loneliness, increased social connections, empowered project users to develop and use new skills, and brought different communities and generations together**. Across all indicators of social isolation and loneliness explored via the user questionnaires, the follow up results show an improvement in participants' feelings of connectedness and the size of their social networks. This is a significant achievement for an 18-month programme spanning a city of the size and diversity of Manchester.

As well as the impacts on individual project users, impacts have also been felt at project level, with projects benefitting from shared learning, new partnerships, the chance to expand and / or deliver something new and innovative, and capacity building support. Several have already taken steps to sustain their activities and impacts, with some expanding upon and refining their offer in response to learning emerging through this programme.

There have also been impacts emerging at programme level. For example, CCG leads have established improved links with VCS organisations, particularly the larger grant fund recipients. The programme has reached diverse project users, and aligned with the CCGs' equalities objectives. That the programme involved such a diverse range of projects – in terms of design, target audiences, and geographical spread – is a testament to its design and format, as well as the selection criteria and application guidelines.

Not only has the programme achieved the impacts it set out to, individual projects have in some cases (although not all), exceeded their original expectations in terms of reach and impact. The scale of reach and spread has varied significantly, and in many cases bears no clear correlation to the amount of funding awarded, but the overall programme reach is notable for a programme of this (relatively modest) scale and resourcing.

In addition to the impacts achieved, the programme has generated improved understanding about 'what works' in tackling social isolation and loneliness within specific communities. Again, the diversity of the funded projects proved critical to generating this learning; if projects had not been targeted at people from different BME communities, and with different

health needs, genders and sexual orientation, it is unlikely that the learning emerging would be so rich. Again, the programme design facilitated this learning generation.

Programme learning and its implications

That is not to say that the programme has progressed without challenge; difficulties have occurred in capturing a full monitoring (evaluation) dataset from funded projects, and engagement between CCG buddies and large grant funded projects has not always been clearly defined. The ability to act on informal intelligence at programme level has (at times) been uncertain, and one large grant funded project did not progress and entered administration a few months into the programme. Despite the design and validation process with project leads, some project users were not able to complete the questionnaires or equalities monitoring forms. Promotion of the projects did not happen as quickly or on as wide a scale as expected by some programme stakeholders and project leads, and additional benefits may have been realised by improving the links between the funded projects (for example, those operating in the same locality, or targeting similar user groups).

It is important to explore the implications of the learning, both for future funding and commissioning programmes in Manchester, but also for others seeking to tackle social isolation and loneliness. In the context of increasing budgetary pressure and a drive towards outcomes-based and person-centred commissioning, it is likely to prove increasingly difficult to replicate this type of programme design elsewhere. However, **this programme has shown that VCS-led models can (and in many cases, do) deliver the desired outcomes, and can harness local intelligence, enthusiasm and networks in a way that other types of projects often cannot.** However, in order to realise these benefits, certain pre-conditions or enablers appear to be vital, as discussed below.

This programme was built on a partnership between Macc and the three Manchester CCGs. This partnership proved vital to the programme's success; the role of Macc in promoting the opportunity, supporting applicants, monitoring and capacity-building grant holders, and ensuring effective governance proved vital to the programme's success. **We suggest that this partnership arrangement may prove beneficial in other future programmes.** The programme also benefitted from being delivered in an **Age-Friendly city**, drawing on the networks and strategic support in place, as well as the 'readiness to engage' at strategic and operational levels in the programme and its aims.

The flexibility of the grant programme also proved to be a critical success factor, enabling projects to flex their approach to best meet project user needs, and respond to emerging learning. Building on this, providing opportunities for projects to share learning and partner, for example, cross-referring participants or sharing networks and contacts, may serve to add further value to any future programmes of this type.

The programme has generated useful learning, new partnerships and networks, and achieved its stated aims. Overall, it achieved a wide reach across the city, and has led to sustainable activities in several cases. It is not possible to assess the longer term impact of the programme within the evaluation scope and timescales, but it is likely that many of the impacts will be sustained for months and years to come, with a knock-on impact on health and social care service use and the costs associated with this.

Suggestions for future programmes

The points presented below have been prepared based on the evidence and learning explored within this report, and have been written for Macc and the three Manchester CCGs to consider when funding and overseeing future programmes.

1: Provide more explicit guidance regarding networking and joint working. The programme provided opportunities for funded projects to come together during the application stage, following selection, at a mid-point and at the end of the programme. Despite this, the vast majority of projects did not cross-refer people accessing their services, and did not share learning outside of these event settings. With this in mind, we suggest that providing more clear directives regarding the need for projects to share learning and signpost users where appropriate, in order to maximise the value of the programme, and support projects to build networks for the future.

2: Provide greater upfront clarity in any future buddying arrangement. The CCG buddying was welcomed by project leads, but the expectations underpinning the arrangement were not always as clear as they could have been. With this in mind, we suggest providing clarity regarding the time commitment and frequency of visits / engagement expected, the nature of engagement (e.g. monitoring and reviewing, versus supporting) and the purpose of the buddying arrangement.

Providing consistent buddies throughout the programme duration helps with relationship building, and we suggest replicating this in future programmes involving a buddying component.

3: Consider providing web-based networking and learning opportunities. Some project leads called for web-based opportunities to share learning and reflect, reporting difficulties in releasing staff and volunteers to attend events in person. Given that online activities can often be delivered at minimal cost (e.g. avoiding venue, travel and catering fees etc.), we suggest that building in a web-based session may prove useful at a mid-point or end-point in the programme, once projects and programme leads have already met in person. This format might prove particularly useful for sharing focused learning around a specific topic or interest.

4: Consider whether you are seeking to continue funding existing approaches, or new projects. The grant programme provided flexibility in funding both continuations and variations of pre-existing programmes, as well as encouraging new and innovative approaches and spread into new localities. However, given that some stakeholders have questioned the value added and new learning surfaced by grant funding existing projects, whilst recognising that effective approaches should be sustained, we recommend providing clarity up front regarding the expected innovation or 'new' element of any funded project.

5: Manage expectations regarding referrals from professionals. Some project leads managed to generate referrals from community-based health care teams, whilst others found it more difficult to raise awareness about their project amongst health and social care professionals. It is likely that any short-term funded project will struggle to secure significant amounts of referrals from general practice, although an increasing focus towards social prescribing may go some way towards improving this. To manage expectations regarding health and social care referrals in future programmes, we suggest providing guidance to project leads whose model involves this referral route (potentially via buddying).

6: Plan promotional materials at the outset, to minimise the time-lag on promoting the programme and funded projects. The programme included an online directory showcasing all the funded projects and their contact details. However, this took several months to produce, delaying this element of the promotional activities, and came too late for the one or two projects that finished after just a few months. With this in mind, we suggest planning the format and resourcing for promotional materials up front, to ensure the details can be slotted into the structure once funding

awards have been made. Minimising delays in awareness raising is key in short-term programmes such as this one.

7: Explore the potential to replicate the partnership model elsewhere. The roles played by Macc and the CCGs in funding, supporting, overseeing and monitoring this programme have proved vital to its inception and success. The partnership has proved effective and added value to the grants programme, drawing on Macc's networks, knowledge and expertise. Allowing the VCS to develop their own solutions to the issue of social isolation and loneliness also enabled innovative and effective solutions to be developed, scrutinised via a robust selection process involving key stakeholders. We consequently recommend exploring other opportunities to replicate this approach.

Suggestions for projects seeking to reduce social isolation and loneliness

8: Explore partnerships (formal, or informal) with other VCS organisations. The programme revealed that some formal partnerships were formed between VCS organisations, increasing referrals and the variety of provision offered. However, there were limited examples of this occurring, and many projects, whilst targeting similar project users, did not cross-refer or proactively and informally share learning. We suggest that greater efforts to do so by funded projects may help to further enhance the effectiveness of the offer for the target user groups, and help to build capacity and capability across the local VCS.

9: Build in contingency plans in case of low referrals or uptake. Several projects reported difficulties in securing referrals from health and social care practitioners, and had built such referrals into their original project plans. This indicates the importance of developing well-thought through contingency plans, in case of lower than anticipated uptake or referral numbers, to ensure efforts can continue and the overall impact is not significantly adversely affected. For example, targeting other practitioners, or changing the venue for the activity was undertaken effectively as a contingency plan by some funded projects, who were able to move forward following initially low uptake.

10: Allow time to secure engagement: foundation services proved to be key. The evaluation findings reveal the importance of the initial 'foundation' services in building service user confidence to engage in the activities and support on offer. Sometimes this required sustained effort by the funded projects, to encourage engagement and build up to

beneficiaries leaving the house or having the confidence to attend group sessions. This is valuable learning for others seeking to engage with people who may be vulnerable, socially isolated and lonely; engagement cannot just be assumed, and takes time to achieve. This requires sufficient flexibility and lead in time within project timescales.

11: Build in feedback and engagement with project users: Projects often changed the focus or structure (e.g. timing, delivery day, setting) in response to user demand and engagement. This was vital in ensuring project resources were targeted towards the needs and wishes of users. We suggest that others may also seek to do this, and also to build it into early engagement discussions, to ensure potential service users are able to influence design. This also offers potential knock-on benefits relating to increased confidence and feelings of empowerment.

Suggestions for any future similar evaluations

12: Allow time for piloting data collection tools and approaches. The evaluation involved the validation of monitoring forms, project user questionnaires and equal opportunities monitoring forms with the large grant project leads, via telephone and face-to-face discussions, as well as email communication. The tools were effective and easy to use in many cases, but in a minority of projects the tools were found to be difficult to use with some project users. With this in mind, we suggest building in a short piloting phase in any future evaluations involving project user questionnaires, to sense-check the wording and clarity of the tools.

13: Consider commissioning an economic assessment. The evaluation captured impact evidence and formative learning, with a wealth of data being captured. This type of programme lends itself well to conducting an economic assessment, monetising the inputs and outcomes emerging from the programme. Different types of approaches could potentially be suitable depending on the quality and type of data collected, and the evidence threshold for commissioners, but cost consequence or cost effectiveness approaches may potentially be suitable for evaluating similar programmes, and we recommend that the CCGs and Macc consider exploring this during the commissioning of the evaluation.

14: Follow up with a light-touch evaluation. Many of the impacts of this programme will take years to realise; for example, the impacts on individuals in terms of improved health and wellbeing, and new friendships and networks formed, and the knock-on impacts in terms of reduced health and social care service use. Other longer term impacts may centre

around the capacity building and further development taking place at project level. We suggest that the CCGs may wish to explore the impacts over a longer term by following up with a light touch evaluation, potentially involving some self-evaluation by the funded projects, and possibly building up case studies where project users have continued to meet.

Appendix A: Large Grant Funded Projects – Case Studies

Birch Community Association – Rusholme Social Café

Aimed at older people living in Rusholme, Longsight, Fallowfield and neighbouring wards, this project was designed provide stimulating activities, promote a vibrant community-space, and offer volunteer and training opportunities for people to use their skills in a rewarding way.

Project in numbers

- 78 sessions delivered
- 83 older participants engaged
- 3 project users became volunteers
- 1 project user became paid employee

Impacts

Feedback indicates that the regular members are very satisfied with the service and it is having an impact upon their health and well-being, directly and indirectly. Generally members feel that they have made quality friendships and have a wider group of friends and peer-support. Some members feel better connected to their community, giving them a sense of belonging and a feeling of safety.

Key learning

- The project changed its name to 'Rusholme Social Café' after 'Social and Security' proved a confusing title for potential users who affiliated it with users of social security benefits.
- Rusholme is a diverse community with over 50% of residents being under 30 years of age. Therefore it is more difficult to target and engage older and isolated people. This required working with existing residents and local networks to identify those most in need and who would benefit from the services.
- Recognise the time it takes to develop a new service, build trust and confidence for members to become involved in the planning and delivering the sessions. This was particularly difficult given that was a weekly three-hour session with members wanting to come and enjoy the sessions rather than participate in planning and meeting activities. Planning therefore needs to be embedded within the sessions.

The future

This project has secured additional funding to continue. It continues to build on the increased confidence of its participants to work more independently, with members delivering workshops and sharing their knowledge and skills.

The Coverdale and Newbank Association - Cup of Sugar

Operating in the Ardwick area, this project was designed to offer a combination of community navigation, befriending and mentoring, social group activities including visits to people's homes to build confidence in engaging with others.

Project in numbers

- 484 drop in sessions
- 115 outreach house visits
- 16 day trips
- 89 cooking classes
- 8 volunteers recruited

Impacts

A highly valued project by local residents. Combining activities with one to one interventions and direct support has enabled the Cup of Sugar to reach hard to reach residents who would not usually get involved with anything and anyone.

> "Thanks for helping me with all this, I wouldn't have managed without all your help" (project beneficiary)

Key learning

- Breaking down barriers and effective community engagement has been key; now Cup of Sugar users recommend the services to other residents.
- Always let your project users know that they are important, let them be involved in sessions and let the project be about them. Let them get involve as much as possible. Keep asking them what they want from the organisation.

The future

Coverdale and Newbank are seeking identify additional resources to sustain the project. They have a sustainable source of volunteers through an agreement with a Work Programme provider and a number of residents who are committed to volunteering to sustain activity.

Debdale Eco Centre - Growing Together

This project worked in partnership with Anchor retirement homes, local organisations and targeted groups to bring together Anchor residents through horticultural activities to provide a holistic approach to addressing issues of isolation and loneliness.

Project in numbers

- 167 gardening sessions delivered
- 62 older people engaged with
- 29 volunteers recruited

Impacts

Among residents, there has been much conversation about the project, its value and how much it has benefited everyone involved. Through the project, residents have made friends; leant new skills; gained confidence and improved self-esteem; gathered huge amounts of knowledge about horticulture, food, cooking, health-related aspects of herbs, plants and veg, various natural crafts. Residents have learned to respect each other, their differences and work as a team and have the abilities to, and want to, continue growing together. They have developed relationships with people outside the scheme that will continue and witnessed changes in their lives around health, diet, exercise, motivation, happiness, positive outlook, confidence, and willingness to try new things.

Key learning

- Slow pace and an inclusive environment that allows people to build confidence. Creating a space that people can come and just sit on the edges first, enjoy the company and get involved when they are ready.
- Gaining regular informal feedback, through conversation or other gentle means, which can shape the ongoing delivery, keeping user led and relevant.
- Providing options within the sessions. Providing alternative things to do inside for those that were frail, or unable to go outside at that time, meant that everyone could be active and involved.

The future

Residents were encouraged to meet independently as a group while the project was running so that now it has ended they have the confidence to continue to meet. Debdale have provided them with the tools, knowledge and resources to continue and will maintain some light touch support.

Trinity House CRC - LINK TWO

LINK TWO built on Trinity House's existing LINK project to meet client needs and gaps in provision through: engaging new clients; expanding geographical reach (covering Whalley Range, Fallowfield, Rusholme, Moss Side and Hulme wards); and training volunteers to be befrienders and run LINK social group activities.

Project in numbers

- 157 participants engaged
- 126 computer club sessions
- 75 brunch club sessions
- 19 home visit assessments
- 55 volunteers recruited

Impacts

Clients at the Brunch Club continue to report how happy they are with how vibrant the group is, as well as the food on offer. Residents have now set up several side groups of their own accord which operate independently of LINK. Residents of Tangmere Court feel they are benefitting from the group so much that they have set up their own weekly social club which is entirely organised by them alongside the regular Monday sessions.

Key learning

- Providing activities to attract and retain male clients is a challenge, but LINK have found that listening to clients' needs and preferences and giving them ownership over the session keeps them engaged.
- Forming partnerships with City South, Johnnie Johnson, the Zion Centre and Adactus have provided Trinity House with spaces to run groups and platforms to promote their work.
- LINK's model of establishing a group with a small number of regular clients, then promoting the group to referring bodies, has worked well. However we are still struggling to reach GP surgeries.

The future

Trinity House found that the best way for projects to become self-sustaining is to give the clients and volunteers ownership over them. Also, by creating partnerships between client groups and outside agencies, the groups become more sustainable without constant input. For example, the partnership between Will Griffiths Court and FareShare means the Brunch Club will be provided with free food even if LINK is no longer involved.

The LGBT Foundation - Befriending and Group work

This project targeted Manchester's older lesbian, gay, bisexual and transgender (LGBT) residents. The befriending scheme involves volunteers supporting less active LGBT people to integrate more into their communities. The group work scheme delivers themed sessions to support people to build skills, self-esteem and social networks.

Project in numbers

- 131 befriending sessions have been delivered in total, 23 project user assessments and four group work sessions were delivered each month of the 18 month project
- 31 people have benefitted from befriending and 42 from group work
- 56 volunteers have been recruited

Impacts

> "I have achieved what I set out to do, and now I regularly attend a group" (Befriending user)

> "Accepting and friendly, it's great to get to know people" (Group work user)

Key learning

- A Befriending service intake and triage service has been designed to offer to assess at an early opportunity a person's suitability for a service and helped to better align this project with a user's needs.
- The key challenge in this project was ensuring they had enough referrals from older LGBT residents. To increase referrals they continued to reach out to professionals and organisations and promote the service through print and online media.
- Volunteer recruitment and retention has been a huge programme asset with befriending proving particularly popular role. This project has invested in its volunteers through.

The future

LGBT Foundation have taken steps to sustaining the befriending and group work service with the continued commitment of volunteers. They continue to explore new funding options and being able to demonstrate positive outcomes places them in a strong position when applying for funding.

Manchester BME Partnership - Reducing Social Isolation and Loneliness for older people from BME community

Made up of a partnership of five established VCS organisations, this project worked with those with English as a second language and reached out to 'seldom heard' and harder to reach communities through identifying and contacting older people at risk of experiencing loneliness and social isolation and enabling them to take part in activities and to be proactive in managing their health and well-being.

Project in numbers

- 973 sessions delivered including digital workshops, yoga classes, home visits, outreach, language classes and holistic therapy
- 281 participants engaged with
- 88 volunteers recruited

Impacts

This project has made a difference in the lives of the people accessing the services developed. Impacts of this project are wide ranging: health benefits, language skills, advice and signposting, social interaction, IT skills.

Key learning

- The critical success factor for this project has been the strength of the partnership and the commitment of each of the organisations to make the project a success. This has enabled them to take a consistent approach to service development and delivery, to share good practice and to learn from mistakes.
- This project has highlighted the importance of making a project culturally sensitive and to focus on project user participation in activities.
- Vary the services and programs to match the project users' ability and needs whilst ensuring consistency within the project.

The future

The project has enabled the organisations to develop a partnership approach to future service delivery. They are now focusing on developing the partnership as a sustainable model for service delivery. They have developed a collective website and will bid for funding as a collective going forward.

Further information about the partnership can be found at: http://bmepartnership.co.uk/

The Stroke Association - Community Stroke Support

This project allowed Stroke Association to expand their service across the city, reaching many more stroke survivors and their families, who have become socially isolated following their stroke.

Impacts

Project users have increased access to support networks and reduced their feelings of social isolation. They have increased their confidence to engage in meaningful activities. Improved health awareness of lifestyle stroke risk factors and increased awareness of the support they are entitled to. Taking part in the project has meant some project users have reduced anxiety and emotional distress. Carers have been supported to reduce the stress related to their caring role and ensure that they have access to support networks.

> "I have become more positive, confident and sociable." (Project user)

> "I have gained a lot more confidence coming to the project, talking to other people about the same situation." (Project user)

Key learning

- Paper surveys as an evaluation tool proved unsuitable for project users with communication difficulties and cognitive impairments.
- People affected by stroke gain a great deal of comfort from meeting people who have the same experiences as them.
- Encouraging and supporting people to try new things out their comfort zone can lead to great impacts, in this project stroke survivors completed an aerial assault course and creative activities they wouldn't have felt possible.
- This project benefitted from a strong committed team of volunteers. They had excellent support from existing volunteers, their attendance at the cafes has provided encouragement and support to stroke survivors and carers. Without them the project may not have been as successful.

The future

Project users have increased access to support networks and reduced their feelings of social isolation. The success of these cafes has meant Stroke Association will combine groups enabling them to continue two of the three cafes will continue within their core services. This will allow the continuation of the project and the opportunity to expand these cafes, accessible, not only to those who would be socially isolated but to all stroke survivors and their carers, regardless of age.

Henshaws Society for the Blind - Friendship Matters in Manchester

Working in formal partnership with Manchester City Council's Sensory Team, this project extended Henshaws' reach through making initial contact with people aged 50+ on the Sight Loss Register to undertake a baseline survey establishing levels of social isolation, offer specialist information advice and guidance and signpost to other services. Where appropriate, service users were then invited to complete a personal plan and to attend newly established exercise and social meet up groups in community locations across the city as part of this project.

Project in numbers

- 1691 people have been contacted through the project lifetime
- 558 have completed personal plans and assessments
- 78 exercises classes delivered to improve fitness and core strength
- 65 people have attended an exercise class
- 42 social meet ups delivered to facilitate peer to peer support networks
- 69 people have attended a social meet up

Impacts

The baseline survey data showed that many people contacted through this project had high levels of social isolation. 56% of people supported had been registered as visually impaired for 5 or more years, yet 37% had no contact with the Sensory Team and 46% had contact when first registered but not since, meaning that their needs were not being met. Likewise, 63% were not accessing or getting support from any other organisations for their sight loss and leaving the house significant challenge – with the main purpose of most people's journey being medical appointments (86%) or shopping (73%).

The proactive approach taken by Henshaws means that 558 visually impaired people, the vast majority of whom were not known by Henshaws previously, are now better informed about the benefits and services available to them both within this project and beyond. Those who went on to attend the project's social meet ups or exercise sessions fed back how life changing these sessions can be to someone's mental wellbeing – thanks particularly to the specialist expertise of Henshaws' staff and the camaraderie built with other visually impaired people. Increased confidence levels also encouraged attendees to sign up to other provision such as Henshaws' 10 week Living with Sight Loss courses or long cane training from the Council's Sensory Team.

> "Other than doing this I'd be sat at home. It's such a boost to me and the family because I'll be truthful; I was in a pretty dark place at the time. I'd just been told I was losing my eyesight altogether because the optic nerve is dying. But since I've been to all these meetings with these wonderful people - they are special people - I've started to live again and that's the best thing I could say." (Project user)

Henshaws Society for the Blind - Friendship Matters in Manchester (continued)

Key learning

- This proactive approach was a first for Henshaws and meant they could contact and support a large amount of people in a condensed amount of time and reach people who were extremely isolated and unaware of the support available.
- Whilst it took some a long time to initially engage due to entrenched levels of social isolation, when project users attended a social meet up or an exercise class it was often the catalyst for many other benefits and the first step towards accessing other services and support.
- Delivery in community venues using a hub and spoke model across the city was a success, reducing key barriers to participation such as low mobility due to sight loss.
- This project would not have been as successful in engaging visually impaired people without the staff's expertise in sight loss. They were on hand at every session to offer information, advice and guidance to help people build up their network of support and raise awareness of their rights.

The future

Henshaws have used the learning and successes from this project as leverage for a successful bid for 3-year continuation funding from The Big Lottery Fund. This will allow them to continue the hub and spoke delivery model, which has been trialled very successfully in this project, enabling beneficiaries to overcome the main barrier to accessing services which is travel.

Henshaws are now also looking to replicate elements of the project's approach in other areas – including accessing the Sight Loss Register in other local authorities – and believe that this funding has enabled a step change in Henshaws overall approach which will continue to have positive outcomes for visually impaired people in the future.

Appendix B: Small Grant Funded Projects - Case Studies

African- Caribbean Care Group
Community Connect with Holistic Therapies

This project identified and engaged older residents through providing holistic therapies within their existing space. The service provided de-stressing and wellbeing enhancing therapies whilst enabling users to discuss a range of topics with staff to aid their independence and wellbeing and access the groups' core activities.

Impacts

- The project reached low-income older people and enabled them to access therapies they wouldn't be able to afford otherwise.
- The therapies drew older people from outside the African and Caribbean community and engaged them with the wider activities of the ACCG.
- This project is being sustained for one day a week so older people can continue to access the therapies at a discounted rate.
- For those who have continued to use the service one of the benefits is that the holistic therapies have reduced their need to visit GPs for referrals on to other NHS services.

The provision of free therapies professionally delivered was a highly attractive draw for older people - both men and women. However, when the project ended the majority of these people were unable or unwilling to continue paying for therapies at a discounted rate.

African- Francophone Woman's Support Group
Over 50s Francophone Woman Social Club

This project targeted stay at home women 50+ in the Francophone community to bring them out to twice monthly sessions, where they could build friendship and find care and support. They had lunch together, and took part in different social cultural activities, trips and visits, storytelling, listening to music and to guest speakers, learnt basic English language and received advice and support.

Impacts

- Worked with 65 socially isolated women
- Increasing understanding of health services
- Improved English language
- Increased engagement with their community
- Forming lasting relationships- the women visiting each other in their own homes and go for meals together.

Socially isolated older women were identified through spreading the word within the community and church leaders. They gained referrals from younger family members and neighbours and visited women in their homes to build confidence.
The key challenge was arranging transport for people affected by illness and disability particularly through

Chorlton Good Neighbours
The Positive Living Programme

This project provided four programmes of weekly group workshops for older people, led by an experienced trainer to learn key strategies to increase their emotional resilience, positivity and confidence. The aim was to improve the psychological well-being of older people and support them to take more control of both their mental and physical health. This approach was successful at creating powerful and lasting change, whilst at the same time meeting immediate needs for company and connection.

Impacts

- 47 people benefited from learning sustainable strategies
- Users fed back improved outcomes including positive thinking, confidence to try new things and friendships
- The majority have gone on to attend other groups and have a new found confidence to go out independently.

Engaging older people to participate in a psychological activity needed a lot of input when they first start- everyone had a one to one interview with the facilitator and a phone call before the course. Encourage them to 'have a go' without obligation to stay worked well. Once they are there they saw the benefits of the workshop. Regular phone calls kept them engaged if they missed a session.

Ladybarn Community Association
Ladybarn Care Project

Working in the Ladybarn/Fallowfield area, this project extended Ladybarn CA's social engagement to older people offering a range of activities including singing, cooking, arts and crafts and volunteering.

Impacts

- 32 people benefitted from cooking classes and arts and crafts
- The singing group grew in confidence and took ownership over their showcase performance choosing the songs and memories to perform and the costumes to wear
- Having the funding for new activities has opened the door to many new users who will stay in contact with Ladybarn and continue with other activities.

It became quickly apparent that rather than forming a choir, participants wanted a more informal singing group combined with other activities such as a tea party and quiz. Ladybarn CA listened to service users and through being flexible and responsive to their ideas and preferences, were able to provide opportunities that were even more successful and enjoyable for a wider range of people.

Levenshulme Good Neighbours
Community Capacity Project

Levenshulme Good Neighbours is a community organisation which provides support and friendship to older people. This project increased social activity among isolated older people through working with older people, volunteers, local groups and businesses to establish a range of sustainable activities and partnerships in the community of Levenshulme.

Impacts

- As a direct result of this funding Levenshulme Good Neighbours had the capacity to develop nine partnership projects
- This resulted in a range activities for older people in the community of Levenshulme, including: IT sessions, National Older People's Day celebrations, Christmas parties, world cooking workshops, a wide range of art activities, days out to cultural attractions and dancing sessions
- These activities drew in an additional seven thousand pounds of funding and six thousand pounds of in-kind support
- In addition, 30 local volunteers were trained in supporting older people at events and activities
- Following the success of this capacity building project, additional funding has been secured by Levenshulme Good Neighbours to continue to deliver activities for older people in partnership with local organisations over the next 18 months
- To celebrate the completion of the project, Levenshulme Good Neighbours delivered Christmas hampers to the most isolated older people and this has prompted new befriending relationships.

This project demonstrated that when small organisations are given the resource to step away from delivery and unlock capacity in their community it has the potential to lead to substantial gains in output and sustainable outcomes.

Manchester Refugee Support Network
Refugee Older People's Project

This project offered 40 weekly sessions for older Moss Side refugees/residents, primarily from the Somali community, to reduce social isolation and loneliness through social, practical and emotional support. A healthy lunch club was provided alongside an advice session on benefits, debt and access to services. In addition, six health workshops and information sessions were organised in response to attendees' needs. Users were identified through the organisation's vast networks and supported to attend by volunteer drivers.

Impacts

- 20-40 users attended each weekly session
- Reached the isolated and lonely-the vast majority of users were unknown to the organisation
- Strengthened links with GPs as a source of referrals
- Sustaining impacts through maintained contact with users and volunteers but needs resource to continue.

This project learned that it is important to plan for separate gendered groups when catering to this community. They also learned that to improve overall wellbeing you need to offer practical support and advice as well as opportunities for social interaction.

Nephra Good Neighbours
Champions Project

Based in the Moston ward, this new project by Nephra originally set out to reach isolated older residents through training a team of neighbourhood Champions to knock on the door of their neighbours. Recruitment was focused on their existing project users where it became apparent that many of them were already supporting older neighbours in an informal capacity, however they didn't want to be recognised for this work. On National Older People's day they chose someone every day of the week and presented them with flowers and a Champions certificate. The end of the week was marked with a trophy ceremony.

Impacts

- 55 of Nephra's project users were interviewed about their volunteering and the vast majority of them were helping an older isolated neighbour
- This project tested a new idea, raised awareness about the work that is already taking place in the community to support isolated older people and gave recognition to the people doing it.

Nephra learned that their older project users didn't want the formal recognition of this role. The Champions idea may be better suited to younger volunteers.

Nephra Good Neighbours
Digital Project

This project built on Nephra's existing computer classes, by introducing tablets rather than laptops into the class to enable more accessible, faster and more effective digital training of older people. Classes were held weekly and allowed the user to take the tablets homes with them during the week to practice their new skills.

Impacts

- 24 older people have been trained in using a tablet to send and receive an email and photographs to enable them to keep in touch with family. They also learned to shop for some groceries and access council services.
- They enjoyed the social element of the class and shared their experiences with the tablet in the week.
- The success of this class has paved the way for a second weekly class to be established.

Older people can find tablet computers easier to use than laptops. Tablets were found to be more effective for digital training and for practicing their new skills at home.

North Manchester Black Health Forum (NMBHF)
Sweet Memories Dementia Café

This project aimed to reach the most isolated older people affected by dementia with a focus on BME Communities. It provided café-style drop in and outreach support for people with dementia, their families and carers. This involved a twice weekly programme of stimulating activities and social contact without stigma and the opportunity to exchange experiences and information promoting "Dementia Friendly Communities" in Manchester.

Impacts

- The Project gave information, support, signposting and training to local people and recipients in the main community languages.
- The project has made a difference in reducing the stigma surrounding dementia as local people are talking about dementia more openly in community gatherings and at home. Some have become dementia ambassadors.
- Recipients are better connected with the wider community and participate in most activities/outings with volunteers supported by the charity.

NMBHF found that there is a stigma around accessing dementia services within the South Asian communities. Rather than using the language of dementia they drew people in through a 'community based activities/ events' in which they raised awareness about dementia and living with dementia.

Small Things
Creative Ages Story Explorers

Small Things is an artist-led social enterprise using creative engagement to support learning and change. Developed in partnership with the Alzheimer's Society, the project set out to deliver creative sessions for people with dementia from a base in Beswick Library and provide training and development for library staff. The project faced real challenges in recruiting participants so refocused on learning for library staff.

Impacts

- Provided valuable learning for participating library staff to enable them to develop their skills and confidence to engage people living with a dementia.

As a small organisation this project relied on community gatekeepers to advocate for their work. However it proved very difficult to get the project promoted by local GPs, care homes and day centres.

St Vincent's Housing Association
Moston Community Explorers

This project empowered St Vincent's tenants to lead their own neighbourhood exploration into loneliness and isolation and identify actions to promote companionship and inclusion among older people. The project recruited seven tenants and trained them in community engagement. The 'explorers' used these techniques to ask 120 older residents about their experiences. It aimed to identify isolated and lonely older people, map the neighbourhood's assets to support companionship and inclusion, and create recommendations to support this.

Impacts

- The reminiscence project has brought a 50+ scheme into Dunstan Court creating new friendships and social opportunities.
- Explorers reported an increase in confidence, social connectivity and involvement in volunteering.
- As a project outcome a set of activities were run by St Vincent's and partners that will directly involve people over 50.
- The project has led to Dunstan Court working with Age Friendly, to gain funding for a 2- year project to run tea parties with a different theme each month and getting the tenants involved with the preparation and ideas to encourage people from the wider community.
- The research and report can be used for future funding bids and working in other partnerships.
- St Vincent's continues to find ways of tackling social isolation working in partnership and running projects in some of our other sheltered schemes.

By using a model of local engagement and asking people about their lives the answers will tend to point to a more effective service design or a community response.

Wythenshawe Good Neighbours
The Generation Project

This project provided older Wythenshawe residents with opportunities to socialise at a community lunch and access befriending and companionship, specifically filling the gap for "out of hours" social activity and home visits. Project users were referred from GPs, district nurses, social workers and other healthcare professionals.

Impacts

- 47 older people received home visits and 38 received regular telephone calls - mainly taking place out of hours when people are most isolated
- The grant funding has enabled the coordination of the popular community lunch which can be accessed by the 147 people on Wythenshawe's books
- The success of the project has given Wythenshawe the evidence needed to be successful with future funding bids.

Wythenshawe GN has a strong presence among local healthcare professionals and receives a large number of referrals through this route. They also have a strong presence in the local community and on social media which means they are a trusted provider.

The Jabez group
September forever

Jabez is an established community project offering lunch clubs, workshops and community events for older people. This project worked in partnership with a local woman's group to offer a more coherent package of activities to reduce isolation and loneliness including: health and safely workshops, talks, cookery and days out. An intergenerational project was established with the Church youth group to provide befriending and skills sharing sessions.

Impacts

- This project engaged older people who attend the lunch club to participate in wider range of activities to promote health and wellbeing.
- Successfully delivered intergenerational digital engagement sessions where young volunteers supported their elders.
- Promoted engagement across different BME groups including older Asian men.

This project had great success in opening up the activities to people outside their own community, through promoting through social media and the local venue. They found that tagging the project onto the free lunch was a big drawn in encouraging the more reluctant to stay and participate.

Wai Yin
Kwan Wai Community Café

This project opened a Community Café at the Sheung Lok Centre, primarily used by the older Chinese community and located in the Ardwick ward. The café offered cheap and healthy Chinese lunches, activities for older people and a minibus service supported isolated older people to attend. The café provides volunteering opportunities as well as a work club to provide skills transfer and training to the older community. We set up a befriending scheme and trained younger older people becoming volunteers and pay regularly visit to those frail and isolated older people and their carers.

Impacts

- Expanded the reach of the project from the Chinese community to other BME groups, positioning the centre as a multicultural site for all older people.
- Training volunteers has laid the foundation for the befriending scheme to continue, this is important because of the time it takes to building a rapport with older people and see lasting impacts.

Language barriers and physical disabilities make it difficult for Chinese older people to join in activities in their local area. Having a minibus driver to escort older people was essential to breaking down barriers.

Warm Hut UK
Tumayini Project

This project aims to break isolation of Refugee older people from non-English speaking backgrounds through the provision of weekly English conversation club over 24 weeks. With the help of volunteers on each Saturday they took the group out to learn more about Manchester and to visit each other in their homes.

Impacts

- 55 older people benefited from the project
- They developed a timetable so they could do group visits to each other's homes
- Improved English language meant that user could go to the GP and take a bus for the first time
- Having a different host each week supported the development of companionship and friendship.

Warm Hut learned that you get the best impacts when you run projects that fit with users' needs and interests. They made their programme more health focused when they saw that their users were suffering from stress and health conditions.

Appendix C: Overview of all funded projects

Approved large grant applications		
Birch Community Association	(Rusholme Social Café – formerly known as Social and Security)	£29,450
The Coverdale & Newbank Community Association	(Cup Of Sugar)	£49,581
Debdale Eco Centre	(Growing Together)	£40,833
Ex-Cell Solutions	(Ex-cell 50plus)	£49,180
Trinity House Community Resource Centre	(LINK TWO)	£44,528
The Lesbian, Gay, Bisexual, Transgender Foundation	(Befriending and group work supporting older lesbian, gay and bisexual people)	£32,378
LMCP Care Link and Manchester BME Partnership	(Reducing Social isolation for older people from BME community)	£50,000
The Stroke Association	(Community Stroke Association)	£46,444
Henshaws Society for the Blind	(Henshaws Friendships Matter in Manchester)	£44,267

Approved small grant applications		
Ladybarn Community Association	(Ladybarn Care Project)	£9,909
Levenshulme Good Neighbours	(Community Care Project)	£8,612.48
Manchester Refugee Support Network	(Refugee Older People's Project)	£9,800
My Community UK	(Keep Smiling project)	£10,000
Nephra Good Neighbours	(Digital Project)	£5,158.84
Nephra Good Neighbours	(Champions Project)	£3,749
North Manchester Black Heath Forum	(Sweet Memories Dementia Café drop in)	£9,000
St Vincent's Housing Association	(Moston Community Explorers)	£9,800
The Jabez Group	(September Forever)	£5,000
Wai Yin Society	(Kwan Wai Community Café Ardwick)	£9,850
Warm Hut UK	(Tumayini Project)	£10,000
African Francophone Women Support Group	(Over 50s Social Group)	£10,000
GMCVO- The Generation Project	(Wythenshawe Good Neighbours)	£9,856.08
Community Minded Ltd	(The Old Moat/ with Wildlife Project)	£3,823
Small Things Creative project	(Creative Ages- story explorer)	£10,000
African Caribbean Care Group	(Community Connect with Holistic Therapies)	£10,000
Chorlton Good Neighbours	(The Positivity Programme)	£9,220
Irish Community Care Manchester	(Over 50s Allotment Project)	£9,504.70

Appendix D: Detailed evaluation methodology

Scoping (November 2013 - May 2014)

Informing the application process

During December 2013, we developed a short paper for Macc and the evaluation reference group, presenting our suggestions regarding:

- Guidance for Macc in developing the application form and associated guidance – what critical issues should be considered when designing the specification and application form, as well as what support might applicants need.
- Questions and issues to ask as part of the application process.
- Selection criteria.

In January 2014, we delivered a presentation at the launch event for the programme and a drop-in session organised by Macc, to answer any questions that applicants might have about the evaluation.

Document and data review

In order to demonstrate the impact of the projects and programme as a whole, we reviewed baseline data and the evidence base on which the programme was initially commissioned (e.g. regarding A&E admissions and hospital length of stay).

Programme pathways to outcomes models

During the scoping stage, and informed by a review of key Programme documents, an overarching Programme logic model was developed linking the resources put into the Programme to the activities and processes to the outcomes and CCG strategic priorities.

Agreeing Outcomes Instruments and Data Collection Protocol

Evidence sources and instruments were agreed building on the baseline evidence review and pathways to outcomes model.

OPM undertook research into published and validated studies into social isolation and loneliness, exploring the measures and instruments used to demonstrate impact. Following this research, a set of evaluation tools were developed by OPM and validated by large grant project leads during

summer 2014 with the opportunity to adapt and tailor tools and collection methods to their project. Small grant funded projects were also encouraged to use them. Completed surveys and monitoring forms were returned to OPM for inputting and analysis.

The tools included:

- A baseline self-completion survey to be completed by project beneficiaries when they joined the project, or at an appropriate early stage of engagement. This captured people's own perceptions of their social connectedness and how able and empowered they felt to self-manage their health.
- A follow-on self-completion survey to be completed by project beneficiaries 6 months after they joined the project or when the project ended. This explored many of the same questions as covered in the baseline survey, to track changes over time, whilst also explicitly exploring the impacts achieved as a result of accessing the project. The survey included space for comments from beneficiaries.
- A quarterly electronic project monitoring form (Word document) to be completed by project leads to track project progress against expectations as well as any learning and impacts emerging.

Phase 1 and 2 (June 2014 – May 2016)

Capturing learning from staff – larger projects

To capture learning about how interventions are implemented, what works and why or why not, as well as barriers and how they are overcome, we undertook semi-structured qualitative telephone interviews with project representatives.

Interviews took place in two rounds to align with the mid programme and final programme reports and events. Key topics to be explored included:

- Project approach, motivations and rationale.
- Progress to date, successes, challenges and how they were overcome.
- Level of knowledge and confidence about how to reduce social isolation and loneliness.
- Inclusion of disadvantaged groups in the project and impact on them.

- Attitudes towards diverse communities the contribution they make to the city.
- Best practice and lessons learnt.
- Considerations for sustainability and further rollout.

In total, seven large grant project leads were interviewed at the end-point, whilst seven were interviewed at mid-point, and one was visited for a face-to-face meeting alongside with CCG and Macc leads.

Capturing learning from staff – smaller projects

The evaluation captured short descriptions of smaller projects and their impacts. We used document reviews and short telephone interviews to develop these descriptions using a structured template. Case studies were produced for the 15 small grant funded projects that we received data from.

Quarterly project monitoring

We analysed quarterly monitoring returns submitted by all large grant funded projects and two small grant funded projects (Ladybarn Community Association and Moston Community Explorers).

Monitoring returns captured projects progress and activities to date as well as evidence of impacts, challenges and key learning. Data was entered into a thematic framework and interrogated to highlight commonalities and differences between the projects in terms of their progress and project learning.

Capturing learning from wider stakeholders across the city

Telephone interviews were conducted with five Programme level stakeholders from across the city, representing Macc, the CCGs and Age Friendly Manchester. These interviews took place during the latter phase of the evaluation, to assess emerging impacts, capture process learning, and explore alignment with other activities taking place.

Events

OPM participated in the design, facilitation and presentation of the learning events. An interim learning event took place in June 2015 and was well attended by grant funded project teams, alongside representatives from the Programme Board, the CCGs, Macc and OPM.

A final event took place in May 2016 to share headline findings from the evaluation, thank grant recipients and to celebrate and showcase Programme successes. The event was attended by representatives from the three CCGs, Manchester City Council, Macc, local research organisations, plus VCS leads and volunteers from across the city.

Surveys and equal opportunities monitoring

Equal opportunities monitoring forms, baseline and follow-up surveys were administered to beneficiaries by large grant funded projects and two small grant projects and returned to OPM on an on-going basis for analysis. We received the following survey submissions:

Funded project	New joiners survey	Follow-on survey	Equal opps monitoring
	N	N	N
Birch Community Association	31	9	38
Coverdale and Newbank	92	0	92
Debdale Eco Centre	26	12	22
Henshaws	257	65	258
LGBT Foundation	45	29	209[31]
BME Partnership	32	0	32
Stroke Association	48	42	63
LINK TWO (Trinity House)	63	25	70
Chorlton Good Neighbours (small grant)	23	13	23
Ladybarn CC (small grant)	24	0	25
TOTAL	**641**	**195**	**832**

[31] LGBT Foundation administered their own equal opps monitoring survey and sent paper copies to OPM for analysis. We received a higher number of monitoring forms than reported as attending the sessions.

Reporting

Data has been analysed and presented to the Programme Board on a formative basis including:

- Two interim reports.
- Presentations at Board meetings.
- Presentations at interim and final learning events.

This is the final evaluation report. A shorter summary report is available for wider distribution.

Appendix E: Evaluation Framework

Data source / method	*Evaluation objectives*
Document and data review. Project monitoring data.	Demonstrate outcomes and a link between outcomes and the CCGs' strategic priorities.
Document and data review. Project monitoring data. Project and wider stakeholder interviews.	Demonstrate how the grant programme and individual projects have met the equality objectives of the programme and impacted on the relationships between CCGs and VCSOs.
Document and data review. Project monitoring data. Project and wider stakeholder interviews.	Provide robust and credible evidence to inform future commissioning by the three CCGs.
Project launch and application information. Drop-in session. Workshop / interim event.	Support VCSOs who receive smaller funding amounts to self-evaluate.
Project and wider stakeholder interviews. Project monitoring data. Interim event / workshop. Programme Board observations.	Help key stakeholders to develop an in-depth understanding of the critical success factors, enablers and challenges in delivering interventions to reduce social isolation and loneliness, providing evidence of 'what works, and why'

Appendix F: Programme 'pathways to outcomes' model

Context	Rationale	Inputs	Outputs	Interim outcomes	Long-term outcomes
Recognised impact of SI&L on health & wellbeing outcomes. Health issues arising from SI&L need to be addressed for both the individuals concerned and wider community. Health issues arising from SI&L put pressure on health and social care services. Nationally, SI&L affect 1m+ people[i]. Rapidly ageing society. Older people are often challenged in terms of money, health, lifestyle, housing and care[ii]. 5-16% of 65+ in the UK report loneliness[iii],	CCGs work to improve the health of their local populations, so that people stay healthier for longer. Reducing SI&L is a driver by which this may be achieved. Macc is the main infrastructure body VCSOs in Manchester VCSOs understand the communities they serve & how to meet their needs. Light-touch approach, enabling VCSOs to build on their experience & capacity. Need to avoid duplicating existing service provision; desire for innovation	**Financial** Funding from 3 CCGs (totalling £550k). Two grant pots – large and small. **Time & expertise** Expertise and existing VCSO links of Macc. Macc time to manage & administer. CCG expertise re alignment with their priorities. MCC Public Health / HWB time & expertise. Older people / champion input at programme and project level – co-	**Programme outputs** Mapped existing older people's projects. 18-month grant programme. 10-20 larger projects funded, plus several smaller projects. Application forms, support and guidance. Agreed selection process & criteria. Launch, interim and celebration events. Drop-in sessions & workshops. Monitoring. Governance. Board, evaluation reference group and older people's reference group. Buddying of	**Outcomes for older people** Older people feel engaged & involved in services – access and co-production. Increased social contact for older people. Older people learn new / refresh existing skills. **Service / programme outcomes** Improved relationships between VCSOs and CCGs. Alignment with existing activities to reduce SI&L. Improved quality & effectiveness of the interventions during programme timescale. **Community outcomes** Strengthene	**Experience outcomes** Improved satisfaction of older people. Improved social links for older people in the community. Reduced social isolation. Reduced loneliness. Improved independence. Improved self-reported wellbeing of older people. **Clinical / service outcomes** Reduced admissions to A&E. Reduced length of stay in acute care. Reduced GP appointments. Reduced numbers accessing residential care homes.

Context	Rationale	Inputs	Outputs	Interim outcomes	Long-term outcomes
whilst 12% feel socially isolated[iv]. Public sector funding cuts – increasing role of VCSO. Age-Friendly City. Valuing Older People's Group. Living Longer, Living Better, Fulfilling Lives and Healthier Together. Range of VCSOs. Diverse population. VCS dual role: as public service delivery, and as providers against their own objects, that align with CCG objectives.	& not just funding existing projects. Programme can offer opportunities for learning at all stages. Importance of developing relationships between CCGs and VCSOs, to support future commissioning.	design, co-production & assessing impacts. VCSO time and expertise in applying for & using the grant funding, and in monitoring outcomes. Evaluation expertise & capacity building support from OPM.	CCGs with VCSOs. **Project outputs** Partnerships formed. Some City-wide, some localised projects funded. Innovative approaches trialled. Monitoring and self-evaluation. **Formative & summative evaluation** Data collection tools. Briefing notes and guidance. Fieldwork & engagement with CCGs, Macc & projects. Anonymised quant datasets. Capacity building. Interim & final reports.	d community capital. **Evaluation outcomes** Evidenced impact of projects. Evidenced impact on relationships between VCSOs & CCGs. Increased understanding of potential impacts of SI&L on CCG priorities. Shared learning regarding 'what works, how & why' in tackling SI&L. Evidence & business case re how the projects meet CCG strategic priorities.	**Equality outcomes** Narrowed gap in outcomes between disadvantaged groups & rest of Manchester (and national) community. Increased community cohesion Understanding of positive contribution by diverse groups. Reduced discrimination.

[i] Social Exclusion Unit, 2006

[ii] The Forgotten Age from the Centre for Social Justice (2010)

[iii] Findlay RA. Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing and Society*. 2003;23(5):647-58.

[iv] Cattan M, Newell C, Bond J, White M. Alleviating social isolation and loneliness among older people. International Journal of Mental Health Promotion. 2003 August; 5(3):20-30.

Appendix G: Project beneficiary characteristics

The figures presented below provide an overview of the project beneficiaries accessing the large grant funded projects. It is important to note that not all beneficiaries completed an equalities monitoring form, and smaller grant funded projects did not use the form (with the exception of two projects), and consequently the charts presented below cannot be said to provide a full indication of all beneficiaries.

Figure 11: Age profile of those accessing the funded projects (n826)

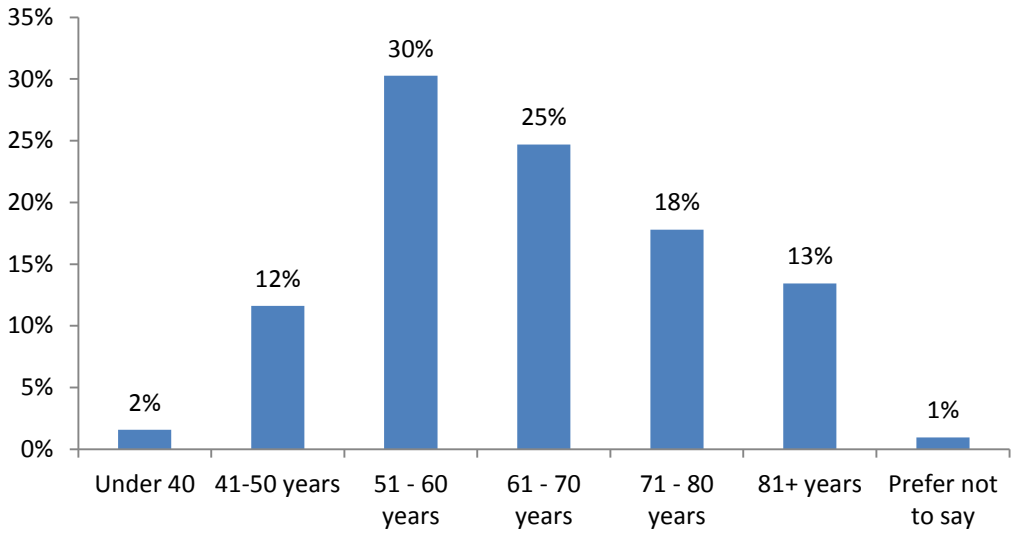


Figure 12: Ethnicity of project beneficiaries (n812)

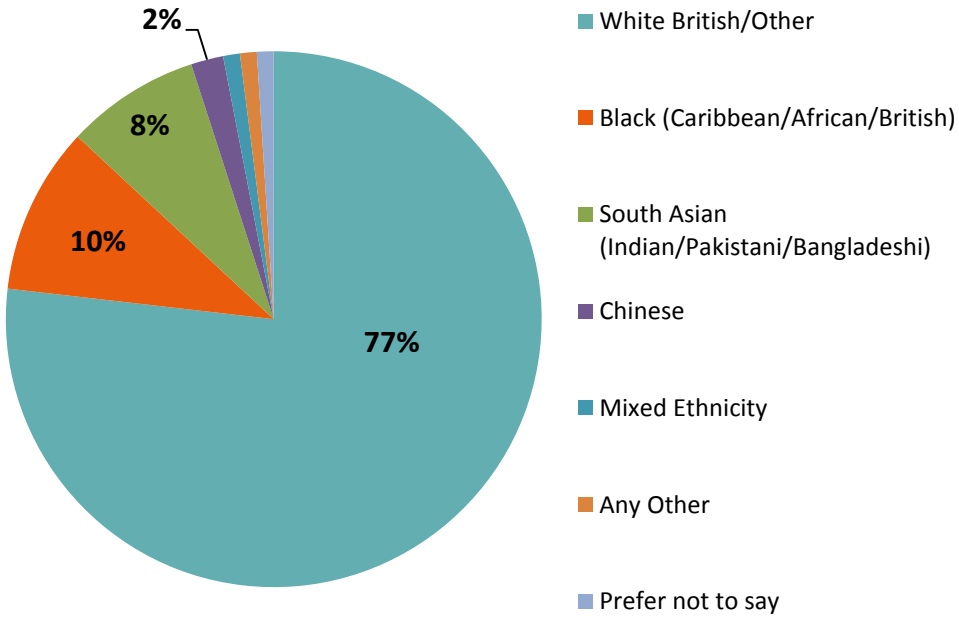
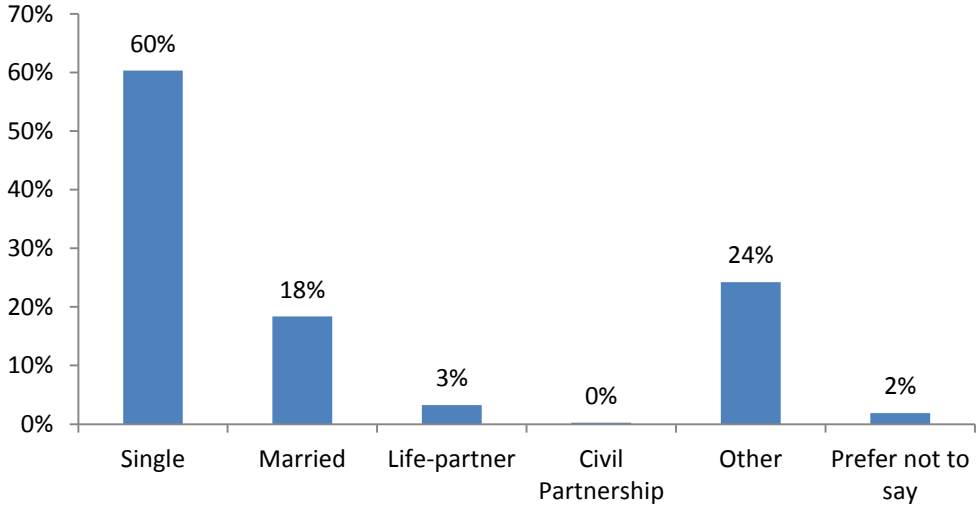



Figure 13: Relationship status of project users (n806)