Evaluation of the Reducing Social Isolation and Loneliness Grant Programme

Interim report

Executive Summary

01 September 2015

1. Background

The Reducing Social Isolation and Loneliness Grant Programme is targeted to **reduce social isolation and loneliness amongst Manchester residents aged 50+**. The Programme is funded by South, Central and North Manchester CCGs and managed by Manchester Community Central. Funding was awarded to a range of voluntary and community sector organisations in February 2014 to enable them to run for up to 18 months.
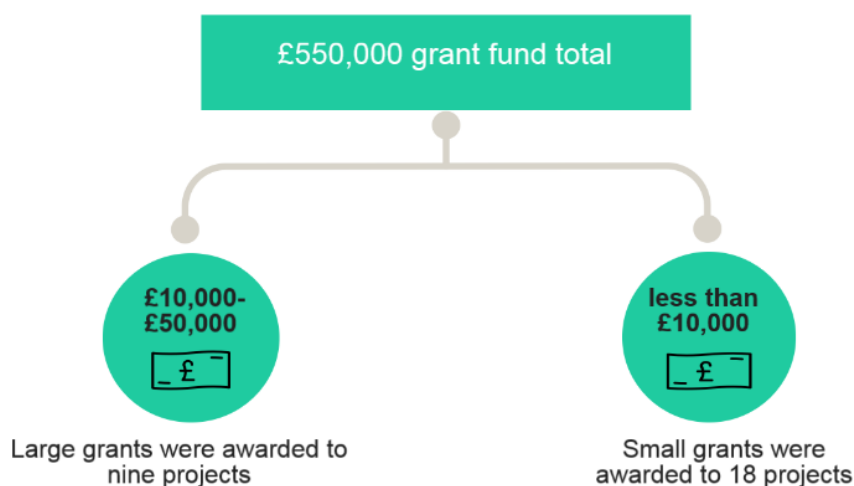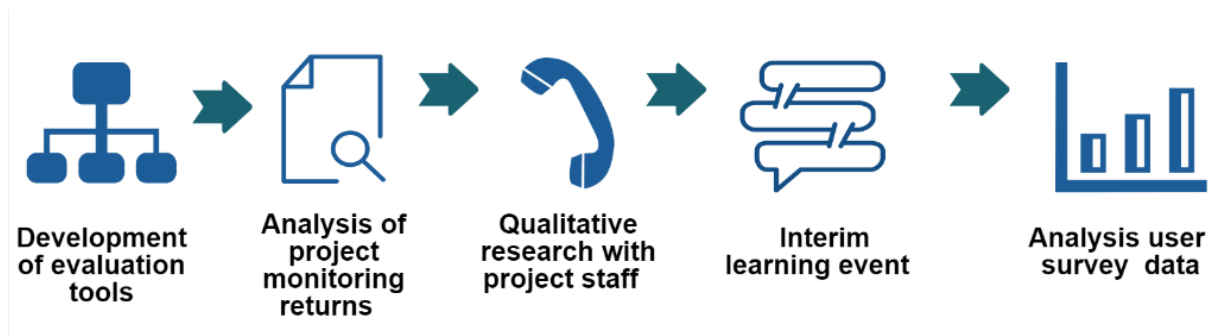

1.1 The evaluation

OPM was commissioned to evaluate the programme in November 2013 and will run until May 2016. The evaluation focuses primarily on the larger grant funded projects, and aims to:

– Demonstrate **programme outcomes**.

– Demonstrate how the meets its **equality objectives** and has impacted on the relationships between CCGs and VCSOs.

– Provide evidence to **inform future commissioning** by the three CCGs.

– Support VCSOs who receive smaller funding amounts to **self-evaluate**.

– Providing evidence of **'what works, and why'** when reducing social isolation and loneliness.

The evaluation methods employed to date and on which this interim report is based are:

Development of evaluation tools → Analysis of project monitoring returns → Qualitative research with project staff → Interim learning event → Analysis user survey data

2. Headline findings

2.1 Project activities and progress

Projects provided an overview of their project progress to date, including the number of activities / interventions delivered and the number of users / participants engaged to date.

We found that:

- Projects are **approximately half way towards reaching the expected number of people engaged with**. However, most projects will need to continue recruiting new users at a similar pace through the remainder of the programme.

- A wide variety of activities have been employed both **across** and **within** projects, with most delivering one or more of the following interventions to address isolation and loneliness in their target group:

|	Individual activity	Group based
Informal	Outreach (e.g. visit/ call)	Drop in sessions Coffee/breakfast clubs
Formal	Health and care assessments Befriending programmes Arranged home help (e.g. DIY)	Cooking classes Exercises classes Skills development Trips and outings Inter-generational

2.2 Project user engagement

Projects report **a total of 1058 users have been engaged** across the large projects and one small project. We received equalities monitoring data from **35%** (366) of users, giving us a partial indication of who is accessing the projects.

Who is accessing the projects?
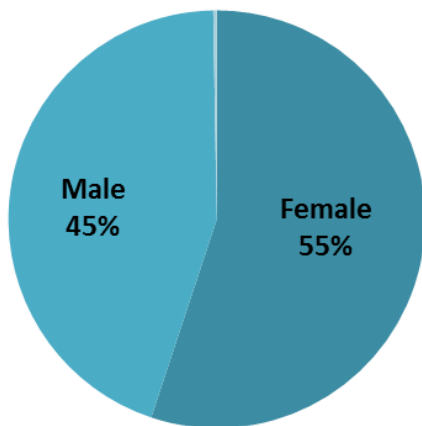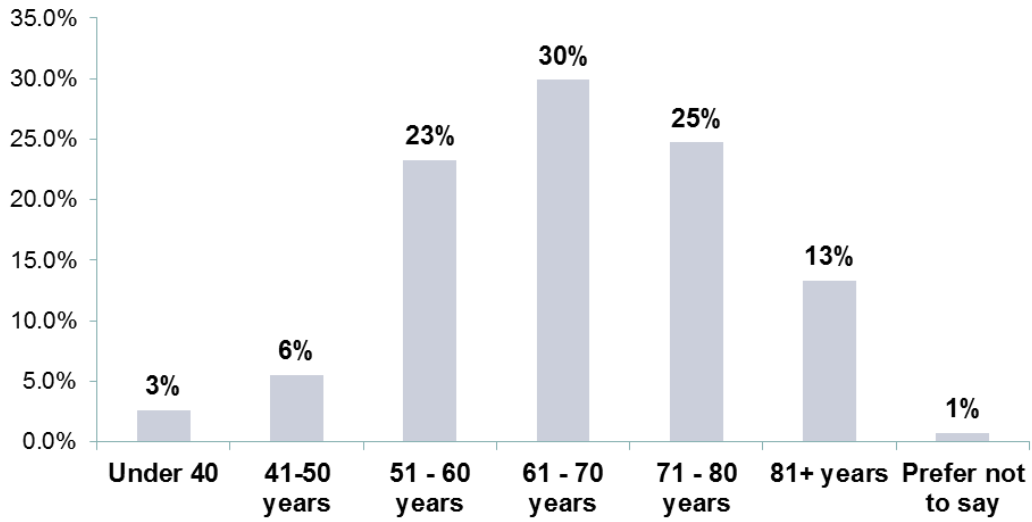
52%

consider themselves to have a disability
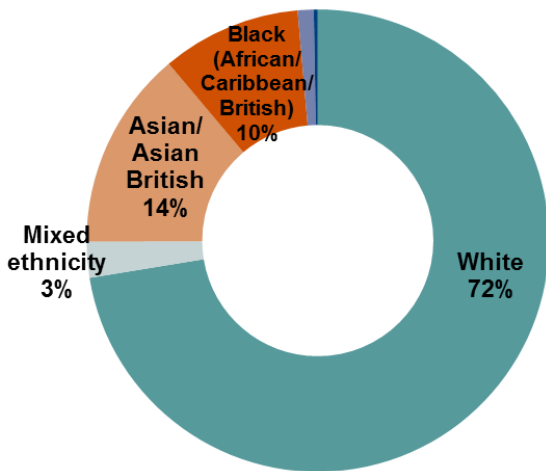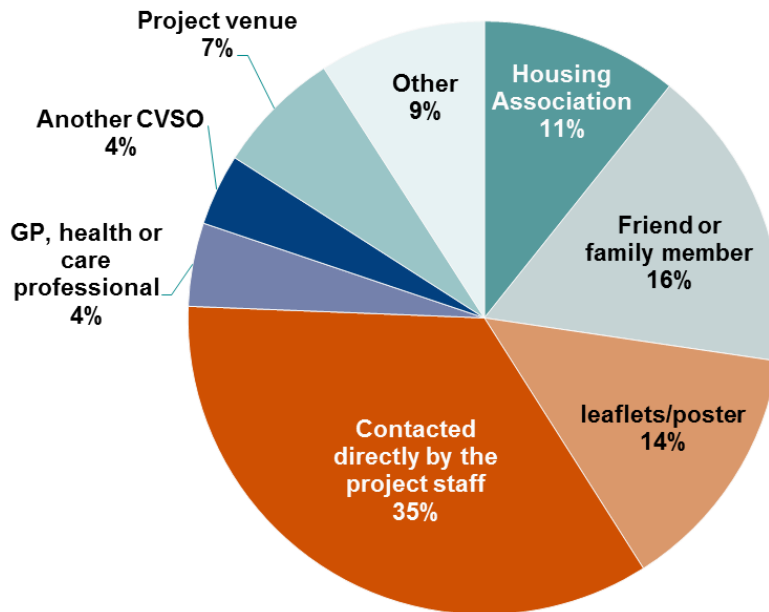
58%

are living alone

77%

do no paid or unpaid work

54%

are single

How are users identified?

Survey respondents were asked **how they found out about the project**:


What works when identifying users?

- **Proactive outreach** to the most vulnerable people through letter, phone call, door knocking

- **Personal referrals** from members of the community who will suggest neighbours and relatives who will benefit from the programme

- **Outreach activities and stalls** at various community locations and events with small token give-aways to attract the public

- Referral from **health professionals** have huge potential, though few referrals have been made through this route to date

- **Snowballing** whereby current users bring along other people who they think might benefit from the project.

- Referrals from **other local community groups** are effective when there are strong relationships already in place, though few groups have formally established these relationships.

Engaging and retaining project users

Keeping project users **engaged** and maintaining **regular attendance** can be challenging. While the cause of disengagement is not always clear, a number of barriers were identified:
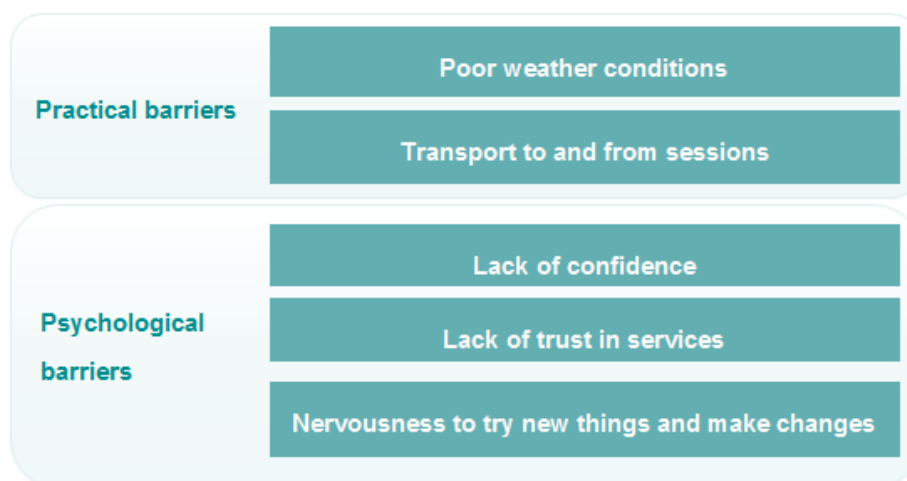
What works when engaging users?

- **Get to know your service users** to find out what their individual needs and preferences are and build trust.

- Take a **personalised approach** through offering a range of activities and levels of participation suitable to their needs.

- Be prepared to spend considerable time undertaking **one to one upfront engagement** to build trust among the most isolated users.

- Celebrate **project successes** to encourage new users e.g. through photos and videos.

- **Buddy** the more confident users with those who are newer or less confident

- Respond to **user feedback** about the appropriateness of project time, setting and activity.

2.3 Partner engagement

Partnerships as seen as key to **project sustainability**. Projects continually seek to engage new users, recruit volunteers and develop activities, and partnerships are central to this.

What works when engaging partners?

Health and care professionals

Engaging nurses (who in turn can influence GPs) and other health and care professionals along the care pathway e.g. therapists.

Accompanying service users to appointments.

Locality meetings, patient groups and ZEST forum are places to make contacts.

Providing the CCG with information so they can promote the service.

Demonstrate your impact so professionals have confidence in the project.

Schools

Allow time for relationship building and working through red tape.

Identify a lead contact who is passionate about inter-generational work.

Primary schools can be more flexible in their timetable.

Collaborate with teachers before and during sessions.

Housing Associations

A successful partnership with a housing association can be a source of resources, estate, and marketing opportunities.

Identify a key point of contact such as the Housing Manager and build an open and honest relationship. Involve them in your project so they can see the benefits.

Community and voluntary sector

Topical events and forums such as Age Friendly Manchester and Manchester Carers Forum are good places to make like-minded contacts.

Formal partnerships may bring benefits such as sharing of referrals and resources but require good governance arrangements in place.

Local business

Partnering with Local organisations to provide free or discounted activities such as theatre trips.

2.4 Working with volunteers

Volunteers have made a significant contribution to project. Across the large projects and one small project leads report that **206 volunteers** have been recruited and delivered a total

6779 hours of work. Volunteers support all areas of projects from frontline delivery to admin support.

What works when recruiting and retaining volunteers?

- Recruit from a range of volunteer pools to get a **varied skills mix**
- The **University** of Manchester has a large pool of students, although these can lead to shorter term placements.
- **Befriending** roles are highly popular. **Health focused roles** have a strong appeal to students training in health and care professions.
- Building up **reputation** of projects to attract volunteers is hugely important, more so than formal publicity and promotion.
- Clear volunteer **role descriptions** can be helpful to refer back to if issues arise.

Developing users as volunteers	
Challenges	**Successes**
• Securing firm commitments	• Increasing confidence and user empowerment
• Changing relationships with other users	• Formal training and development
• Can require close supervision	Or
• Reluctance to take the lead	• Blurred lines and gradual responsibility

2.5 Evidence of impact and user feedback

What we found out from project users at baseline

Most felt they could get out and about when they want to

Users had a high level of confidence in managing their health

Most users felt confident they can access services and support

Some felt unable to put their skills to good use or contribute to the community

Most rated their overall quality of life as fair or good

Qualitative evidence of impact from project users

Leads report that project activities are helping users to meet other people, feel part of a community, become more independent and active, and overcome boredom through engaging in constructive activities.

> *"It got me out of the house; I'd never met anyone else who has had a stroke before." (Stroke Association user)*

Some users have seen improvements to their health and attribute this to the project.

> *"By slowly introducing exercise into my routine again, I have gained much more confidence in my physical abilities." (Henshaws user)*

Users are gaining access to wider health, care and community services by projects that accompanying them to appointments or translate paperwork.

> *"Thanks for coming and explaining the hospital appointment letter, I nearly missed it." (BME Health and Social Care Partnership user)*

The learning of new skills was a tangible impact observed by project staff whose users engaged in IT, languages, crafts, cookery and gardening activities.

What works to address social isolation and loneliness?

This programme is reaching a diverse range of users and what works for one person might not work for another. We learnt from project leads the importance of getting to know the user, understanding how best to meet their needs and developing a personal approach. While individual needs and preferences vary, some common themes could be identified across groups about the specific benefits of different approaches.
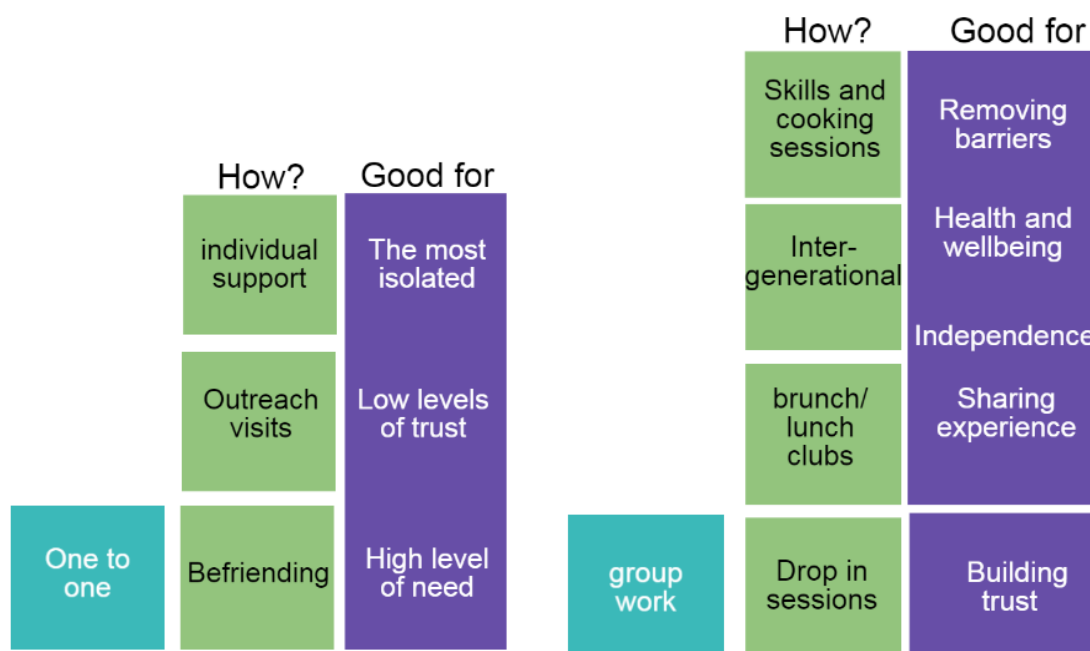
Conclusions

At this interim stage of the evaluation we draw a number of key messages:

- There is an inherent challenge in capturing robust data regarding levels of such subjective issues as loneliness. Baseline data show fairly low self-reported levels of isolation and it will be vital to receive follow on surveys to enable us to track changes over time.

- It is encouraging that all larger grant funded projects are beginning to identify user impacts; either at anecdotal individual level or across whole groups of users.

- Volunteers are being widely used by the projects and are providing vital support to users and also developing their own skills, confidence and social networks as a result of their involvement in the projects. There are challenges and successes in developing users as volunteers that require further exploration in the later stages of the evaluation.

- There are opportunities for further cross-programme collaborative working between the projects. This is likely to be supported by the production of the programme brochure detailing all the funded projects.

- The relationships between the CCGs and large grant funded projects continue to develop, though many perceive that its full potential has not been realised. Exploring how to maximise the impact of the relationship over the final months of the programme will be important.

- For the remainder of the evaluation it will be important to generate learning about how to reach the most socially isolated users. There is more learning to tease out from the projects regarding 'what works' in engaging with the most socially isolated people in different communities, and recommend that this becomes a key focus of the final stage.