Ageing Better

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Achievements and learning from project delivery to date

Ageing Better is a £78 million programme funded by the Big Lottery Fund to improve the lives of people aged 50 and over. Our ambition is to address social isolation and loneliness, improve social connections and enable older people to be more engaged in the design of services for their communities.

This briefing summarises our achievements to date and discusses learning from project delivery to date. We also look at the challenges we and our partnerships have faced and what we are doing to address them in the second half of the programme.

Keyword reference: Social isolation, loneliness, older people, coproduction

May 2018

Introduction

What is Ageing Better?

Ageing Better is a six year, England wide, £78 million National Lottery funded programme set up by the Big Lottery Fund. It aims to support people in later life through working with older people to create new and enjoyable ways for them to be actively involved in their communities, helping to combat social isolation and loneliness. It aims to improve social connections for older people and enable them to be more engaged in the design of services for their communities. It also aims to increase public appreciation of the positive role that older people play in society.

Ageing Better runs from 2015 to 2021 and is being delivered by 14 voluntary sector led partnerships across England (see Appendix 1), made up of voluntary, community and public sector organisations.

Each partnership is working with the strengths and assets of older people and their local communities. Project activities are co-designed and delivered and older people are driving decision-making and governance.

Partnerships are taking a 'test and learn' approach. This gives them the flexibility to try out a range of approaches. It also means recognising and sharing when things haven't gone as intended, as well as when they have been successful, to create practical learning for others. Using this learning, the programme aims to improve how services and interventions to tackle loneliness are delivered, and ultimately contribute to an evidence-base to influence future service development.

Partnerships are using a mix of models focussed on:
- Commissioning services to local providers through contracts

- Service delivery by organisations within the partnerships
- Distributing funding for grassroots activity

Activities being tested are targeting particular geographical areas, groups of people or identified 'risk factors' for isolation and loneliness. Many projects have embraced community development principles, which value social justice and equality, anti-discrimination, community empowerment, and working and learning together.[1]

Projects are also undertaking awareness-raising about loneliness for older people within their communities, and some are actively working to make their area 'age friendly'.

Background to Ageing Better

In 2011 the Fund agreed an overarching strategy to help older people shape support for dealing with life changing transitions, such as bereavement. It also aimed to recognise and promote the positive contribution older people make to society. The resulting £10 million Silver Dreams Fund funded 37 projects which empowered older people to design and deliver support services.

Learning from this work highlighted ongoing gaps in provision so we put together a cohort of older people who worked with stakeholders including Age UK and Nesta to inform our future funding. They identified a lack of evidence of 'what works' to support people to cope with challenges and enjoy later life in general, and in tackling loneliness and isolation specifically. They also identified the need to challenge wider, negative narratives around ageing.

As a result we invested £50 million in the Centre for Ageing Better to bring new thinking to the challenges and opportunities that society faces as more people live longer, and to develop, share and apply evidence. We also created the Ageing Better programme.

Why is social isolation important?

Social isolation is generally defined as objective, related to the number or quantity of social contacts someone has.[2] Loneliness is more subjective; the feeling of being alone and missing meaningful contact.

By 2040, nearly one in four people in the UK will be aged 65 or over.[3] Social isolation can affect anyone, regardless of age, however data suggests that between 7 and 17% of older adults experience isolation, and that it is becoming more common. It is linked to an increased risk of mortality, higher rates of emergency admissions, re-admittance to hospital and earlier entry into care homes.[4] Loneliness and isolation are also linked to depression and poor cardiovascular health, but the reasons for this connection are not well understood.[5] Having a range of social connections in later life can protect against

Ageing Better

A total of £78 million for 14 areas across England

A 6 year programme from 2015 to 2021

Managed by VCSE led, multi-stakeholder partnerships

Ambition is to improve social connections for older people and enable older people to be more engaged in the design of services for their communities

Challenging wider, negative narratives around ageing

Building on a relational 'test and learn' approach where we work with partnerships to provide support and challenge and link up areas to share learning

these risks and NHS England say it is essential that older people are supported to remain as independent for as long as possible.[6]

Nevertheless, half the people over the age of 75 live alone[7]. For 3.6 million older people television is their main form of company[8]. 17% of older people say that they go for a week without speaking to a friend, family member or neighbour, for 11% this is over a month.[9] More than 1.8 million people over 75 say that their feelings of loneliness are out of control, with one in four worrying about how often they feel lonely[10].

Many things can contribute to feeling isolated or lonely and it can often be triggered by a sudden life event or change of circumstances such as retirement or bereavement. Partnerships have noticed that isolation may also become habitual, *"due to a range of barriers that people face to getting out and socialising."*[11] Identifying these 'risk factors' can therefore be a useful way to prioritise resources.

It is important to note that loneliness is an entirely normal experience. Many people like or want to be alone some of the time, but it is when missing human contact becomes entrenched, or loneliness persists over time, that it can have a negative impact on health.

The 'test and learn' approach

There are, perhaps inevitably, tensions between the flexibility of 'test and learn' and the requirement to evaluate interventions, and monitor contracts and overall performance. A number of projects told us that the initial design of the national evaluation ran counter to the Fund's messaging on how we wanted projects to be run, specifically when we asked for strong co-production and asset-based approaches. There have also been challenges in meeting the ambition to add robust data to the evidence base, *"Setting up a test & learn initiative was seen as being countered by BIG's approach in agreeing outcomes/deliverables with projects."*[12]

Consequently, how we have worked with partnerships has shifted over the course of the programme, from an early focus on compliance to a more relational approach where we work with partnerships to provide support and challenge and link up areas to share learning. For our staff this has meant a much deeper involvement and a greater understanding of the practicalities and challenges of working in partnership.

Ageing Better is being evaluated both nationally and locally. The national evaluation is led by Ecorys UK[13] and will analyse the interventions and the difference the programme makes for participants and examine which delivery models are effective and how sustainable they might be in a wider context.

The diverse ways that partnerships refer to similar types of interventions and activities has added complications to capturing and sharing learning. We are working together to see if a common set of terms or 'typology' can be established.

At the time of writing we are roughly half way through the programme, with a number of projects in the testing phase of their approach. What we can say with certainty is that there is no 'one size fits all' approach to supporting older people to become less lonely and less socially isolated.

What has Ageing Better achieved so far?

1. Engaged 60,000+ older people from diverse backgrounds to improve their social connections and access to decision making

2. Broadened the scale and scope of services for older people in Ageing Better areas; and increased local capacity and knowledge to address loneliness

3. Many older participants' lives have improved; they feel less isolated and lonely, are more socially connected and report early, positive effects on health and wellbeing

4. Strengthened the capacity of the voluntary sector in funded areas to design, deliver and commission services for older people

5. Enabled older people to be more engaged in the design and delivery of services for their communities

6. Created over 12,700 volunteering opportunities, with positive spin off effects on awareness, understanding and skills

1. Over 60,000 older people from diverse backgrounds have engaged in Ageing Better so far

Our 14 local VCSE led partnerships have made excellent progress at involving older people in the tens of thousands in our programme during the first three years of delivery. By December 2017, our partnerships have worked with 60,091 over 50's improving their access to decision making, connecting them with family and peers, engaging them in social activities and encouraging volunteering.

We are particularly proud of the work of our partnerships to involve people from a broad range of backgrounds, including those who tend to be underrepresented in decision-making. Most of the Ageing Better participants (68%) are 65 or over[14]. More than a third come from Black, Minority Ethnic (BME) groups. Half live alone but we are also engaging older people with caring responsibilities. About 1 in 20 are older Lesbian, Gay, Bisexual and Transgender (LGBT) people.

Ageing Better is successfully reaching people from more diverse backgrounds and those who are likely to have an increased risk of loneliness and isolation. We should be doing more to reach men; a number of partnerships have recognised this and are testing new approaches to reaching and engaging men (see Lesson 6).

Figure 1. Participants in Ageing Better, December 2017
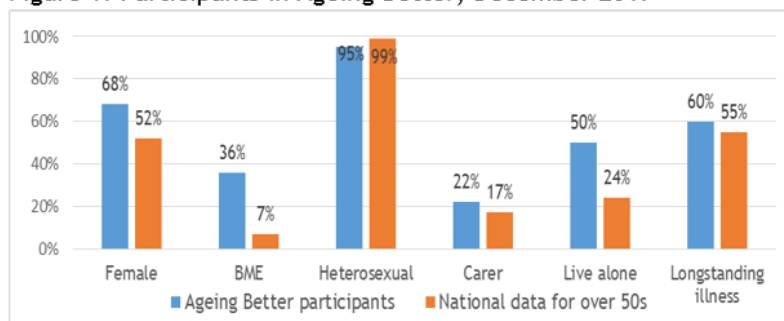
Source: Ecorys, 2018, Based on a survey sample of 16,776 participants

2. Ageing Better has broadened the scale and scope of services for older people and we are increasing local capacity and knowledge to address social isolation

So far, our partnerships have introduced over 175[15] different interventions, activities and services to improve the lives of older people across the 14 Ageing Better areas. As a result, thousands of older people have participated in activities which may not have been in place without the programme. The voluntary, community and state sector partners have had an opportunity to test and learn approaches that have the potential to address social isolation most effectively. Examples of some of these successes in broadening the scale and scope of services are outlined below, with many further examples in the Lessons section.

We have started to challenge negative perceptions of ageing and raised awareness

Ageing Better is raising awareness of loneliness and challenging stereotypes by promoting positive messages about ageing. Projects have held photo-shoots and produced podcasts, radio shows and videos to show what older people can offer. Bristol have created a film with the creators of Wallace and Gromit; it's been viewed over 21,000 times on YouTube. Torbay has had over 1,000 visitors to its two Festivals of Ageing. Older entrepreneurs have been supported and promoted in Thanet and the Isle of Wight. Projects have also come together to promote positive ageing around wider awareness activity such as International Older People's day and Volunteering week.

We have established services to identify, reach out to and support some of the most isolated and lonely older people

Being a carer, or from a BME or LGBT community, may mean you have an increased risk of becoming lonely. Nine partnerships have established specific services supporting older people who are carers for their partner or family members. 'Growing Older Together' in Torbay provides support for people with a learning disability who are carers for elderly parents.

In six areas across the country projects are working to help make lasting social connections for older LGBT people and to promote awareness with local organisations and businesses. In Leeds the project offers drop in sessions and support for isolated LGBT older people to attend events such as film screenings. Bristol Ageing Better has held their first storytelling night celebrating LGBT history.

Six areas are working with a range of diverse communities to build social connections and provide culturally sensitive solutions to loneliness, such as tailor-made activities for the Irish and South Asian communities in Leeds. Four Ageing Better areas have placed their focus on increasing access to men.

We are bringing together different generations to build connections

Seven areas are bringing together different generations to build connections and challenge perceptions of both the older and younger participants. For example Manchester's Young in Mind project enables older people in supported housing to share experiences with young people from a local Pupil Referral Unit.

We are enabling communities to provide solutions in ways that suit them best

Birmingham, Camden and Torbay are supporting people to come together and use the assets within their communities to set up local groups and build social connections. Torbay's 15 Community Builders have enabled 1,200 local people to become community connectors who help to engage older isolated people.

Seven areas have offered innovation or seed funding direct to community groups. As an example, Bristol's Community Kick Start fund has provided £110,000 funding to help over 70 groups across the city.

We are providing digital support by working with the devices older people use

Some older people have a mix of suspicion, fear and lack of understanding about some digital technologies. In general, a flexible approach to working with individuals and the technology they have, focusing on their interests and at their pace, work best. Some projects are mixing digital into other activities like coffee mornings in Middlesbrough to make it seem less scary. Hackney have found that older people don't necessarily want or need computer or digital literacy courses but do value sessions to make the most of their smartphone or tablet.

3. Ageing Better is improving the lives of older people; participants feel less lonely and are more connected[16]

We are only half way through delivery but early evidence shows that participation in Ageing Better is having a positive effect on the lives of our participants.

Ageing Better is reducing feelings of social isolation and loneliness, particularly for the loneliest

A statistically significant number of our participants have reported feeling less socially isolated and lonely after taking part in Ageing Better projects. This is based on a survey they complete to measure their loneliness and other outcomes before and after taking part in Ageing Better projects (based on UCLA[17] and De Jong Gierveld scales (DJG)[18]). After their involvement in Ageing Better 39% (DJG scale) reported feeling less lonely[19].

	UCLA Scale	DJG Scale
Feel less lonely	38%	39%
No change	42%	36%
Feel more lonely	20%	25%

Analysis has shown that, for the loneliest participants, the decrease in social isolation and loneliness is the most substantial. A smaller improvement is evident among those with medium levels of loneliness, and an increase in average social isolation and loneliness is found for the least lonely participants. (See Challenge 3 for more on the increase in loneliness.)

Ageing Better is increasing social contact

Our participants are more actively involved in their communities after their involvement in Ageing Better. Two out of five (42%) have more social contact with their own family and friends following participation. A third (34%) are joining in local events and group activities more than before and 30% have increased their contact with non-family members. As an example, the share of participants who speak with a non-family member every day has increased from 39% at entry to 43% at follow-up (against the national average of 63%).

42%
had more social contact with children, family or friends

34%
taking part in social activities more frequently

Ageing Better shows early, positive effects on health and mental wellbeing

Early evidence indicates positive effects on health and mental wellbeing. The participants' wellbeing score rises from 20.9 at entry to 22.3 at follow up, using the Short Warwick-Edinburgh Mental-Wellbeing Scale. Both are still below national averages of 24.8-25.1 for older people, but early findings show a positive trend.

Ageing Better participants also rate their own health on a scale of 0 to 100[20], and average scores have improved from 60.6 at entry to 64.6 at follow up. These are below the national average of 75 for older people aged 65+, but also indicate some improvement.

4. We are strengthening the capacity of the voluntary sector to design, deliver and commission services

Working in a partnership to deliver Ageing Better has benefitted voluntary organisations; and improved collaboration between voluntary and statutory bodies[21]. It has built the experience and capacity of 14 lead VCSE partners to become commissioning bodies. Smaller, local organisations have been given a 'seat at the table' and, along with older people, they have had the chance to influence policy and strategy. The Hackney and Camden projects have jointly responded to Transport for London consultations and Leeds Time to Shine participants now represent the voice of older people on the city council's commissioning panels.

Four areas are focussing on social prescribing, where healthcare professionals can refer patients to community-based activities providing social as well as clinical help. Birmingham have produced a directory of services for healthcare staff to refer people to. In Cheshire three schemes are piloting approaches working with health providers to signpost activities and bring isolated people together.

5. We are enabling older people to be more engaged in the design of services for their communities

We have been successful at putting the voices of older people at the heart of the design and delivery of services to tackle loneliness. Older people are key to Ageing Better

partnership decision-making and governance. The [Time to Shine Leeds](#) partnership is led by Leeds Older People's Forum who have committed to 75% of the partnership board being made up of older people. Older people are informing delivery and making sure projects are relevant to their needs through steering groups such as [Bristol Ageing Better](#) and [Brightlife Older People's Alliance](#) in Cheshire.

Commissioning decisions are being led by older people, for example in [Camden](#) and [Torbay](#) where workshops have been held for potential delivery organisations to co-design their services with older people.

Partnerships are committed to the ongoing engagement of older people throughout the life of their projects and in uncovering and listening to a wide range of user voices, not just those on formal project boards. Older People are researching their communities to inform delivery and local evaluations in [Bristol](#), East Lindsey, [Manchester](#), Middlesbrough, Leicester and Torbay. The Volunteer Listening project captures the experiences of loneliness and growing older in [Leeds](#) along with real time feedback on delivery.

The national evaluation is measuring influencing and co-design by asking if participants feel they can influence decisions affecting their local area and how many activities they had been involved in where they had helped to decide how a project, policy or service was delivered. Average scores have improved at follow up.[22] (See [Lesson 1](#) for further information)

6. Ageing Better has created thousands of volunteering opportunities

Our partnerships have worked with over 12,700 volunteers from all different backgrounds. They have contributed 14,678 hours, equating to just under 2,000 working days[23]. Volunteers have reported a range of benefits from this including skills development and improvements in their wellbeing. Volunteers have also become more aware of isolation and loneliness amongst older people[24].

Lessons from Ageing Better

1. Put older people at the heart of design and decision-making and give this the time and support it needs

All partnerships have formal governance structures involving older people and projects offer a variety of approaches.[25] For example, Leeds Older Peoples' Board representatives sit on tender panels and review all documentation to ensure it is 'age-friendly'. The group supports the City Council in overseeing activity and provide constructive challenge to assumptions and established ways of working.

However, there is more to putting 'people in the lead' than formal representation on management boards. Projects are testing creative mechanisms for older people to 'have their say' on things that interest them and to challenge conventional ways of engaging people in order to hear more diverse voices and reach those who might not volunteer to be part of formal management structures.

> **Example – Older people driving the development of the older people's strategy in Torbay**
>
> Torbay ran 14 'Food for Thought' sessions - focus groups - in friendly, welcoming venues like local cafes, and promoted these through postcards, social media and the Community Builder network. By making people feel welcome and valued, taking an informal approach and providing *"decent food, not just a cup of tea or coffee and a biscuit,"* people felt free to contribute which directly informed outcomes for the project's innovation fund.
>
> They published feedback from over 300 participants and presented to the Health and Wellbeing Board (HWB), which brings together regional NHS, public health, social care and the Local Authority. They are now working to get the Local Authority to adopt and develop the vision for an Older Peoples' strategy in Torbay, using co-production with older people and also feeding into the development of an Older People's Assembly.

Sheffield have engaged older people on bus journeys, the Isle of Wight have used radio phone-ins and Bristol has a regular 'BABBERS' programme on a local radio station. Birmingham encourages regular participants to bring a neighbour along, while Manchester targets places with high footfall such as supermarkets to expand its reach.[26]

Partnerships consistently report longer than anticipated time to establish the right structures to make co-production meaningful and sustainable, and for some this activity has taken more than a year.[27] It takes an investment of time and resource to effectively engage and co-produce with people[28] and the projects have found that bespoke training and ongoing support for these activities has helped make them successful and meaningful.

In Birmingham the Age of Experience Group facilitates co-production providing practical training and building capacity to take on specific roles.[29] Members have participated in

recruitment and procurement, sat on micro-funding panels, done peer research, spoken to the media and represented the project at events.

A number of partnerships are enabling local groups to fund and trial their own responses to local situations. Using 'micro-funding' enables people to test the appetite for new approaches, see how ideas might be appropriate for local people and how best to deliver the activity. Informal feedback suggests that this has helped reach places and people that would otherwise have not benefitted from funding. Practical tips emerging emphasise the need for:

- As flexible approach as possible when working with people who may not have done something like this before
- Connect people so they can learn from each other's experience
- Give clear and honest feedback to the groups you are working with
- Provide support to publicising this work

Some areas have embraced asset-based community development (ABCD) principles, by identifying and mobilising existing, but often unrecognised, assets.[30] Torbay are working in 30 neighbourhoods to identify and connect assets and support community-led work to build on these. As a result Community Builders have brokered a time-bank scheme, which links individual offers of practical support (volunteering) with need in the community. It has taken time to build trust in these neighbourhoods, and the project has reflected that in the early stages it was a challenge to balance signposting and linking other services with helping the community to lead activity. There was a temptation to do 'anything' or lead activity to get things started but, "*doing for the community takes them further away from where we want them to be.*"[31]

2. People may not see themselves as 'old', 'isolated' or 'lonely' – so using the right language is key to getting them involved

A 2018 YouGov survey emphasised people's perception of ageing is influenced by their own age. Very few people consider themselves old, and only the 70+ age group features a majority of people (59%) that self-identify as old.

We are seeing that some people are unwilling to get involved in activities that are defined as being for 'older people', "*I don't want to go to any groups that are aimed at 'older people'.*" "*I don't want to be around other older people, they make me feel old.*"[32] Whilst others have said there is not enough activity within the programme for 50-60 year olds.

In these cases intergenerational approaches are proving positive and engaging for some participants as they build mutual understanding and, in some places, enduring friendships. There has been some success in bringing together children with older adults to improve local connections and break down stigma and ageism. In Leicester for example, a 'Tactile textiles' project took primary school children into a residential home to work on a shared arts project with residents for up to six weeks. "*I didn't think*

the elderly liked being around children but as soon as we came here I realised that we have a lot in common – the elderly are very interesting."[33]

Middlesbrough has tested using older volunteers to support holiday clubs and trips for local children and found they helped build more understanding. Older volunteers have valued the challenge to preconceptions, *"They know we don't just sit in an armchair by the fire"*, as well as a sense of purpose and feeling that they are contributing.[34]

Similarly perceptions and language influence how approaches to tackling loneliness are received. For some, using the terms 'loneliness' and 'isolation' is negative or deficit-based. *"If you create the positivity around an issue people are more likely to engage as they want to be a part of something that is working, rather than always focusing on the problem."*[35]

Projects are seeing that people who 'objectively' lack outside contact with friends or a social circle may not see themselves as isolated, for example, because they have a partner, whilst older single people who appear socially connected do think of themselves as isolated as they don't have a partner.[36]

Additionally some people don't like or want to be referred to as a 'beneficiary' or a 'volunteer' and this need for sensitivity about language stretches across many areas of delivery and terminology including, for example 'champions', 'counselling' and 'mental wellbeing'.[37]

Projects are learning that plain, accessible and positive language is key to engaging older people. Language needs to be active and engaging with a positive spin and be fun, as one project commented, *"Just because you're over 50 you can still have fun"*[38]. Leeds Time to Shine and Brightlife Cheshire have reflected this, choosing not to reference ageing in their partnership names or branding, others have presented ageing in a positive light, such as Leicester Ageing Together or Ambition for Ageing in Manchester.

3. The quality and quantity of relationships matter, but you can't manufacture friendship

Partnerships have identified the importance of developing and sustaining meaningful relationships, over a focus on simply doing something or getting out and about. We are seeing that traditional befriending approaches don't work for everyone. This concurs with findings of the Promising Approaches review from Age UK in 2015.[39]

East Lindsey found that formally pairing volunteers and older people without thinking about shared interests or something to 'glue' people together doesn't work as they either lose interest or don't see the relationship as 'real'. For some the notion of befriending seems *"potentially disingenuous"*[40] or hasn't worked so a number of projects are looking at activities that facilitate sustained networks, in order to allow friendships to develop.[41] Leeds recommends that commissioning should require delivery partners to foster relationships *within* the activities run, and that can ideally continue outside the project boundaries[42].

> Bringing people together with a *meaningful connection* and then nurturing friendships have been successful.
>
> When matching people with befrienders or volunteers, think about *shared interests or life experiences* and build in *social time* during events and activities so that people can enjoy *unstructured time together*.

An outreach or connection worker providing one-to-one support to link an older person to activities may take months to build up the relationship, confidence and trust to enable small changes. For example in Middlesbrough the average length of time an isolated older person will spend in the outreach programme is six months, with 71% of people engaged by the project identifying as 'very lonely and isolated'. *"Understanding an individual's circumstances by listening and spending time with them is crucial to success. Outreach workers take time to understand a person's goals to help them become less lonely and isolated. Community Development staff take time to understand an individual's barriers to attending taster sessions."*[43]

This investment of time and resources ensures people feel that they are cared for, listened to, and that projects are interested in them as an individual. Participants have said this makes Ageing Better different from other services.[44]

> **Example - Sheffield Wellbeing Practitioners and Access Ambassadors**
>
> Margaret benefitted from two commissioned services after she lost her husband and was in a "bit of a black hole." She was referred to a Wellbeing Practitioner for home-based counselling by her GP, then, despite initial reluctance, she was matched with an Access Ambassador, Josie. Through this project, which matches volunteers aged 50+ with older people to help overcome barriers to getting involved in activities. Josie arranged days out together, to places Margaret had never visited, or might not have chosen for herself as well as shopping trips. Margaret enjoyed their sessions and said that without the initial counselling she wouldn't have done it, and that having a one to one relationship really worked for her, *"some people thrive on groups - but I'm not that kind of person."*
>
> For Josie, the benefits of being paired with a like-minded person were tangible. *"I live alone, and could have been in Margaret's place. […] It wasn't what we did, it was the meeting, talking and sharing stories."* Margaret and Josie have continued to meet up as friends after the formal end of the intervention.

4. Identifying and removing barriers enables people to get involved

For many older people getting out of the front door is one of the biggest hurdles to overcoming loneliness. Barriers can be physical and/or psychological:

- Fear and safety (falls, crime, obstacles, going out alone or at night)
- Transport (is it regular, affordable, comfortable?)
- Lack of confidence

Flexible strategies are needed to listen and respond to these and connecting with isolated people and working with them to build trust and confidence and identify strengths they could offer others can make a real difference.[45] People report feeling most lonely on evenings and weekends. Winter evenings have been highlighted as a time when a lot of older people can't or don't want to get out and socialise, "*You're on your own, the curtains are closed and you're keen to go to bed. That's when I'm at my loneliest.*"[46] Weekends are viewed as predominantly family time, and problematic if you don't have family nearby or if your friends have their family visiting. The summer holiday period is also emerging as a peak time of significant loneliness.

It is proving important to provide support at these 'unusual' hours when people need it most. A number of partnerships are working to provide activities in the evenings and at weekends, using volunteers to support and deliver them at time when they are available. Communities and volunteers are more open to 'out of hours' activity, where traditional service providers may have been slower to adopt provision for this need. Delivery outside 'working hours' could also help attract younger volunteers.

Transport is also being seen as a structural barrier and a "*key contributing factor*" to loneliness[47]. 'Transport' can mean a mix of complex issues highly related to local context and the physical environment. These issues are being addressed in a variety of ways: volunteers from Sheffield have provided transport for older people; buses on the Isle of Wight and taxis in Thanet are being supported to become age-friendly through awareness raising[48] and Manchester have worked to create a more age-friendly environment by working with local transport companies to successfully stop the removal of benches at bus stops and install new ones so people can wait more comfortably, making journeys less daunting.

Some areas trialled specific 'transport buddy' roles (a volunteer who supports someone to use and navigate local transport) which didn't work due to a lack of volunteer buddies and older people not taking up the offer[49]. Some areas are now focused on increasing access to information about transport options and creating 'Connectors' who provide information on transport in the wider context of accessing local services or practical support.

Some areas are seeing social connections built through people sharing transport routes and have recommended specifically thinking about transport when commissioning new services. The link between transport and life transitions has also been identified as an area of focus for the remainder of the programme. Transport is key at times of life changes such as bereavement or moving areas, partnerships report that where this is planned timely support can be put in place, but often people can face a sudden loss, and find themselves 'stranded' without viable transport options.[50]

5. Understanding and adapting for cultural context is essential

Many people from BME backgrounds will have had a very different experience of growing older from subsequent generations. Immigrants can feel disconnected from their country of birth and the culture that their children and grandchildren are born into. People from

BME backgrounds may well have experienced prejudice both at an individual and organisational level as well as changing attitudes to race and culture. Language and cultural background can become barriers which add to those explored earlier and increase loneliness amongst older BME people.

In some areas there has been an issue with making the voice of older people from BME communities heard by those in positions of power, *"we are invisible now, the sort of things we like doing, no one organises them for us and we are not clever enough to do them."*[51] Generalist organisations may lack the knowledge, confidence, experience or will to build connections with minority ethnic communities. Learning from the programme suggests that where organisations have not offered support to communities in the past, or where previous support has been withdrawn this can create barriers and exclusion.

When projects are aimed at supporting a specific minority ethnic community it is important to work with people from that community to design and tailor support appropriately, rather than imposing models that may not be suitable. *"Communities differ, and approaches to tackling social isolation and loneliness need to be tailored to each, including a consideration of how different cultures may respond to the types of opportunities offered."* [52] Finding the right partners, trusted organisations or brokers, such as cultural and religious leaders, can help develop connection and trust. Middlesbrough is engaging Imams to increase awareness of mental health and the availability of services for the Muslim community.[53]

For some the concept of the close-knit extended family within BME communities masks the loneliness of older individuals who feel disconnected due to experiences, culture and even language barriers. Traditional roles or expectations may limit access to activity outside the home even where we know that people can experience loneliness within the family. Research from Middlesbrough suggests that for some, *"Keeping up appearances' and safeguarding the 'family name' are […] dominating ideas with a culture of shame surrounding asking for help, loneliness and mental health"*.[54]

Second or third generation family members may fuse their traditional culture with British social norms leaving older family members feeling a loss of their cultural identity. *"Everyone speaks English nowadays, even my own kids […] we are losing our language and culture here but no one seems to mind"* [55]For others this concept has become a myth, some projects have noted a relative lack of provision within communities for older people due to the assumption that the family provides care for elders.

Working on practical activities can help bring people together and make connections. In Leicester a community café has established relationships and understanding through cross-cultural food events sharing Pakistani Street food and traditional English cream teas. In Leeds older Chinese residents come together to prepare meals, play traditional Chinese games and sing together. Regularly attended by 30-40 older people who speak little or no English the group has expanded to include a monthly meal for Chinese residents of nearby sheltered accommodation.

Adapting language can also be an enabler reaching people from different cultures, Projects have translated their materials for building connections into a range of

languages and are using a variety of visual aids and taking more time over activities; the national survey toolkit has been translated into 23 languages.

6. Meet men in the places they go, and engage them through their interests

In 2012 the Big Lottery Fund found, *"that many fewer men than women were making use of the services we fund. Very few projects were specifically targeted at men, and many projects that would welcome more involvement from men were having problems attracting them."*[56]

Survey data has shown us that this challenge persists within Ageing Better and a number of areas are prioritising men as a target group in their commissioning plans. Partnerships are finding that older men will gravitate towards specific activities, learning a new or utilising an old skill, rather than socialising or chatting and will connect with each other over time and through the shared experience of that activity.

A number of areas have adopted the 'Men in Sheds' model which offers 'male-friendly' spaces for social and skills based activities. These projects are geared to older men's interests and run by volunteers with support. Sheffield used innovation funding to target projects for men, enabling a pop-up Men's Shed woodworking project.

Torbay brought together a group of men that wanted to make or fix things with a run-down pottery studio and facilitated donations to fund the studio's restoration. The 'men at the shed' have restored the building and are now creating raised flower beds for the community and will start residential home-repairs (through the project time-banking scheme). The daughter of an 84 year old former carpenter wrote to the project, *"what a big difference the shed has made to Dad's life over the last month or so. Both myself and my sister have noticed a change in him as he now has a sense of purpose to his days and a focus other than his empty flat. He talks so fondly of what you are doing there, how appreciated he feels, and what a lovely bunch of blokes you all are. I think the social interaction with other men was just what he needed at this time. Thank you all for welcoming him so warmly into the fold."*[57]

It is also proving important to go to the venues that men use and feel comfortable in. Camden have trialled outreach work in betting shops and using iPads with local pub regulars. Cheshire have funded £20,000 through their Bright Ideas Fund for a Sporting Memories café providing reminiscence and light physical activity for older sports fans. This concept comes from working with older people with memory loss or dementia but is being run for anyone over 50.

7. Ensure that older LGBT people are represented and included

Many older lesbian, gay or bisexual people lived through a time when it was illegal to be gay. They may have directly experienced homophobia and having to fight for acceptance in work and social settings. Some people may have experienced prejudice or discrimination from professionals or services in the past, which may make them feel

uncomfortable being open about their sexual orientation or gender identity. For some, the LGBT community itself may not feel age-friendly and be more focused on the interests of younger LGBT people.

Some projects received feedback from LGBT people saying that they didn't feel included or represented through marketing and promotional materials or the activities on offer.[58] It has been important to raise awareness and promote acceptance by ensuring that LGBT are specifically represented by projects.

Camden Opening Doors runs group sessions facilitated by paid staff and volunteers, offering a chance to connect with other older LGBT people and build friendships and a sustainable network of activity and support. Activities and groups are suggested and led by participants and are marketed through social media and meetup.com. They include bridge and scrabble clubs in a local LGBT Network café and, whilst these activities in themselves may seem a conventional offer for older people, the local LGBT community identified these as being something a bit different for them, with the member who suggested the idea moving on to running the group.

Example - Raising awareness of LGBT issues in Leeds

Sage, a partner in Leeds Ageing Better project, provides training to professionals, volunteers or trustees in 'mainstream' organisations to improve their services to LGBT people. This has built older people's confidence in using their services, and by participating in research, delivering training, talks and workshops LGBT people have reduced their own isolation.

"Training is an important way of raising awareness… people report feeling more confident about how to support older LGBT"

The project collaborated with a range of organisations to increase age and LGBT-friendliness, with a focus on getting more older people at Pride. About 50% of the 80 people who attended were aged over 50. *"[I] felt I wouldn't be welcomed in the gay community, complete with walking stick and 'what are you doing here'…that was my perception…since joining Sage I feel quite able to go crusading…"*[59]

8. Involvement in volunteering or social action play an important role in tackling loneliness and isolation

It's clear that older people want to feel useful and engaged and not just as recipients of services. Often they feel more comfortable contributing than they do receiving and many enjoy opportunities to 'give something back' to their community. Most Ageing Better partnerships couldn't run their services without the support of volunteers.

Older people who make a contribution to the wider community in this way see an increase in the quantity and quality of their social connections; increased self-esteem and sense of purpose; and improved levels of life satisfaction.[60] Participants at follow-up were taking part in 1.3 types of volunteering activities compared with 1.1 types at entry.[61] *"[Volunteering has] opened up a world of opportunities and new friends I had no idea were out there."*[62]

Leeds Time to Shine recognises the importance of creating place or purpose. Their workshop, 'Valuing Our Skills' helps people to see the skills in their community and how to share them. *"This training is a chance for people to think about what they are good at and what they can do and start to look at how they can put these skills into practice to become a part of their community…… no skill should be left to perish!"*[63]

However it's important to note that the language of volunteering can be a turn off and may actively disengage some people. This may be due to mistrust of officialdom or not feeling able to make open ended commitments; not wishing to be tied down by the perceived responsibilities of volunteering.[64]

Projects are testing new approaches to talking about and recruiting volunteers to see how to remove these barriers. Middlesbrough have identified the need for flexible opportunities including 'micro' volunteering (small discreet chances to input into a project). Talk, Eat and Drink, East Lindsey are trialling specific marketing campaigns that avoid the language of volunteering by using images of six local areas asking local people if they want to help out in their area.

> **Example - Manchester is working with local people on issues that matter to them**
>
> Crompton Way is a busy dual carriageway road which intersects a large housing estate and the local health centre. Older people weren't using the pedestrian crossing as it was changing too quickly for them[65]. People had to take a taxi the get to the health centre causing unnecessary expense and a big barrier to seeing their GP.
>
> Ambition for Ageing worked with residents to make a case for change and as a result the local transport authorities reset the crossing to a suitable speed. Previous efforts by Local Authority staff had failed to rectify this; but local people communicating with institutions has achieved this change.

9. Making age-friendly communities creates new meeting spaces and ways into additional support

The World Health Organisation has developed a network of Age Friendly Communities with the intent of creating, *"environments [that] are free from physical and social barriers and supported by policies, systems, services, products and technologies"* to foster healthy and active ageing. [66]

We are seeing investment in becoming age-friendly across the Ageing Better programme with older people actively contributing to decisions about the environments they live in, as well as researching in their areas and working with other services and the private sector to improve their experiences.

We are seeing that the 'banner' of Age-Friendly Community can be a useful way to align project outcomes to get wider engagement with policy-makers and other local stakeholders and securing a commitment to becoming age-friendly at a high level can provide leverage for getting into other parts of the 'system'. A growing number of Ageing Better areas are adopting age-friendly outcomes or collaborating with local authorities with ambitions to become age-friendly.

Local businesses offer places and opportunities to meet, as well as essential services to older people who may not be able to travel. Thanet's Age-Friendly Business Scheme gets businesses to work in age-friendly ways. East Lindsey has established an Age Friendly Business and Services award, which is assessed by older people who have been trained through the project. This is having added benefits by widening the pool of referrers to Ageing Better projects in the area. This work aims to, *"encourage business to recognise the power of the grey pound and to make accommodation in their business to ensure that their premises and businesses are suitable for older people in East Lindsey [...] Through the concept of 'social shopping' it is hoped that businesses will make an important contribution to the outcomes of the project."* [69]

10. Working in partnership is showing promise in joining up systems and connecting and improving support

Ageing Better set out to increase collaboration between the voluntary and statutory organisations. The requirement for Local Authorities to be involved in original bid development has been seen as key factor in enhancing partnership working[70] with a number going on to have key contacts from the Local Authority, Health and Wellbeing Board (HWB), Public Health or Clinical Commissioning Group (CCG) on partnership boards. In Leeds the CCG jointly funds the partnership's Supported Wellbeing Scheme which provides person-centred support to help older people stay independent and links directly with social prescribing schemes funded by the CCG.

Collaboration between statutory and voluntary sectors has directly led to older people influencing service design with a number of partnerships informing wider area strategies, such as Torbay. *"You need the local authority on board, or else you are just an elderly protest group"*[71]

Changes to systems can come from seemingly small improvements or practical tools as well as larger developments in service delivery. A map of befriending services in Camden

has been produced, both in hard copy and online formats which gives professionals easy access to practical information.

Partnerships are working to change systems by making efficiency improvements in identifying and targeting older people who are, or are at risk of becoming, isolated and lonely and providing appropriate responses. The Community Connector or Care Navigator and social prescribing models, where support is provided to older people to connect with activities are supporting independence and tackling a reliance on GPs and acute health services, both for those at risk of going into hospital and older people returning home from hospital.

Care Navigators on the Isle of Wight operate from GP's surgeries as part of a multi-disciplinary approach (GPs, nurses, matrons, adult social care and mental health professionals) to prevent 'at risk' older people going into hospital. The Leicester partnership looked at changes in older people's use of Health and Social care and showed a significant drop in the number of GP appointments over 3 months for service users (from average of 3.4 at baseline to 2.5 at follow-up)[72].

Making other service providers more aware of loneliness as an issue, also has potential to join up parts of the system, improve reach and referrals into services as well as promoting general awareness. Sheffield's #proudtoask campaign targets professionals and businesses who come into contact with the public, giving confidence to talk about loneliness and help by referring them to the project in a quick and easy way via the project's website.

What are the challenges?

1. Partnerships are like relationships and need to be nurtured

Working as a Partnership has required organisations to do things differently and there have been some tensions where groups would, in other situations, have been competing for funding, volunteers and beneficiaries. Coming together to work in partnership has, *"some inherent contradictions in a set-up requiring collaborators to compete, and competitors to collaborate."* [73]

It has been important to nurture open communication across partnerships along with governance that balances representative decision making with minimising bureaucracy. We've seen that core messages may get lost if commissioned activity is seen as a short term funding opportunity, rather than part of a wider piece of work aiming to add to the evidence base on what works. To address this, partners have worked together to develop their shared understanding of the wider programme and its aims in their area, with delivery partners being proactive in capturing learning to feed into the 'bigger picture'.

Sheffield have invested time at both the core and delivery partner level in developing an open working culture and they say they have benefitted from healthy challenge from partners and from an engaged group of older people. Delivery organisations within the

partnership 'get' the wider programme aims, but it has taken time to see and understand their contribution to the wider programme's achievements. In response to notice of recommissioning all project delivery partners engaged in activity to gather and document as much learning as possible before contracts ended, but inevitably as contracts end and new tenders are issued the quality of relationships changes and this continues to require support and attention.

The most successful partnerships have been authentic, not just a 'marriage of convenience'. Bristol recommends that all members are honest about why they are in the partnership and commit to open and frank communication including establishing a consensus on terminology. Remembering to keep the focus on the older person, not the different organisations within the partnership is also essential to success.[74] In Thanet partners view themselves as being jointly responsible for delivery as a partnership, and have commented on the value of the strong brand of 'Ageless Thanet', in promoting collaboration[75].

2. Commissioning takes time and may involve risk

The commissioning process has enabled areas to test a range of approaches with learning influencing subsequent decisions. Cheshire reviewed their commissioning processes identifying 12 learning points which have been used to redesign their arrangements, which according to the project has increased responsiveness of the overall offer.[76]

Commissioning has had a capacity building effect, as some areas have awarded contracts to small local delivery organisations who may not otherwise have had the chance to be part of the programme. The Hackney partnership commented that this model has enabled smaller organisations to achieve more as partners than they could alone.[77]

However, areas have learned that there are risks to commissioning models as well as benefits. Some projects have found that, once commissioned, contracts have not been as flexible as they had perhaps thought. Commissioning services also takes time and some areas have found delays to their overall plans have been caused by underestimating the time this would need. For some areas working in this way has been a steep learning curve but it has provided them with valuable experience of commissioning which can be used in the future.

3. There's a tension between the reality of people's lives and the desire for early action and prevention

The programme set out to provide preventative interventions and many older people have benefitted from projects aimed at specific groups or 'risk factors'. However, a large proportion of older people coming through Ageing Better are already experiencing some degree of loneliness. Typically projects are now considering how to prevent loneliness becoming persistent or entrenched.

Projects have found that many people have a range of complex needs that have required more intensive support from adult health and social care that is beyond the capacity of Ageing Better. This has meant referring individuals to specialist services and for some areas setting up additional provision to fill emerging gaps in general services. Torbay has

responded to an emergence of mental health issues by setting up a peer support group and training all of its volunteer Community Builders in mental health first aid.

The national survey data shows that some people experience an increase, not a decline, on measures of loneliness and isolation (20-25% depending on the measurement scale used)[78] after being involved with projects. The reasons for this are not yet clear and this will be investigated further using qualitative methods, but may suggest that some people feel more lonely or realise how isolated they have been after receiving support from projects. However, the data also shows Ageing Better is having the greatest impact on older people identifying as the loneliest.[79]

Some projects report that for some older people the confidence and experience gained through taking part in various Ageing Better activities has increased their resilience levels. So when something difficult happens they have the confidence and improved support networks to resist feelings of loneliness.

Emerging learning from the national survey is showing that younger age groups are reporting higher levels of loneliness and isolation than older participants and that the outcomes of 'younger' older people often improve the most between entry and follow-up.[80] These findings will need to be explored further.

4. Sharing learning about what hasn't worked can still feel uncomfortable

It is a challenge to compare interventions, capture and share learning across a range of complex projects all delivering evolving programmes whose success depends, at least in part, on local context. Areas have met the challenge of working in a test and learn way to varying degrees; at a programme wide level arguably more testing has occurred than learning, and this could be expected for this stage in the programme.

The Fund is working with each area and evaluation and support contractors to further develop the conditions which enable the sharing of learning and influence of practice. At an individual partnership level it is important to capture learning from each intervention as well as delivering them. There is a real sense of shared ambition across the programme to collaborate and add to the evidence base, shown for example at the 2017 Programme Conference when asked 'if you could support others in just one thing', the two most popular response being 'collaboration' with 39% of partnerships and 'learning' for 29% of partnerships[81]. Alongside working with key stakeholders such as the British Red Cross, Centre for Ageing Better and Campaign to End Loneliness on typologies of interventions for loneliness it would be of benefit to examine what has been tried, stopped and why, collecting learning and examining any innovations.

Example - Test and learn in action: Camden Community Connectors

This area-based, time limited service operated for two years and was delivered by staff and volunteers to encourage older people to get involved in community groups, activities and services.

Project targets were not being met, because it was taking a long time to unpack the issues faced by participants and build trust - too long for the design of the project and the contract was not renewed.

The intervention has now been re-designed with three complementary parts:

1. A centrally coordinated service to support wellbeing of participants and match people to the right support and activities for their needs

2. An outreach project to test additional ways to attract participants

3. Funding delivery agents and taster sessions.

These changes build on consultation with the Older People's advisory group, Connectors' staff and learning from the Campaign to End Loneliness.[82]

5. It's hard to find and engage the most isolated and lonely

A number of partnerships have struggled to find and engage socially isolated people, *"They're not people who are just going to pick up the telephone, or a leaflet."*[83]

Some projects have tried knocking on doors to raise awareness of their work and finding isolated people. Others have supported local community-based activities and encouraged residents to look out for isolated neighbours using toolkits providing practical ideas. Camden have launched their outreach project where workers engage with people on the streets, at bus-stops, in pubs and betting shops. Hackney has set up a Compassionate Neighbours project, which trains up volunteers to identify and engage with isolated people in their area.

Suggestions to improve the projects' reach to the most isolated and lonely include broadening the scope of their activities, widening referral routes and targeting specific populations of older people, including reaching out to those in care homes. [84]

This remains a key challenge across the programme and as we move to the later stages of the programme we will have more examples of individual and wider interventions to reach the most lonely which we can add to the evidence base.

Appendix 1: Ageing Better partnerships

Area	Programme Website
Ageing Better in Birmingham	ageingbetterinbirmingham.co.uk
Bristol Ageing Better	bristolageingbetter.org.uk
Ageing Better in Camden	ageingbetterincamden.org.uk
Brightlife, Cheshire	brightlifecheshire.org.uk
T.E.D. (Talk, Eat, Drink) East Lindsey	tedineastlindsey.co.uk
Ambition for Ageing, Greater Manchester	ambitionforageing.org.uk
Connect Hackney	connecthackney.org.uk
Age Friendly Island, Isle of Wight	agefriendlyisland.org
Time to Shine, Leeds	timetoshineleeds.org
Leicester Ageing Together	leicesterageingtogether.org.uk
Ageing Better Middlesbrough	ageingbettermiddlesbrough.org.uk
Age Better in Sheffield	agebettersheff.co.uk
Ageless Thanet	agelessthanet.org.uk
Ageing Well Torbay	ageingwelltorbay.com

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15 Ibid.

16 Statistics based on Ecorys (2018) Fulfilling Lives: Ageing Better National Evaluation. Analysis of Common Measurement Framework (CMF) data; March 2018

17 The UCLA Scale measures loneliness across three responses to four items, though due to academic convention, only three of them are scored. This matches the version used in the English Longitudinal Study of Ageing. The responses 'Hardly ever or never' is scored 3, 'Some of the time' 2 and 'Often' 1. A score of 9 represents the most lonely; a score of 3 represents the least lonely.

18 The shortened De Jong Gierveld (DJG) Scale measures social and emotional loneliness across three responses for six items. The responses 'Yes' and 'More or Less' are scored 1, 'No' is scored 0 for positive items on emotional loneliness, and scoring is reversed for social loneliness items. A score of 6 represents the loneliest; a score of 0 represents the least lonely.

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22 The average score for influencing improved from 2.9 at entry to 3.0 at follow-up. Overall, scores for co-design increased, from 1.0 types of co-design activities completed at entry to 1.2 at follow-up. Which of the following activities have you been involved in? (This question is a bespoke response list agreed with each partnership area. However, common themes are as follows) Sharing ideas to help plan a new activity, Deciding how

an activity will be delivered, Helping to run an activity for other people, Gathering information to see if an activity is making a difference for people, Been consulted about policies and services, None of the above.

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