The Ageing Better Programme: Summative Report

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Contents

This paper has been written by Ecorys, the lead independent national evaluator of the Ageing Better programme. Details on the evaluation **methodology** can be found in a separate note. Unless otherwise stated, evidence is drawn from online interviews and focus groups with Ageing Better programme stakeholders, which took place during February and March 2022.

Acknowledgements

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Executive summary

Ageing Better was a £87 million, seven-year programme funded by The National Lottery Community Fund (The Fund) which started in 2015 and ran until March 2022. Its initial six-year timeframe was extended in response to the impact of the COVID-19 pandemic on the programme's work.

As a large-scale, long-term, place-based programme there were significant expectations set for the Ageing Better programme. The aims were that:

◆ People over 50 would be less isolated and lonely

◆ People over 50 would be actively involved in their communities, with their views and participation valued more highly

◆ People over 50 would be more engaged in the design and delivery of services that improve their social connections

◆ People over 50 would be recognised for their positive contribution to society

◆ Services that help to improve social connections would be better planned, co-ordinated and delivered

◆ Better evidence would be available to influence the services that help reduce isolation for people over 50 in the future

The Ageing Better programme was delivered through 14 Voluntary, Community and Social Enterprise (VCSE) sector-led partnerships in England. Each partnership developed a plan of action, built around a common Theory of Change[1] , but responding to their area's needs and demographic profile (there are profiles of each on pp. 70-83). Each plan included some or all of the following:

◆ New activities and groups, through which people came together and socialised

◆ Community connector/social prescribing services which aimed to link people who were experiencing, or were at risk of experiencing, social isolation with activities and support in their community

◆ Intensive, personalised, one-to-one support, especially for those who were most socially isolated

◆ Outreach programmes to identify people who were experiencing, or were at risk of experiencing, social isolation and/or loneliness

◆ Community development activities, through which people within an area came together to understand their strengths and needs, and to develop local solutions

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[1] Further details on the overarching Theory of Change is provided in Figure 1.1.

Services were either delivered by members of the local partnership, commissioned, or funded through micro-funding programmes. Partnerships also invested in:

◆ Activity to build relationships and support collaboration across their areas

◆ Capacity building for delivery organisations

◆ Awareness raising actions to challenge perceptions of 'older people'

◆ Research and communications activities

Programme core principles and overall achievements

In evaluating the programme, we found that its achievements were linked to the core tenets upon which it was built. In particular:

◆ The **length of the programme** and the funding provided, which allowed organisations time to build strong relationships and networks with partners, and gave the confidence and safety required to pilot new approaches and learn.

◆ The '**test and learn**' approach, which was critical given the lack of an available evidence base around what works in engaging older people in addressing social isolation and loneliness. The 'test and learn' approach allowed partnerships to try different things to see what worked for whom and adapt their delivery as they went.

◆ The emphasis on **partnership**, which enabled different organisations to play to their strengths, work collaboratively, and secure ongoing commitment across sectors.

◆ The **commitment to co-production**, so that plans were co-designed and delivered with people over 50. This helped to ensure that the work undertaken was meaningful and relevant to local older people.

Over the course of seven years of delivery in 14 communities across England, the programme engaged very large numbers of older adults, including people from communities most affected by loneliness and isolation and often under-served by other services. This was the result of a deliberate focus on monitoring who was engaging with the programme and who was not, and making adjustments to improve the programme's reach. Overall, **the Ageing Better programme was effective in achieving most of its aims**, resulting in outcomes for individuals, organisations and the wider system, as follows:

◆ The programme achieved its aims that people over 50 would be **actively involved in their communities**, with their views and participation valued more highly, and that people over 50 would be more engaged in the

design and delivery of services that improve their social connection. This report explores the co-production processes developed across the programme, many of which have been retained within local systems.

◆ The programme also met its aim that people over 50 would be recognised for their **positive contribution to society** by building an evidence base that demonstrates the value of person-centred, asset-based approaches. We saw that the outcomes the partnerships were able to demonstrate in the lives of individuals with whom they worked helped to make the case for wider adoption of Ageing Better's core ways of working – including, in particular, the emphasis on co-production and asset-based approaches[2].

◆ The programme met its aim to ensure that **services that help to improve social connections were better planned, co-ordinated and delivered**. Throughout our evaluation, we saw how partnership action at organisation and system level helped to drive change for individuals – not only in creating the conditions in which effective interventions could be delivered, but also in directly engaging and empowering older adults to make change in their communities.

◆ The programme was also effective in delivering **better evidence** to influence the services that help reduce isolation for people over 50 in the future. Throughout the programme, a wealth of resources were produced by individual partnerships and at programme level. These can be found on the Ageing Better evaluation and resources webpages, and the Ageing Better partnerships' websites.

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2   Asset-based approaches aim to discover and acknowledge the assets that individuals and communities have already, rather than focusing on problems and needs (i.e. 'deficits'), and support communities or individuals to do things for themselves.

Outcomes for individuals

Over the course of what ultimately became seven years of delivery, the programme reached more than **150,000 people over 50**, and was especially **effective at engaging people at particular risk of experiencing loneliness**, including older LGBTQ+ people and older people from ethnic minorities. The reach of the programme was the result of a deliberate and ongoing focus on monitoring who was engaging with it and who was not, and making adjustments to improve reach.

The findings suggest that the programme met its intended outcomes, identified in the Theory of Change, around increasing individuals social contact and wellbeing, and reducing isolation, but the extent to which it met the outcome to reduce feelings of loneliness was less clear:

◆ The Ageing Better programme had a **measurable overall impact** on participants' **wellbeing and levels of social contact**.

◆ **Participants became less lonely** during the period of their involvement in Ageing Better, but we were not able to say that taking part in Ageing Better directly reduced loneliness among participants.

Our impact evaluation of the Ageing Better programme suggests that the relationship between social connection, wellbeing and loneliness is complex, and that a range of factors influence whether people feel lonely. There is a need for further research to understand how best to measure the impact of interventions to support people who experience loneliness.

The evidence suggests that the programme met its wider set of intended outcomes for individuals identified in the Theory of Change. Qualitative research with Ageing Better stakeholders and reviews of evaluations conducted or commissioned by partnerships provided evidence of other changes achieved for participants, including improving individuals' confidence, skills, resilience and involvement in decision making, and their sense of being in control of their own lives.

We did not find strong evidence to suggest that particular types of activities were more beneficial than others in terms of delivering positive outcomes for individuals. Ageing Better's success was a product of the **diversity of activities**, **services and approaches** adopted. Offering a range of ways to get involved meant that more people could find something that worked for them. Some approaches met a particular need, being tailored to participants' circumstances, while others engaged with activities that they found interesting and meaningful.

Positive change for individuals came as a result of:

- Creating opportunities for regular participation in **activity** that individuals enjoyed or found meaningful
- Work to **link** individuals to other activities or groups in their local areas
- A commitment to ensuring projects offered a **warm welcome**
- The offer of **holistic support** to address issues that underlie loneliness, such as problems with housing and finances, rather than just providing social contact.

Outcomes for organisations

Being part of the Ageing Better programme had positive impacts on the organisations involved – whether as partnership leads, or as delivery partners.

Organisations were able to increase their capacity to deliver support, with new staff recruited and upskilled through on-the-job and external training. Across the programme, at least 5,000 volunteers[3] were supported to get involved in their communities, and many more contributed informally to the programme. This additional capacity helped the programme to meet its intended Theory of Change outcomes around the availability of a wider range of strong, appropriate, co-produced services, and improving the collaboration and coordination of services. This report demonstrates how volunteers, often informed by their lived experience of isolation and/or loneliness, worked with staff to design and test provision that went on to inform local services. In some cases, provision developed through Ageing Better has been incorporated into the local service offer. This supported the achievements of programme aims around delivering better support to people experiencing loneliness.

Ageing Better helped increase and sustain the capacity of the local sector through the creation of learning cultures, direct capacity building support and micro-funding. Overall, a space was created for **innovation** and development of new approaches to meet the needs of older adults.

Outcomes for the wider system

The programme has had a lasting influence on wider systems, particularly in the local areas in which the partnerships worked. It has:

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3 Based on volunteer numbers provided by six partnerships to the national evaluation team at the end of the programme.

- Demonstrated the value of **co-production**, leading to key bodies – including local authority commissioners and delivery partners – adopting co-production approaches
- Raised the profile of **loneliness and social isolation as a priority** for local areas, and the need for action around issues which can increase the risk of loneliness, such as lack of transport or poor mobility infrastructure
- Forged more and better **relationships** across sectors in partnership areas, and led to ongoing joint working
- Encouraged action to make communities more **age-friendly**
- Supported the development of **new service models** that have been adopted into mainstream delivery

Ageing Better has also contributed a wealth of learning and evidence around working with older adults. This includes local and national learning outputs, evaluation reports, and practical guidance to support organisations interested in addressing loneliness and isolation among people over 50. All of the reports and outputs from Ageing Better are available on The Fund's Ageing Better website.

Based on learning from across the Ageing Better programme, we make the following **recommendations:**

1. **Organisations** working to address loneliness and social isolation among people over 50 should draw on the learning and evidence from Ageing Better to shape their work. In particular, they should:

    a. Co-produce with people over 50, particularly those at greatest risk of, or with experience of, loneliness and/or social isolation, to design and deliver their services or activities.

    b. Take steps to assess and understand how their work aligns with other provision in their communities. This includes building links and adjusting their offer, so that their work forms part of a wide and diverse offer of activities and services that enables more older people to find something that works for them.

    c. Use the tools developed by Ageing Better partnerships – such as the Warm Welcome toolkit and the Ageing Better co-production toolkit – to inform and improve their practice.

    d. Build in time to reflect, learn and adapt their work, drawing on ongoing monitoring data and insights from co-production activities. For example, taking stock of who is engaging, and who is missing, so that action can be taken to widen participation.

2. **Local authorities** wishing to address loneliness and social isolation and improve wellbeing in their communities should draw on the learning from the Ageing Better programme. In particular, they should:

   a. Work in partnership across sectors to address the full range of factors which underlie loneliness and social isolation, ranging from practical issues, such as low income, lack of access to transport, or digital exclusion, to psychological barriers, such as lack of confidence.

   b. Ensure that people in the community have access to a diverse range of activities and services, including both specialist, targeted support for more marginalised groups, and general provision.

   c. Work with people experiencing, or at risk of, loneliness and/or social isolation to co-design and co-produce approaches that are relevant and meaningful to people in the community.

   d. Take steps to make their communities more age-friendly, drawing on learning and tools from the Ageing Better programme – for example around how to ensure transport provision is accessible and inclusive of people of all ages.

3. **Place-based funders and commissioners** interested in addressing loneliness and social isolation should consider adopting successful approaches from the Ageing Better programme, including:

   a. Co-producing activities and services with people and communities.

   b. Supporting the recruitment, training and empowerment of volunteers in the delivery of activities.

   c. Offering micro-funding to seed community activity.

   d. Creating community connector and social prescribing schemes that offer person-centred, holistic support, including through home visits and from community bases.

   e. Enabling action on the underlying factors for loneliness and social isolation, including lack of access to transport, the accessibility of public space and digital exclusion.

   f. Supporting action across sectors, including with businesses, to make communities more age-friendly.

4. Funders interested in addressing loneliness and social isolation should:

a. Consider funding long-term place-based partnership approaches.

b. Consider how they can support 'test and learn' approaches to enable those they fund to adapt their work to support key goals around inclusion and reach, and so that their work can help to build the evidence base. Funders should bear in mind that these approaches work best in the context of long-term, secure funding.

The Ageing Better programme

Ageing Better was a £87 million, seven-year programme funded by The National Lottery Community Fund (The Fund) which started in 2015 and ran until March 2022. Its initial six-year timeframe was extended in response to the impact of the COVID-19 pandemic on the programme's work.

The aim of Ageing Better was to improve the lives of people 50 and over by addressing social isolation and loneliness, improving social connections, and enabling them to be more engaged in the design of services within their own communities. The programme also aimed to challenge negative narratives around ageing and promote a positive image of later life.

Focusing on people over 50 meant that Ageing Better partnerships worked with a diverse cohort, including people who were working and bringing up children, along with those at older ages more likely to be experiencing frailty and ill health. The programme aimed to reach those at most risk of social isolation and/or loneliness across the full span of the cohort, and partnerships developed a range of different approaches to meet the needs of different groups.
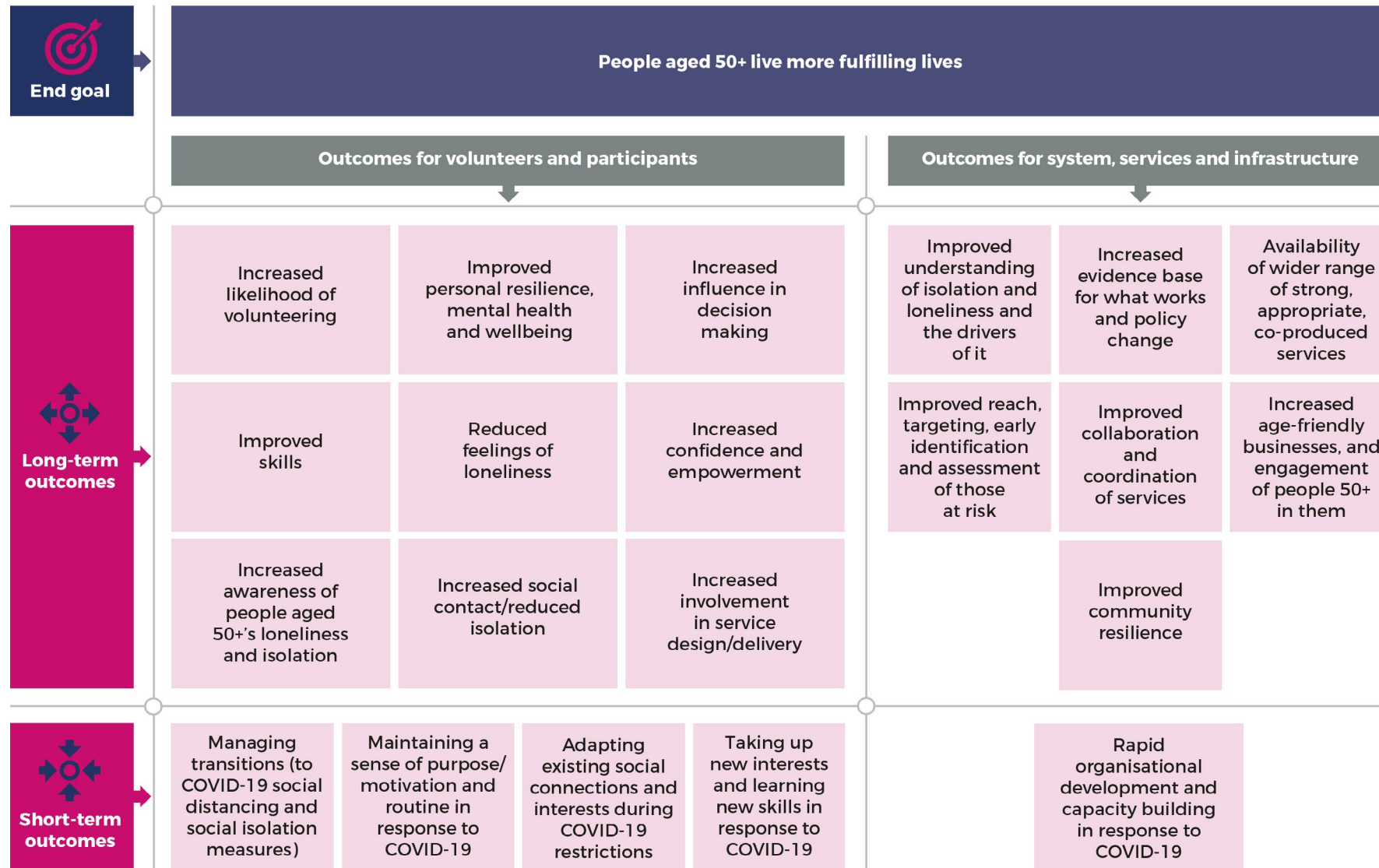
The programme aims were that:

- People over 50 would be less isolated and lonely
- People over 50 would be actively involved in their communities, with their views and participation valued more highly
- People over 50 would be more engaged in the design and delivery of services that improve their social connections
- People over 50 would be recognised for their positive contribution to society
- Services that help to improve social connections would be better planned, co-ordinated and delivered
- Better evidence would be available to influence the services that help reduce isolation for people over 50 in the future

This report sets out overarching findings on the Ageing Better programme, including:

- The difference Ageing Better made for people who were involved
- What changed for organisations involved in terms of how they worked and what they delivered
- How Ageing Better changed the wider local systems in the areas in which it worked and how it contributed to national system change

An overarching Theory of Change for the programme (Figure 1.1, below) sets out how the different aims were intended to be achieved, and this was revisited by the national evaluation team as the programme evolved.

Figure 1.1 Ageing Better Programme Theory of Change: Outcomes

End goal	People aged 50+ live more fulfilling lives					
	Outcomes for volunteers and participants			**Outcomes for system, services and infrastructure**		
Long-term outcomes	Increased likelihood of volunteering	Improved personal resilience, mental health and wellbeing	Increased influence in decision making	Improved understanding of isolation and loneliness and the drivers of it	Increased evidence base for what works and policy change	Availability of wider range of strong, appropriate, co-produced services
	Improved skills	Reduced feelings of loneliness	Increased confidence and empowerment	Improved reach, targeting, early identification and assessment of those at risk	Improved collaboration and coordination of services	Increased age-friendly businesses, and engagement of people 50+ in them
	Increased awareness of people aged 50+'s loneliness and isolation	Increased social contact/reduced isolation	Increased involvement in service design/delivery		Improved community resilience	
Short-term outcomes	Managing transitions (to COVID-19 social distancing and social isolation measures)	Maintaining a sense of purpose/ motivation and routine in response to COVID-19	Adapting existing social connections and interests during COVID-19 restrictions	Taking up new interests and learning new skills in response to COVID-19	Rapid organisational development and capacity building in response to COVID-19	

Ageing Better programme evaluation and learning

There was significant emphasis across the Ageing Better programme on evaluation and learning, in line with the programme's aim to contribute to the evidence base on loneliness and social isolation, which was particularly under-developed at the outset.

A large-scale, programme-wide national evaluation of Ageing Better was led by Ecorys, with Bryson Purdon Social Research LLP and Professor Christina Victor from the Brunel Institute for Ageing Studies at Brunel University.

Central to the seven-year national evaluation was an **impact study**, designed to test the hypothesis that taking part in Ageing Better activities led to positive change in people's social contact, in turn leading to improvements in their loneliness and their wellbeing. Significant investment was made in developing a programme-wide monitoring system to support this strand. Further details on the methodology for the impact evaluation and the full findings are available in the Impact Report[4] and accompanying Methods Note[5].

Alongside the impact evaluation, over the course of the Ageing Better programme, **thematic research** activities were conducted by the national evaluation team to investigate particular themes or areas of activity in more depth. This involved qualitative interviews or focus groups with partnership management teams, delivery organisations, volunteers and participants.

Individual partnerships also commissioned their own local evaluations and produced a large number of learning reports, toolkits and resources building on the 'test and learn' approach.

◆ All of the reports and outputs from Ageing Better now form part of its legacy, and are available on the Ageing Better evaluation and resources webpages, and the Ageing Better partnerships' websites.

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[4] Ecorys et al (2021), Ageing Better: Impact Evaluation Report. Available at: www.tnlcommunityfund. org.uk/media/insights/documents/TNLCF-Impact-Evaluation-Report-Final-20.1.22-002. pdf?mtime=20220209144816&focal=none.

[5] The impact report analysed participant data that had been entered onto the programme monitoring database during Years 1-6, between October 2015 and March 2020.

How Ageing Better worked

The Ageing Better programme delivered action through 14 VCSE sector-led partnerships in England (Figure 1.2).

Figure 1.2 Map of 14 VCSE sector-led partnerships in England
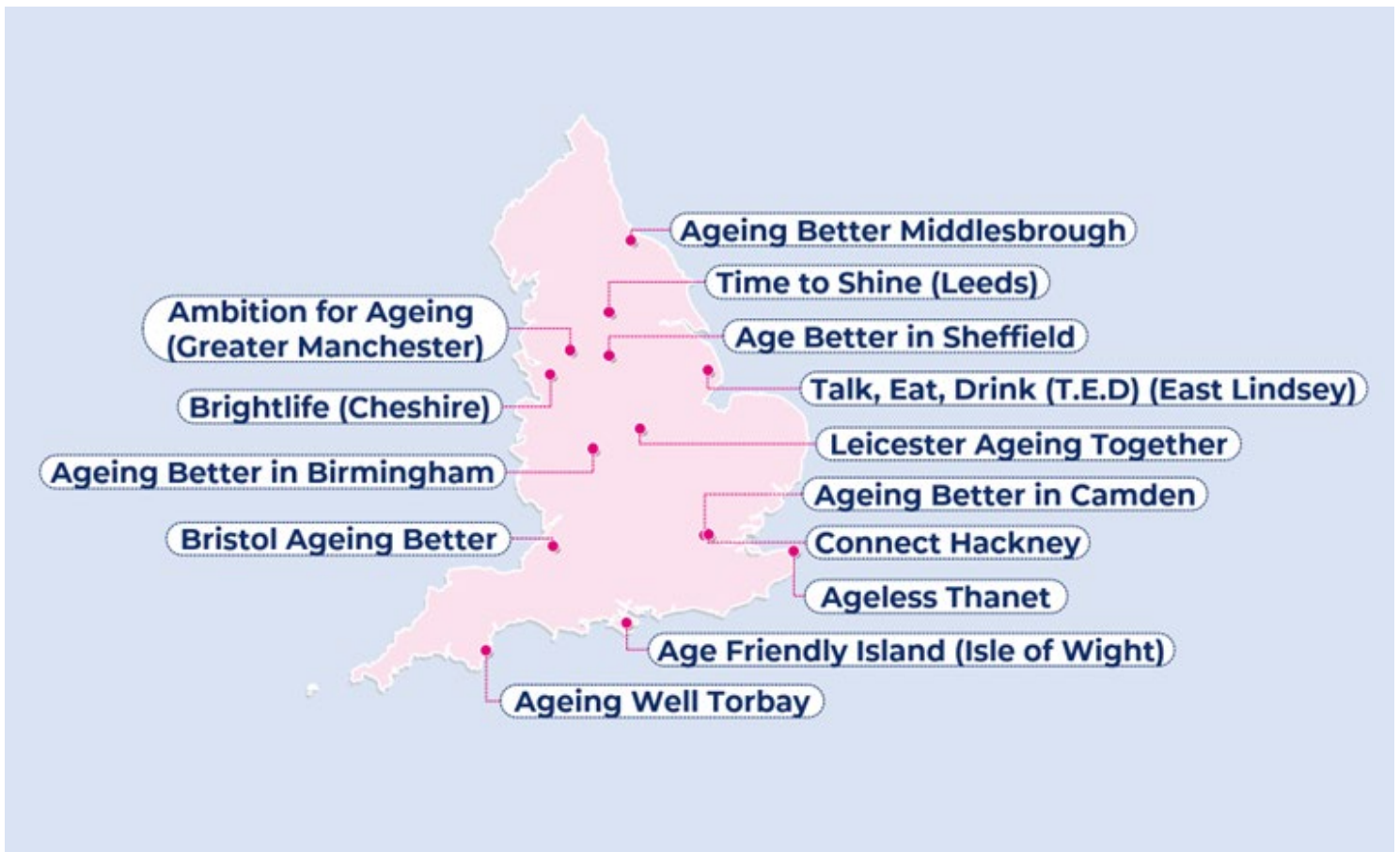
Each partnership's plan was different, depending on the assets and needs of their local areas, and included some/all of the following:

◆ New activities and groups, through which people came together and socialised

◆ Community connector/social prescribing services, which aimed to link people who experienced or were at risk of social isolation and/or loneliness with activities and support in their community

◆ Intensive one-to-one support, offering personalised help, especially for those who were most socially isolated

◆ Outreach programmes to identify people at risk of/experiencing social isolation and/or loneliness

◆ Community development activities, through which people within an area came together to understand their strengths and needs, and develop local solutions

Services were either delivered by members of the local partnership or commissioned from other local organisations. Some activities were provided by grassroots organisations who were supported with micro-funding – i.e. small amounts of funding to design and deliver projects. Partnerships also invested in a range of other activities to support core delivery, including work to build relationships and support collaboration across their areas, and capacity building for delivery organisations. Partnerships undertook awareness-raising, research and communications activities to challenge perceptions of 'older people'.

Profiles of the partnerships, covering their scale, reach and specific focus, are provided on pages 70-83.

Responding to the COVID-19 pandemic

The Ageing Better programme was entering its sixth year when the COVID-19 pandemic began. The pandemic presented unprecedented challenges for individuals and communities.

Ageing Better partnerships responded to these challenges and were able to adapt at pace, drawing on the learning and capitalising on the relationships built up through their years of delivery.

Many partnerships extended their reach as part of local responses, and used a range of both well-established and innovative approaches to reach some of the most vulnerable. In particular, the pandemic resulted in delivery changes in terms of:

◆ **Volunteering:** The pandemic led to **changes in the range and number of people volunteering** in the Ageing Better programme. While some individuals were not able to continue volunteering as a result of the need to shield or take additional precautions, we saw more hyper-local and informal volunteering and new people getting involved. The pandemic created the conditions for Ageing Better partnerships to adapt volunteering processes to speed up the recruitment, vetting and allocation of volunteers in communities.

◆ **Use of hybrid delivery models:** Combining face-to-face and digital provision. For example, Leicester Ageing Together built on an online community connector model and virtual activities introduced during the pandemic to create a Virtual Community Centre (ViCC).

Partnerships were also able to:

◆ **Build on asset-based approaches** and the rise in neighbourliness and reciprocity by linking up with local action groups and community hubs set up in response to the pandemic.

◆ **Develop new collaborations** with local authorities and other key partners, often pooling their volunteer systems and resources. For example, the Torbay Community Helpline was set up through the voluntary sector as an immediate response to COVID-19. Learning from the rapid response has led to lasting

change. As the Helpline developed to meet changing community needs, the Front Door pilot project was introduced to support Adult Social Care (ASC) clients with accessing wellbeing support. The success of the pilot – with 656 ASC referrals, 81% resolved by the Helpline, and a further 11% jointly supported by the Helpline and ASC, and 6% referred back to ASC – has led to improved resourcing from the local authority.

Before the pandemic, Ageing Better activities were primarily delivered in person, complemented by some telephone and digital initiatives. The majority of face-to-face activities were paused following the introduction of the first national lockdown, and the programme rapidly transitioned to **hybrid delivery models**. These included:

◆ **Telephone support,** which was found to be essential. In the immediate response to the pandemic, partnerships opened up crisis helplines and completed wellbeing checks by telephone. Later in the pandemic, telephone contact continued with the expansion of telephone befriending. For example, Age Better in Sheffield developed the idea of Walk and Talk phone calls, where people chatted by phone while doing the same activity. This was effective both in giving people common ground to talk about, and by supporting healthy lifestyles during lockdown.

◆ **Paper-based materials and activity packs** were useful in reaching a range of people, including those who were not online, as well as people who were housebound and living alone. Many partnerships found these materials reached individuals with whom they had not been in contact before. Partnerships produced newsletters, which were printed and distributed, often continuing production beyond the periods of lockdown. Others produced activity packs and things to do which were distributed by post or delivered to people's doors. For example, Connect Hackney posted out activity packs including creative tasks which could then be completed by older people linked together by a telephone call. Leicester Ageing Better distributed activity packs with seeds and grow guides to encourage people to grow their own fresh produce, which went on to supplement food parcels and promote healthy eating.

◆ **Innovation in safe face-to-face support** was found by several partnerships to be needed while social distancing restrictions were in place. This included 'fence time', introduced by Brightlife Cheshire, and 'garden visits', initiated by Ageing Better Middlesbrough.

◆ Ageing Better partnerships learned a great deal about increasing **online connections** during the pandemic. Many support groups or activities moved online through platforms such as Zoom or Facebook. Ageing Better partnerships made progress on increasing digital inclusion during the pandemic, finding creative ways to digitally upskill people over 50 and increase their online confidence. For example, as part of Time to Shine Leeds, digital champions helped people to improve their digital literacy and feel safe online. Many continued offering online sessions when face-to-face activity resumed. However, barriers to digital inclusion remained, including the cost of digital devices and internet access.

Some aspects of the COVID-19 response were retained and integrated into the wider delivery of Ageing Better in its final period, and some influenced work which continues beyond the programme. A series of rapid learning reports were produced by the national evaluation team on the response and longer-term recovery from COVID-19, which are available on the Ageing Better evaluation webpage.

Meeting the Ageing Better programme aims

Overall, **the Ageing Better programme was effective in achieving most of its aims**, resulting in outcomes for individuals, organisations and the wider system, as follows:

◆ The programme achieved its aim that people over 50 would be less isolated and lonely, to some extent. While **participants became less lonely** during the period of their involvement in Ageing Better, we were not able to say that taking part in Ageing Better directly reduced loneliness among participants. However, the programme had a **measurable impact**, overall, on participants' **wellbeing and levels of social contact**.

◆ The programme met its stated aims that people over 50 would be actively involved in their communities, with their views and participation valued more highly, and that people over 50 would be more engaged in the design and delivery of services that improve their social connection. This report explores the co-production processes developed across the programme, many of which have been retained within local systems.

◆ The programme also met its aim that people over 50 would be recognised for their positive contribution to society by building the evidence base demonstrating the value of person-centred, asset-based approaches. We saw that the outcomes the partnerships were able to demonstrate in the lives of individuals with whom they worked helped make the case for the wider adoption of the approaches taken – including, in particular, the emphasis on co-production and asset-based approaches[6].

◆ The programme aim that services that help to improve social connections would be better planned, co-ordinated and delivered was also met. Throughout our evaluation we saw how partnership action at organisational and system level helped to drive change for individuals too – not only in creating the conditions in which effective interventions could be delivered, but also in directly engaging and empowering older adults in making change in their communities.

◆ The programme also achieved its aim that better evidence would be available to influence the services that help reduce isolation for people over 50 in the future, through the production of reports and creative outputs, which can be found on the Ageing Better evaluation and resources webpages, and the Ageing Better partnerships' websites.

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[6] Asset-based approaches aim to discover and acknowledge the assets that individuals and communities have already rather than focusing on problems and needs (i.e. 'deficits'), and support communities or individuals to do things for themselves.

Ageing Better programme principles that made a difference

Key messages

◆ The core principles and tenets of Ageing Better – built in from the outset – proved to be critical to its success. These included the 'test and learn' approach, the long-term commitment and funding, the focus on partnership, and the commitment to co-production.

◆ 'Test and learn' encouraged reflective practice – partnerships were able to adapt their offer at pace when things didn't work.

The Ageing Better programme was built around a number of core principles and ways of working. Our evaluation has shown that these key features and principles were central to enabling the programme to achieve its goals.

The 'test and learn' approach

The Fund recognised that the Ageing Better programme needed to be flexible so it could respond to evolving needs and changes in local contexts, as well as to gaps which became apparent as they worked in co-production with people over 50. The 'test and learn' approach was adopted to facilitate this. This gave local partnerships the flexibility to try out a range of approaches – recognising, sharing and making changes when things didn't go as intended, as well as when they were successful, so that the programme created practical learning for others.

This was supported by the 'test and learn' approach, which created space for reflection on a range of data, including information around who was engaging. This data was gathered as part of ongoing monitoring and evaluation work, as well as formal and informal participant feedback and inputs from co-production partners. Partnerships were encouraged to be responsive and adapt their programmes to emerging learning. Examples of adaptations made included:

◆ Altering the language used in promotion materials to avoid being explicit about 'loneliness' or 'isolation', and instead focusing on the activities being offered, and opportunities for fun or friendship.

◆ Offering more opportunities for people to get involved in practical activities, or in offering help and assistance to others, in response to learning that these activities are more effective at engaging men. For example, Connect Hackney engaged transport volunteers to drive their peers to activities and befriend people over 50, and Ageing Better in Camden engaged men through a range of activities that included food sharing and 'learn to cook' sessions.

◆ Offering telephone-based support. For example, Age Better in Sheffield adapted its counselling services during the pandemic to provide socially distanced support, including telephone bereavement support and Walk and Talk Phone Calls (where people chatted by phone while they both walked), and have continued these services after realising they met ongoing needs.

◆ Adapting service models. Brightlife Cheshire, for example, recognised that offering a set number of appointments with its community connectors did not work for all participants, so moved towards a more flexible offer, responsive to needs that may change over time.

"

The 'test and learn' approach that [The Fund] placed on this was really helpful, because we were able to adapt our approaches as we went along. It has directly changed how we do things in the business and directly informed other pieces of work that we've done."

(Partnership management team)

This approach supported a strong learning culture locally and across the programme. The learning reports, toolkits and outputs that were produced through the programme now form part of its legacy, and all outputs are available on the Ageing Better evaluation and resources webpages, and the Ageing Better partnerships' websites.

Long-term commitment and funding

The seven year timeframe of the Ageing Better programme created space for effective partnerships to be built, for organisations to pilot and develop new approaches, and for partners to demonstrate the true value of the approaches being taken.

"

What [The Fund] have done really well in this programme is the length of time allowed for really good partnerships to form. The longer-term investment allowed us to spend time on those partner relationships."

(Partnership management team)

"

Very short-term funding, just to deliver an activity programme, it doesn't have any lasting benefit. To develop the sector and build capacity, and make something sustainable where older people can have an effective voice, you need that longer-term funding."

(Partnership management team)

Partnership working

Working in partnership was a core requirement of the Ageing Better programme, in recognition that a single organisation or agency cannot "solve" social isolation, and in pursuit of the programme Theory of Change goal to achieve improved collaboration and coordination of services. The Fund encouraged Ageing Better grant holders to build and continue to strengthen partnerships across the public, private, and voluntary sectors. They sustained their relationships by regularly bringing staff and organisations together to share and learn, and through joint working and commissioning. The active partnership development work by lead organisations helped to build trusting relationships, reducing the sense of competition that sometimes exists.

"

Having a programme where organisations get together and work together for shared outcomes has highlighted that people have different strengths and really can work together for the better, and in the best interests of the people they are supporting."

(Partnership management team)

Commitment to co-production

Co-production with older adults was a highly valued feature of the programme among all partners. Older people were involved across all Ageing Better partnerships supporting the design of services, feeding back on existing provision, participating in commissioning processes, and being part of delivering support. The commitment to co-production resulted in services that more closely responded to the needs and interests of older people.

"

The input of the individuals who will actually access the services are important. The skills and experiences they bring can change the way services are designed."

(Partnership management team)

However, building in sufficient staff time and resources to support co-production approaches can be challenging, and requires ongoing commitment. An Ageing Better co-production toolkit was produced to share collective experiences and resources from the partnerships.

What difference did Ageing Better make for the people who engaged?

Key findings

- The Ageing Better programme reached more than 150,000 people over the course of seven years.

- It was particularly effective in engaging with groups at risk of experiencing loneliness, including older LGBTQ+ people and older people from ethnic minorities.

- The Ageing Better programme had a measurable impact overall on participants' wellbeing and levels of social contact.

- Participants became less lonely during the period of their involvement in Ageing Better, but we were not able to directly attribute this to the programme.

- There were small differences in the impacts for different groups, but overall positive changes were seen for all.

- Ageing Better had a range of positive impacts around confidence, resilience and agency captured in local evaluations.

- We did not find strong evidence to suggest that particular types of activities were more beneficial than others. Overall, our findings support the need for a broad range of activities that can attract and engage different groups.

- Key factors which enabled positive change included creating opportunities for regular participation in activity that was meaningful or enjoyable for them, work to link individuals to other activities, a commitment to ensuring projects were welcoming, and the offer of holistic support.

Reaching and engaging older people

At least 149,440[7] participants engaged in Ageing Better between the start of the programme in April 2015 and March 2022. This included some people who just attended a one-off event, as well as those who took part regularly in a long-running project.

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[7] This is an estimate based on Programme Monitoring Data collected in Years 1-6, and the Year 7 Participant Questionnaire. The partnership profiles may feature higher participant numbers than the national monitoring data, because not all local data for Years 1-6 participants was entered into the central monitoring system by partnerships, and not all Year 7 participant data was made available to the national evaluation team.

Ageing Better was successful in engaging people at most risk of loneliness and social isolation[8].

◆ Two-thirds of participants (68%) were **women**, one-third of participants (32%) were **men**.

◆ Just under half of participants (48%) were **aged over 70,** just over three-quarters of participants (78%) were **aged over 60**. Some younger participants (50+) experienced risk factors such as ill health, depression, and redundancy, which could make them more vulnerable to social isolation and/or loneliness. Older participants (65+) were more likely to experience risk factors such as retirement, frailty and bereavement, which could lead to social isolation and/or loneliness.

◆ A quarter (25%) of people taking part in Ageing Better were from **ethnic minorities**, compared to just over a tenth (11%) of a similar age group in the same areas.

◆ 5% of participants were **LGBTQ+**, compared to just over 1% of a similar age group in England.

◆ Around half of participants (49%) were **living alone**, almost double the percentage living alone in the comparison population/among all those over 50 in England (27%).

◆ 59% of participants had a **longstanding illness or disability**, compared to 54% of people over 50 across England.

◆ 22% of participants were **carers,** similar to the proportion of carers among over 50s in Ageing Better areas (21%).

Offering a wide range of activities, services and projects was a key factor in supporting engagement with the programme. The 14 Ageing Better partnerships worked hard to ensure their activities reached people who were lonely and isolated. They employed a combination of general and targeted approaches, often delivered through specialist partners. Partnerships embedded the 'test and learn' approach, adapting to ensure they engaged groups that were shown by their data collection to be under-represented.

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8   For data on programme reach, please see Methods Note: Table A4. The Methods Note also provides data on partnership reach overall, and among key demographic groups (Table A5).

> **"**
>
> Being adaptable and flexible really helped, in terms of being able to reach those groups, rather than just having one standard approach."

(Partnership management team)

Despite the challenges of the pandemic, partnerships also reflected that they had been able to engage new individuals during this period as a result of improved data sharing, new partnerships, and a reduced stigma associated with loneliness that led to more people feeling able to reach out for help.

> **"**
>
> We actually managed to reach people who we would never have reached through any of the other things."

(Partnership management team)

Achieving change for individuals

Our detailed findings on impact for individuals can be found in our Impact Evaluation report. However, in summary, we evidenced the following changes for individuals involved in the Ageing Better programme:

- After participating, people who took part in Ageing Better were more likely to have **increased social contact**, in terms of meeting family and friends at least once a week (increase from 74% to 80%), than those not taking part (decrease from 73% to 70%).

- Taking part in Ageing Better had a **positive effect on people with low wellbeing.** In total, 19% of people starting the programme had low wellbeing. Six months later, only 12% who had taken part in Ageing Better had low wellbeing, a bigger improvement than among people in the comparison group (19% to 17%). This difference was still seen after 12 months (18% to 11% for Ageing Better participants compared to 20% to 21% for the comparison group) but, with fewer people providing data, this finding is not statistically significant so we can't say that it is an impact of their involvement in the programme.

- Ageing Better participants were less **likely to be lonely** 6 months (44% to 37% lonely on the UCLA scale) and 12 months (45% to 36%) after starting the programme. However, the same was true of people who did not take part in any activities. This means that we could not say that taking part in Ageing Better reduced loneliness among participants.

The impact analysis looked in detail at results for different groups at risk of social isolation, low wellbeing, and loneliness. Overall, positive changes were seen for all groups:

◆ Compared to people with a **disability or long-term illness** who did not take part in any activities, Ageing Better participants with a disability or long-term illness had significantly improved weekly face-to-face contact with friends/family.

◆ **Carers** broadly benefitted as much as non-carers from Ageing Better, although their loneliness scores changed less than for other groups.

◆ Compared to peers not taking part in any activities, people taking part in Ageing Better who started with **lower wellbeing** significantly improved both their face-to-face contact with friends and the frequency that they spoke to non-family members locally.

◆ Ageing Better participants who were more lonely did not improve their levels of loneliness over time, however, their **wellbeing improved significantly** after six months. Our impact evaluation demonstrated that improvements in social contact, whether weekly face-to-face contact with family/friends, or speaking to non-family members, fell just short of being significant. Our impact evaluation findings provide further evidence that the links between social contact and both wellbeing and loneliness are complex.

Qualitative research with Ageing Better stakeholders and evaluations conducted or commissioned by partnerships provided evidence of other changes achieved for participants that were not measured in the impact surveys, but were important. This included wider intended outcomes identified in the programme's Theory of Change, namely:

◆ Increased confidence

◆ Increased resilience

◆ Improved sense of being in control of their own lives

◆ Increased skills and knowledge

◆ Broadened social networks

"

Participating in our activities gave them the confidence to go and have their own initiative, go out and be motivated to participate in other stuff."

(Partnership management team)

What made a difference for individuals?

Our previous analysis suggested that generally, the type of intervention or projects delivered didn't make a big difference to outcomes for individuals. We conclude that the **most important thing is providing activities that can engage people**; the **precise nature of the activities is less important**. However, we found that projects explicitly focused on 'asset-based community development' (ABCD)[9] appeared to be more helpful in improving wellbeing compared to other types of projects.

New services responding to unmet needs

Ageing Better's significant reach, particularly within groups that were at particular risk of loneliness (including older LGBTQ+ people and older people from ethnic minorities) was a deliberate result of an ongoing willingness to explore data around who was engaging, and to make adjustments to the programme to ensure it was inclusive.

The Ageing Better funding provided a significant opportunity in all 14 partnership areas to deliver additional services. This helped to improve the overall diversity of provision and create more opportunities for people over 50 to find an activity or group that worked for them. This was in line with the programme Theory of Change, which included goals around ensuring that a range of appropriate, co-produced services and activities were available.

Some of the services created as part of Ageing Better were specifically tailored to **target groups** identified as not currently being fully reached or supported by existing services. Common groups to target across partnerships were men, carers, LGBTQ+ older people, and particular ethnic minorities. A previous learning report was produced on Engaging marginalised people over 50, which highlighted services created by Ageing Better partnerships, for example:

◆ Ageing Better Middlesbrough ran The Over Fifties Youth (T.O.F.Y) club, which engaged men to meet regularly to play various sports. The club enabled men to build and maintain relationships, as they could watch and chat if they did not want to take part in physical activities. A men's healthy eating group also supported men to learn new skills and gain knowledge around healthy eating. This supported some men adjusting to cooking alone following the loss of a partner.

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[9] Asset-based community development (ABCD) is an approach based on the principle of identifying and mobilising individual and community 'assets', rather than focusing on problems and needs (i.e. 'deficits'). Frost, S., Learning Network Development Manager for the Altogether Better Learning Network, 2011.

- The Oasis Talk project, supported by Bristol Ageing Better, had a strong partnership with the local Carers Support Centre. The Carers Support Centre provided specialist telephone counselling support for carers. The telephone counselling model effectively reached carers over 50, who may experience challenges attending appointments. The project model has since gone on to be adapted by a local BAME led organisation, Nilaari, who run tailored group wellbeing sessions for older people from Black, Asian and other ethnic minority groups. These sessions take place at established community meeting places to provide best access for the groups.

- Ageing Better in Birmingham commissioned Birmingham LGBT to establish an LGBT+ hub that provided practical support and access to LGBT groups and activities, increasing LGBT+ people over fifty's options for socialising and making new friends.

Our Engaging marginalised people over 50 report highlighted the following key learning about approaches to reach marginalised groups over 50:

- Men, in particular, can be reached through requests to utilise their time and skills to support the local community, and revisit shared interests with their peers.

- BAME groups should be engaged through consultation on cultural sensitivities and partnerships with local organisations, using familiar venues and connecting with them through trusted community figures and peer volunteers.

- Carers should be offered alternative support, for example through phone calls and materials produced in community languages, in order to reach people in particularly isolating situations.

- Connecting with known and trusted voluntary groups and organisations can support outreach to LGBT+ communities. Building trust with local people and facilitating their involvement in project design and delivery helps inspire them to engage in local events and taster sessions.

- Reaching people living alone in their home setting can be achieved through door-knocking awareness raising activities, 'first-contact' approaches (which link up with other service providers), and targeted one-to-one outreach, particularly through social prescribing and community connector/navigator schemes.

- People with a longstanding illness or disability can be engaged through community outreach, wellbeing activities, word of mouth, social media, and the use of familiar community venues. Some participants have become group organisers to reach their peers and offer inclusive activities. However, the complex needs of some people with a longstanding illness or disability highlights the need for referral to more intensive support.

New ways of working

Evidence from local partnership evaluations suggests that the following factors were important in ensuring Ageing Better made a difference to the individuals who engaged. These included:

- Creating opportunities for regular participation in meaningful activity (often with other people).

- The skills and commitment of project staff, and their ability to work in a person-centred way.

- Work to link individuals to other activities beyond the programme through broadening networks, signposting, or developing project activities that acted as a bridge to other activities.

- A commitment to ensuring projects were welcoming. For example, Ageing Better in Camden developed a Warm Welcome toolkit, which sets out the key features of a welcoming activity.

- Co-production (as reported earlier), including involving older people in co-governance and delivery roles, helped to make sure that projects were developed and delivered to meet participants' needs. Co-production also gave individuals agency and made them feel valued, confident, and empowered.

- The place-based approach which allowed staff to develop deep understanding of local communities and infrastructure meant they could develop truly tailored approaches.

- The flexibility to offer holistic support. Ageing Better took a broad understanding of the drivers and triggers of loneliness, and this enabled partnerships to work across a range of issues that impacted people's social isolation or loneliness. Many partnerships developed services to respond to underlying factors for loneliness and social isolation. For example, Ageless Thanet's life-planning project provided support to resolve the financial issues that participants were facing, which in turn improved their wellbeing and helped them to focus on physical and social activities.

What changed for the organisations involved in Ageing Better?

Key findings

◆ The ability to recruit, train, and retain high calibre staff over the programme lifetime was vital to its success. The knowledge, skills and expertise developed by individuals who fulfilled Ageing Better roles is being retained in the Ageing Better areas.

◆ Across the programme, at least 5,000 volunteers were supported to get involved in their communities, and many more contributed to it informally. This increase in volunteer capacity is a key legacy of the Ageing Better programme in partnership areas, with volunteers continuing to be active in their communities beyond the programme lifetime.

◆ Ageing Better helped increase and sustain the capacity of the local sector through the creation of learning cultures, direct capacity building support, and micro-funding.

◆ Ageing Better funding enabled partnerships, and the organisations within them, to develop new and more effective ways of working, many of which have been maintained and taken forward by the organisations involved.

While the primary focus of organisations working on Ageing Better was to achieve outcomes for individuals, the organisations involved in the programme also saw sustainable positive change.

Increasing organisational capacity

Staff and volunteer capacity

The Ageing Better programme funded staff within lead and delivery partner organisations, resulting in an increase in staffing capacity for the period of the programme. Alongside direct delivery roles, this included supporting roles, such as learning officers who supported influencing work, and communication experts who supported work to engage certain communities. Some of these staff have moved to related roles in different organisations. Others are continuing to work on legacy projects which have attracted new funding, or are acting as Good Practice Mentors, a role supported by The Fund with 12

months of additional funding. This means the learning, skills and expertise drawn from the programme around the issues and ways of working will continue to benefit local areas.

Many Ageing Better activities were delivered by, or with, **volunteers**. Across the programme, at least 5,000 volunteers[10] were supported to get involved in their communities, and many more contributed informally to the programme. Ageing Better funding enabled organisations to train and support volunteers and integrate them into their delivery teams alongside paid employees. In Torbay, for example, the Ageing Well team was supported by over 1,700 actively involved community volunteers, whose contributions ranged from delivering helpline services, to supporting a triage system for older people alongside paid social care workers. Across all partnership areas, volunteers also played a key role in the delivery and running of local grassroots support groups and activities. Some volunteers also took on specialist roles within local evaluations, including as peer mentors, or in governance roles. Some progressed through a range of volunteer roles.

Partnerships highlighted a 'ripple effect' from taking part in the programme. Many participants moved into volunteer roles after initially engaging and receiving support, or helped to engage others in support, which benefitted the programme directly.

"

There was a real generosity amongst the people who had been participants on the programme, who would then be involved in a whole range of different ways [...] contributing to campaigns and activities that we've done, but also doing that work in their local neighbourhoods and communities, and having those conversations on our behalf. It's that living legacy of the programme, where all these lives have been touched, and they're continuing to kind of pass that on and do that work."

(Partnership management team)

In Ageing Better partnership areas, the increase in volunteer capacity is a key legacy of the Ageing Better programme. Many volunteers are continuing

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[10] Based on volunteer numbers provided by six partnerships to the national evaluation team at the end of the programme.

to deliver and support activities or groups started under the Ageing Better programme beyond the end of the funding, helping to sustain the support available to older people. Others have gone on to other voluntary roles within other services, or within local governance structures.

Local community capacity

Ageing Better partnerships provided funding to smaller, local community groups, often to engage and support particular groups or deliver specialist support. Some organisations were funded as delivery partners (some were commissioned, others were among programme partners), others were funded through micro-funding programmes.

Micro-funding approaches were a successful approach used across the Ageing Better programme to bolster **local sector capacity.** A more detailed look at micro-funding and empowering communities to create grassroots change was taken in a learning report. This report explains how micro-funding could be provided to very small, grassroots organisations, or un-constituted groups which might otherwise have been unable to benefit from Ageing Better funding, to reach pockets of unmet need in local communities. The micro-funding approach enabled the programme to reach further into communities and reach people that might not attend more traditional groups. The learning report demonstrates how micro-funding:

◆ Empowered local people to transform their communities by developing services that mattered to them, using their skills and experience to help design and run activities. Paid staff supported day-to-day administration and delivery, enabling participants and volunteers to focus on designing and delivering activities.

◆ Improved service reach and efficiency, with new groups starting small and growing at their own pace. Peer-led activities helped improve service efficiency by directing resources into communities, with the potential to reduce non-medical calls on mainstream health and social care providers through social prescribing approaches.

◆ Informed policy and infrastructure design by redesigning local activities and services which transferred investment into the community. The micro-funding approach can help policy-makers and service commissioners to rethink traditional grant-making approaches, creating a new dynamic between service 'providers' and local 'volunteers'.

◆ Changed systems by developing community-led support alongside core services. In this way, micro-funding can rebalance the power dynamic between providers and local people driving change. This approach can sustain longer-term funding through participants' self-financing and fundraising.

Typically in micro-funding schemes, small amounts of funding were offered to empower people to design, deliver, and fund new local projects. Some Ageing Better partnerships ran 'open call' style micro-funding schemes, inviting fresh ideas for addressing loneliness and isolation. Older people themselves were usually involved in making decisions about who to fund, so that awards met specific needs. For example:

◆ The Bristol Community Kick-Start Fund ran for four years, offering up to £2,000 to any charity, community group, individual, or group that needed support to start a new project or activity, or to allow new people to access an existing activity to help reduce social isolation and loneliness in older people. As part of the funding award process, applications were examined and assessed by an independent scrutiny panel of older people. Between 2016 and 2019, there were 10 rounds of applications, resulting in 141 approvals, to the value of £229,332. In partnership with St Monica Trust, a further 11 projects were funded as part of 'Kick-Start +', which offered slightly larger grants to projects that had been successful in the original scheme.

◆ Brightlife Cheshire's Bright Ideas scheme enabled local groups and organisations to propose and implement solutions for tackling loneliness and social isolation in their own communities, creating a raft of new activities and groups into which individuals engaging in social prescribing could be referred. Successful applicants to the scheme were awarded funding of up to £20,000, and in total, 35 Bright Ideas projects were commissioned. Final decision making powers for awarding funds were retained by older people through Brightlife's Older People's Alliance (OPA) advisory group.

Supporting grassroots services and groups: Ageing Better in Birmingham

Ageing Better in Birmingham funded 342 community groups, which started new activities for the benefit of isolated older people. This was done through its micro-funding scheme, the Ageing Better Fund, which awarded funding of £491,016 in total. Local services supported included:

◆ Chat and Splash, a weekly group for women that met at Moseley Road Baths in Balsall Heath. This group set up an initial 15-week programme of English classes and swimming. Ageing Better funding was used to hire the room for classes, book the pool, and buy snacks for the women.

◆ At the start of the COVID-19 pandemic and the first lockdown, Network Enablers identified groups that wanted to migrate activity online. These groups were supported to apply for the Ageing Better Fund, and eight received funding for hardware and data. A digital consultant offered advice and troubleshooting support to funded groups.

Building organisational capacity

The organisational capacity developed within Ageing Better partnership-led organisations and delivery partners is another key legacy of the programme.

Partnership-led organisations had to develop a wide range of skills to lead a large and multi-faceted funding programme like Ageing Better. Partnership leads became skilled in commissioning services, co-production, and implementing 'test and learn' approaches.

❝

We have learnt lots of things that we will embed. We've learnt much more about partnership working, how to lead a programme, how to work collaboratively with partner organisations. There has been loads of learning that has changed the way that we operate as an organisation and our own knowledge and skills base."

(Partnership management team)

Being involved in Ageing Better also helped organisations build their profile and gave them access to key stakeholders. In Torbay, the work on Ageing Better has allowed VCSE organisations, led by Torbay Community Development Trust (TCDT), to take a more leading role in the wider local ecosystem, for example through establishment of the Torbay Health and Wellbeing Network.

The commitment to partnership working and relationship management were key factors in enabling organisations and individuals within the programme to develop their capacity.

"

It wasn't just the money, per se. It was the support that went with it and the partnership. It wasn't just 'here's your grant payment and report back to us in a year's time', and that's it. It was a dynamic progressing relationship, helping them learn and learning ourselves too."

(Partnership management team)

Ageing Better partnerships supported organisations to build their capacity through:

- Creating cultures and opportunities for learning, such as learning sessions, and bringing delivery teams together. Encouraging open and reflective practice within partnership meetings and other governance structures.

- Providing capacity building training sessions. For example, around Ageing Better commissioning processes. Partnerships often provided training and support around their micro-funding programmes.

- Supporting un-constituted groups to develop more formal processes and become more sustainable.

The increased capacity of the local sector is a legacy of the programme, and is already enabling local organisations to move forward and access new funding. For example, towards the end of Ageing Better in Camden's programme, three small organisations who had not worked previously together submitted a successful joint funding application to The Fund's Reaching Communities programme, to continue their work with the Bangladeshi community. Similarly, in Middlesbrough, the Hope Foundation independently applied for further funding from The Fund to continue a project recycling technical equipment.

Supporting new ways of working

Ageing Better enabled partnerships and the organisations within them to develop new and more effective ways of working, many of which have been maintained and taken forward by the organisations. Principally, this included:

- Adopting co-production as a central approach in their operations
- Taking a community development approach
- Working more closely with communities

Co-production

Delivering meaningful co-production, and its integration into the wider operations of many organisations and services, was a clear change as a result of the Ageing Better programme.

> **"**
>
> Actually, involving people in the journey of co-creating projects and co-designing services is absolutely crucial and things don't work unless you bring the people along with you."
>
> (Delivery partner)

For example, Brightlife Cheshire overcame initial caution from delivery partners to co-production by demonstrating how this approach could add value to existing services. The OPA acted as an advisory group, championing input from older people in all aspects of Brightlife Cheshire's work. As a result, Age UK Cheshire, the lead organisation in the Brightlife partnership, integrated co-production into their review of day services to ensure that their offer met the needs of older people.

Older people also contributed to evaluation activities across the Ageing Better programme. For example, Bristol Ageing Better utilised the voice and experiences of older volunteers to contribute towards the evaluation of their programme, ensuring that the research that followed was carried out 'with' or 'by' older people rather than 'to', 'about' and 'for' them.

Community development

Working with community assets was a key approach built into the core specification of Ageing Better. Some areas explicitly adopted the ABCD model

for their work, and others took on broader community development principles, encouraging people to come together and take action on the things that matter to them.

Ageing Better partnerships typically combined the following types of activities in delivering ABCD or wider community development work, as highlighted in The Fund's previous learning report on working with community assets:

◆ **Reaching people:** Working with existing assets, including well-connected individuals or organisations within the community – for example, in the 'community connector' schemes delivered in Ageing Better.

◆ **Supporting people to take action:** Developing new groups, helping people to rediscover old passions or discover a new interest, or reaching out and connecting with others in the community. The micro-funding programmes delivered by partnerships often supported this type of activity, providing the small amount of funding needed to establish new groups, or for existing groups to deliver something new.

◆ **Linking to other assets:** Linking people up to existing programmes, activities, or support structures, and mobilising other partners to be part of the work to reduce loneliness and promote connection. The work many partnerships did that focused on age-friendly businesses was an example of this, including TED East Lindsey's work on creating age-friendly shopping environments.

Working more closely with communities

Partnerships and delivery organisations reflected that Ageing Better had contributed to a shift towards more community-based ways of working across their local areas.

Many Ageing Better partnerships chose to work from community bases. Some created new hubs, others delivered activities from existing community bases.

Through this work, many of the organisations involved and wider partners in the local areas came to see the benefits and importance of working in locations where people already feel comfortable. For example, as part of their Ageing Better delivery, Sheffield Mind were supported to offer therapeutic services in community settings. This approach has proven effective, and will now be mainstreamed within the organisation's approach.

"

They realised that they had to get out of the city and provide community offers that were in community buildings, rather than expect people to come into town."

(Partnership management team)

Ageing Better partnerships also found that it was important for community connectors to be based in their communities. Being community-based enabled connectors to develop a strong understanding of the range of support available in their area, and meant they could make personalised and supportive referrals based on the specific needs of the individuals they worked with. These approaches have influenced thinking about wider social prescribing offers in Ageing Better partnership areas.

Another key aspect of community-based activity was **outreach**. This was a common approach used by Ageing Better partnerships to reach and engage older people. Outreach in different settings, such as care homes or sheltered accommodation, enabled delivery partners to reach a wider range of older people. Ageing Better partnerships demonstrated the importance of being visible and proactive in engaging the most isolated older people, the learning from which has been taken forward into other activities.

Outreach team: Ageing Better in Camden

The Ageing Better in Camden partnership recognised the need for more proactive outreach to identify the so-called 'people no-one knows', who are often not in touch with traditional services. An outreach team was created who, over the course of the programme, tested and captured learning on a range of outreach approaches. This included pop-up events, street and doorstep outreach, and specific work in sheltered accommodation complexes. Between February 2018 to March 2019, the team engaged with 1,286 older people on the street, and between March 2018 and March 2020 (pre COVID-19), the outreach team worked within 23 sheltered housing communities, providing 1,348 conversations/engagements with residents on the doorstep.

The value of **home visits** in building trust and facilitating initial support was strongly evidenced in Ageing Better as another community-based activity. Offering people the opportunity to be supported in places that felt comfortable to them was critical to engaging some of the most lonely and isolated individuals. For many people this was their home, and being at home enabled them to feel more comfortable opening up about the barriers they faced and what they wanted to achieve. Home visits were commonly offered within connector or social prescribing models, and provided the added benefit of enabling connectors to directly observe people's living environments, allowing insight into their wider needs. Sheffield Mind, a delivery partner within Age Better in Sheffield, delivered a therapeutic counselling service through the Wellbeing Practitioners programme, which saw Mind staff working in participants' homes for the first time. This at-home counselling model has now been adopted more widely by Sheffield Mind, and is being used for other age groups.

How did Ageing Better change the systems it worked within?

Key findings

- Ageing Better helped to demonstrate the value of co-production approaches and creating structures to hear the voice of older people. These activities have led to key bodies – including local authority commissioners and delivery partners – adopting co-production.

- Ageing Better helped to raise the profile of loneliness and social isolation as a priority for local areas. The programme also drew attention to the need for action around issues which can increase the risk of loneliness, such as lack of transport, inaccessible public space, and digital exclusion. The work of partnerships led to sustainable changes in their communities.

- Ageing Better has helped to forge better relationships across sectors in partnership areas, and led to ongoing joint work.

- The Ageing Better programme helped to encourage action to make communities more age-friendly. The changes made and the commitment to further work to become age-friendly are a legacy of the programme across all 14 areas.

- The Ageing Better programme supported the development of a range of new service models that have been adopted into mainstream delivery across partnership areas and can influence practice beyond these areas.

The Ageing Better programme's Theory of Change included systems change goals and priorities around:

- People over 50 being more engaged in the design and delivery of services that improve their social connections
- Improved understanding of isolation and loneliness, and the drivers of it
- Availability of a wider range of strong, appropriate, co-produced services
- Improved collaboration and coordination of services
- Increased age-friendly businesses and engagement of people over 50 in them

A consistent finding was that it takes time to build the relationships and generate the evidence required to create systems change, so in many partnership areas, there is still work to do to embed system change. The Fund is supporting each Ageing Better partnership by funding a Good Practice Mentor post for 12 months. This means the learning, skills and expertise drawn from the programme around the issues and ways of working will continue to benefit local areas. This section reports on the progress and changes achieved by the end of the programme in March 2022.

Amplifying the voice of older people

Across the programme, Ageing Better partnerships invested in listening to and amplifying the voice of older people, making sure older adults' views could be heard. The Ageing Better programme supported new and existing older people's forums and committees to develop and channel ideas to a range of local organisations, commissioners, and service providers. A number of the structures established through Ageing Better will be sustained by local authorities. For example, the Older People's Network, created as part of Ambition for Ageing in Greater Manchester, has been integrated into the wider system.

Older people's leadership within Ageing Better has led to wider change within local systems. For example, the work that Bristol Ageing Better did through its cross-sector age-friendly action plan, and transport and housing action groups led by Bristol Older People's Forum, has led to lasting commitments from the local authority to work in partnership with older people (see profile on p.71).

In many partnership areas, the Ageing Better programme helped to build co-production into **commissioning models** within statutory services, as the case study below demonstrates.

Embedding older people's voice into mainstream services decision making: Brightlife Cheshire

Brightlife Cheshire played a key role in the local authority adopting co-production principles.

> **Brightlife Ageing Better has been part of the process, the philosophy, and the promotion of [co-production]. From commissioning [within statutory services] we are seeing more of a requirement that some co-production has been used in the development of services, or a proposal for a service."**

(Partnership management team)

This change has been embedded through the signing of a pact between the VCSE sector and statutory organisations, based on the Brightlife principles of co-production.

> **Brightlife helped to write those principles based on its learning and the shared learning from the programme, and that's been signed up to, and is the first significant example where that is being tested out."**

(Partnership management team)

Encouraging action to address loneliness and its underlying factors

Overall, Ageing Better has increased awareness of older people's needs across local systems and created opportunities for the VCSE sector to work together to ensure older people's voice and needs are clearly represented.

"

We've had opportunities to really flag up issues for old[er] people and organisations, and have that shared approach. I think the third sector is an equal partner in that at the table."

(Partnership management team)

For example, Ageing Better partnership leads were able to inform the work of the Health and Wellbeing Boards, and contribute learning towards their strategies in Camden, Birmingham, Bristol and Torbay.

Influencing the Health and Wellbeing Board: Connect Hackney

Connect Hackney sent 14 recommendations to their Health and Wellbeing Board, which have been accepted. These recommendations included:

- Consider how local free or very low-cost accessible leisure activities designed by older people can be integrated into health and wellbeing commissioning plans and strategies.

- Consider how commissioning plans/strategies can resource community organisations working with ethnically minoritised communities.

- Incorporate home visits into the design of Community Navigation services.

- Commission services that include provisions for people who do not speak English.

- Adopt a person-centred approach across services.

- Identify and find ways to overcome barriers between social prescribing service and VCSE activities.

- Identify and find ways to overcome barriers to referrals between learning disability service and VCSE activities to ensure that social care packages include support for older people with learning disabilities to attend community activities.

- Consider how libraries can be used as venues to promote volunteering.

Connect Hackney's learning has already informed the procurement process for the Health and Wellbeing Board's social prescribing service:

"

Bidders will have to show how they've adopted our learning from the programme in the design of their proposed service."

(Partnership management team, Hackney)

The Clinical Commissioning Group and Public Health team are pooling their funds to deliver an integrated social prescribing service, informed by the learning from Connect Hackney.

A lack of accessible transport can be a key driver of loneliness, so work on **transport** was a priority in many Ageing Better partnership areas. Action included making transport more accessible and appropriate for people with mobility issues, and addressing psychological factors, such as a lack of confidence getting out and about. Further details can be found in our separate research report on Inclusive transport approaches and active travel. The report identified learning to inform the approaches that commissioners, policy developers and service providers can take to address the transport needs of people over 50 at both national and local levels. In particular, the findings are relevant to government agendas for inclusive travel, active travel and COVID-19 recovery. The report recommended:

◆ Making travel inclusive for people over 50 by taking action to address a range of practical and psychological barriers. While lack of public transport, cost and gaps in timetables and routes are an issue for some people, other barriers to inclusion can also be addressed through simple, often low-cost, initiatives that enable people to leave home safely and confidently. (Examples include ensuring that pavements are well maintained and lit, bus stops have reliable information and somewhere to sit, and bus drivers are aware of mobility issues).

◆ Developing active travel approaches for the over-50s, particularly improving walking infrastructure and promoting the physical and mental health benefits of gentle exercise. These approaches can engage older people effectively and support older people to build social connections and improve their health and wellbeing through walking and cycling.

Ageing Better's investment in testing innovative transport initiatives has informed systems change. For example, a training programme to support transport providers with meeting the needs of older passengers, developed by Age Friendly Island in the Isle of Wight, is being rolled out through other Ageing Better partnerships. People over 50 played an integral role in developing the training, which included roleplay to help transport providers better understand their older passengers' needs. Ageing Better has also been able to influence councils' decisions around key aspects of mobility infrastructure, such as the length of time pedestrian crossings allow to cross the road in Greater Manchester, Camden, and Birmingham (as part of their Tyburn Local Action Plan). Ageing Better also encouraged councils to ensure pavements are clear and trip hazards are removed for pedestrians and people using mobility scooters.

Ageing Well Torbay introduced a subscription bus service, Our Bus, for residents on two key routes for older adults. This work demonstrated the value of the route to local residents and, as a result, the Council are now providing a subsidy to enable the service to continue.

> **"**
>
> They [older people] were paying for it, even though they were entitled to free transport [on other routes]. The Council have now stepped up and paid that subscription contribution, and they're also paying for our Transport Coordinator, so that we can maintain the federal bus service and data."

(Partnership management team)

Improving partnerships across statutory and voluntary services

Ageing Better also made an important contribution to changing the way VCSE sector organisations interact with local authorities and the wider system:

"

They [organisations] have had their view of communities – and what communities can do – shaped by [Ageing Better] delivery. That then changes their relationship with the local authority, and how the local authority can see communities."

(Partnership management team)

The partnerships built during the programme are likely to last. While partnerships work was not anticipated to remain at the same scale in future, we heard many examples of previous partners working together on new plans, and many more anticipated that this would happen.

"

It's like a catalyst. It's been that vehicle through which people can communicate with each other about ageing; but those relationships at an organisational level are there, and they're there to continue."

(Partnership management team)

Continuation of Ageing Better partnership work: Bristol Ageing Better

The strong partnership which came together to deliver Bristol Ageing Better will continue locally through a new Support Hub for Older People. The Support Hub was initially created by local voluntary organisations to help older people in Bristol and their families to cope with the impact of COVID-19. Made up of over 40 organisations and convened by Age UK Bristol, the Hub offers older people access to practical, emotional, and social support. This service will now continue through fundraising from statutory and charitable sectors and in-kind contributions from the organisations involved.

One of the mechanisms through which Ageing Better influenced the culture of the systems in which it worked was through **secondments**. For example, the Isle of Wight's Age Friendly Island steering group lead was seconded to the local Council in Year 6 and 7 of the programme and worked to embed age-friendly actions across the Council to ensure sustainability.

> "
>
> We need to be influencing across the Council, and we need to be influencing at that high level, which we're very lucky [to do] because we are based within the corporate services team."
>
> (Partnership management team)

Ageing Better staff have acted as **agents of change** in a range of ways, including by moving into other key roles in their local systems. For example, in East Lindsey, Ageing Better learning enabled TED (the local Ageing Better partnership) and the District Council to develop a joint Age-friendly Principal Officer post. The postholder played a key role in enabling East Lindsey District Council to become the first district to join the UK Network of Age-friendly Communities, and the local authority is now influencing wider national practice through their work in partnership with the Centre for Ageing Better[11].

Enabling new approaches to ageing

One of the most visible ways in which Ageing Better influenced systems change was by enabling work in partnership areas to become more age-friendly. Work on the age-friendly agenda has strengthened links with local authorities and other key bodies (for example the City Office for Bristol).

> "
>
> Our age-friendly work has been such a slow and steady progression, but that's really helped us at that systems level. Having the Ageing Better funding gave us the space to be able to have a long period of time to keep [promoting] age-friendly and showing people need to listen to it."
>
> (Partnership management team)

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[11] The Centre for Ageing Better supports local areas to take a strategic approach to becoming age-friendly: https://ageing-better.org.uk/age-friendly-communities.

The Ageing Better programme's Theory of Change included a priority to increase **age-friendly businesses** and engagement of people over 50 in them. Several partnerships were effective in influencing local businesses, with activities including training for bus and taxi drivers in the Isle of Wight, Thanet and Camden, creating age-friendly shopping environments in East Lindsey, and a reward card scheme connecting age-friendly businesses and customers in Thanet. The national evaluation team conducted thematic research on using the age-friendly concept to drive systems change, which highlights practical learning for partnerships, organisations, and local authorities wishing to develop age-friendly communities. The report recommended:

◆ In Ageing Better areas, partnerships continue to enhance their age-friendly activities by drawing on practice from other partnerships, working with partner organisations where possible to document, evaluate and share learning on their age-friendly activities. Partnerships could also reach out to relevant organisations and neighbouring local authorities through strategic networks and forums and support older people who have been involved in co-production activities to move into co-production roles within mainstream structures as 'agents of change' to continue informing service design and development.

◆ In other areas, local authorities should use their convening powers to bring together partners to consider what action can be taken to make their communities more age-friendly. This could include: joining the UK Network of Age-friendly Communities and working towards being an Age-friendly Community, working with local older people to understand how age-friendly the community already is and identify priorities for action and encouraging staff to undertake age-friendly training.

Demonstrating the value of new service models

Ageing Better partnerships developed a range of community connector models. Separate reports are available on supporting meaningful connections through social prescribing and learning on community connectors. Over time, the value of these services to the local system became clear, and Ageing Better learning started to influence thinking and practice across the wider system. Brightlife Cheshire fed learning into the development of the national social prescribing model being developed by NHS England and NHS Improvement.

> **❝**
>
> An NHS England directorate visited one of our local drop-in community groups, which was supported and facilitated by social prescribers and volunteers, and met partner organisations and older people we work with. This [raised their] awareness of a very community-based approach. We always felt that the national model [should] be as community-based as possible."
>
> (Partnership management team)

The trust that Brightlife Cheshire established with statutory partners enabled them to influence tangible and lasting change in health providers' referral systems across the region:

"

We helped [GPs] to devise a form, which is now on their EMIS system[12] . If (GPs) know they want social prescribing for a person, they put a cross in which type. If the GP is not sure, it goes through to their link worker, who then sends it through to the most appropriate service. We've found that having a single pathway has massively made a difference."

(Partnership management team)

The learning from Ageing Better's community connector schemes is influencing wider practice in their communities, particularly around the need for **holistic, person-centred support** and **home visits**. For example:

- Several social prescribers employed by Brightlife Cheshire have moved on to roles within other schemes, bringing Brightlife's philosophy of person-centred working into their new roles.
- The social prescribing model piloted by Ageless Thanet is now being continued, alongside a Community Navigator service, with support from Kent County Council[13].

A social prescribing project developed by Ageing Better Middlesbrough has led to sustained change in relationships and ways of working in Middlesbrough[14]:

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[12] EMIS is the most widely used clinical system in the UK, providing real-time access to patient data via a shared electronic patient record (EPR): https://www.emishealth.com/products/emis-web/

[13] Ageless Thanet (n.d.) Ageless Thanet Social Prescribing Pilot. Available at: www.agelessthanet.org.uk/wp-content/uploads/2021/01/Social-Prescribing-Report_standard.pdf.

[14] Middlesbrough and Stockton Mind (n.d.) Getting it right: Social prescribing and mental health. Available at: www.middlesbroughandstocktonmind.org.uk/news-events/blog/2019/9/getting-it-right-social-prescribing-and-mental-health.aspx.

"

[We need to be] working more as a system, because we're providing social prescribing in Primary Care, and the Council also provides some. [We] work holistically with people, and the social prescribers' skills and knowledge gets shared across all of our teams. The legacy is really huge. We are building on those links that we've created with GP practices, and doing some nature-based social prescribing and mental health social prescribing. It's been a fantastic benefit for our organisation."

(Partnership management team)

The report on supporting meaningful connections through social prescribing identified the following learning to inform the approaches which commissioners, policymakers and service providers take to social prescribing and community connector models. We recommended they should:

- ◆ Adopt an outreach model to support engagement with more disadvantaged groups
- ◆ Recognise the need for community development work alongside the provision of connectors to work one-to-one with individuals
- ◆ Invest in training for connectors on person-centred approaches
- ◆ Enable connectors to link people to the full range of community activities, including informal and un-constituted groups
- ◆ Co-produce services with the people who will use them
- ◆ Give connectors the flexibility to adapt services to local circumstances and to the needs of the individuals with whom they work, in line with a commitment to co-production
- ◆ Establish a pathway for connectors to provide intelligence and feedback within Primary Care Networks.

Securing additional funding for new service models

Across the 14 Ageing Better partnerships, some services that were designed and refined through the programme are being sustained through new funding secured by partners. For example, partnership management team members in Torbay told us that a significant proportion of activity would be continuing beyond the end of the programme because of close work with the local system, statutory services, VCSE partners and grant funders:

"

90% of everything that was funded by Ageing Well is being resourced by our local system ongoing. Now that is probably quite rare, but that's because we were very well-connected with our local system."

(Partnership management team)

There was similar success with models developed in Leeds, Birmingham, and Thanet.

Embedding a new Neighbourhood Network Scheme city-wide: Ageing Better in Birmingham

Birmingham City Council reviewed their commissioning process for older adult services in light of learning from Ageing Better in Birmingham. This led to the development of a Neighbourhood Network Scheme (NNS) for the city (based on a successful model created in Leeds).

Under the NNS, a VCSE organisation has been commissioned to lead older adult support in each of the city's ten constituencies. Initially funded for a two-year trial period, they have now been recommissioned for a further seven years.

The NNS is continuing Ageing Better's work to support older people to contribute through co-production and volunteer-led community groups. The NNS is now an integral part of Birmingham City Council's community social work model. Each constituency's Neighbourhood Network works closely with community organisations and the constituency's social work team.

The model is earmarked to be extended to adults aged 18–50 with long-term disabilities, based on the success of the over 50s model.

Continuation of Ageing Better activity in Kent: Ageless Thanet

Two services established through Ageing Better continue to be available to older people after the end of the programme. Social Enterprise Kent secured a two-year contract to deliver their social prescribing model, and a three-year contract worth over £1 million to deliver Kent County Council's wellbeing programme. This means that support will be delivered beyond the original Ageing Better area.

Expansion of the SWIFt project: Time to Shine, Leeds

The SWIFt Service supported wellbeing and independence for people aged 50+ living with frailty, or who had complex health issues, who were at risk of being socially isolated. Five local pilot projects were delivered over two years, working with 983 clients, and undertaking 3,332 home visits. A total of 92 volunteers gave 2,973 hours of their time to support the projects. The service was heavily evaluated by self-reporting tools, such as questionnaires and an independent NHS evaluation, using health and social care data[15]. After the successful pilot by Time to Shine, the service was commissioned by Leeds City Council. It is now operating in 11 areas of Leeds.

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[15] Time to Shine (2019), Supporting Wellbeing and Independence for Frailty (SWIFt). Available at: https://www.opforum.org.uk/wp-content/uploads/2021/12/Supporting-Wellbeing-and-Independence-for-frailty-SWIFt-report-WEB-2.pdf.

Developing affordable charging models

Another way in which Ageing Better has influenced the delivery of support to people over 50 has been through generating learning around how to create affordable paid-for services and generate income. The 'test and learn' ethos of Ageing Better enabled experimentation, the learning from which is now influencing how wider partners in the local area think about how to sustain their services and activities. For example:

◆ Ageless Thanet tested out whether participants would be willing to **pay for access to services**, charging a small fee for their wellbeing programme. This was shown to be acceptable to participants, and not to act as a barrier to access. The charging protocols established were a factor in securing the support of Kent County Council, who have now commissioned the programme.

◆ Several micro-funding initiatives within the Ageing Better programme explored **income generation** to support sustainability. For example, a furniture making project in Cheshire generated funding for its initial host, a wildlife charity, and ultimately led the establishment of a social enterprise.

Conclusions and recommendations

Conclusions

As a large-scale, long-term, place-based programme addressing loneliness and social isolation among people over 50, there were significant expectations set for the Ageing Better programme. These expectations included impact for individuals, achieving system change, and building the evidence base.

Over the course of seven years of delivery in 14 communities across England, the programme engaged very large numbers of older adults, including people from communities most affected by loneliness and isolation, and those under-served by other services. This was the result of a deliberate focus on monitoring who was engaging with the programme, and who was not, and making adjustments to improve its reach.

Overall, **the Ageing Better programme was effective in achieving most of its aims,** resulting in outcomes for individuals, organisations, and the wider system, as follows:

◆ The programme engaged a very large number of older adults, including people from communities most affected by loneliness and isolation, and often under-served by other services.

◆ While **participants became less lonely** during the period of their involvement in Ageing Better, we were not able to say that this was a result of taking part in Ageing Better specifically. The programme had a **measurable impact**, overall, on participants' **wellbeing and levels of social contact**.

◆ People over 50 became actively involved in their communities, with their views and participation valued more highly, and more engaged in the design and delivery of services that improve their social connection.

◆ People over 50 were recognised for their positive contribution to society by building the evidence base to demonstrate the value of person-centred, asset-based approaches[16].

◆ Services that help to improve social connections were better planned, co-ordinated and delivered through partnership action at organisation and system level, and empowered older adults to make a change in their communities.

The programme was also effective in delivering better evidence to influence the services that help reduce isolation for people over 50 in the future.

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[16] Asset-based approaches aim to discover and acknowledge the assets that individuals and communities have already, rather than focusing on problems and needs (i.e. 'deficits'), and support communities or individuals to do things for themselves.

Throughout the programme, a wealth of resources were produced by individual partnerships and at programme level. These can be found on the Ageing Better evaluation and resources webpages, and the Ageing Better partnerships' websites. Ageing Better's achievements were a product of **the diversity of activities, services, and approaches** adopted across the programme overall, and within different areas. Offering a range of ways to get involved with the programme meant that more people were able to find something that worked for them. Some approaches met a particular need, and were tailored to participants' circumstances, while others engaged with activities that they found interesting and meaningful.

Ageing Better's commitment to co-production was a critical success factor in ensuring that programme delivery was tailored to the needs and wishes of people in the partnership areas. The 'test and learn' ethos adopted across the programme created space for experimentation, allowing partnerships to try different things to see what did and didn't work for different people.

Being part of the Ageing Better programme had positive impacts on the organisations involved, whether as partnership leads or as delivery partners. **Organisations' capacity was built, new staff and volunteers were recruited and upskilled** through on-the-job and external training, and a **space was created for innovation and development** of new approaches to meet the needs of older adults.

The programme has had a **lasting influence on wider systems**, particularly in the local areas in which the partnerships worked, forging stronger partnerships across sectors, creating new models of delivery that are now being rolled out by statutory bodies (and sometimes extended to other age groups), inspiring organisations across sectors to take action to become more age-friendly, and encouraging more organisations to adopt co-production principles.

The intended programme outcomes set out in the Theory of Change were largely achieved at each level for individuals, organisations and systems, and supported and reinforced one another. The findings suggest that the programme met its intended outcomes for individuals identified in the Theory of Change around increasing social contact and wellbeing, and reducing isolation, but the extent to which it met the outcome to reduce feelings of loneliness was less clear.

The evidence suggests the programme met its wider set of intended outcomes for individuals identified in the Theory of Change. Qualitative research with Ageing Better stakeholders and evaluations conducted or commissioned by partnerships provided evidence of other changes achieved for participants, including improving individuals' confidence, skills, resilience and involvement in decision making, and their sense of being in control of their own lives.

Across the programme, at least 5,000 volunteers were supported to get involved in their communities, and many more contributed informally to the programme. This additional capacity helped the programme to meet its intended Theory of Change outcomes around the availability of a wider range of strong, appropriate, co-produced services, and improving the collaboration and coordination of services. This report demonstrates how volunteers, often informed by their lived experience of isolation and/or loneliness, worked with staff to design and test provision that went on to inform local services. In some cases, provision developed through Ageing Better has been incorporated into the local service offer. This supported the achievements of programme aims around delivering better support to people experiencing loneliness.

Throughout our evaluation, we saw how partnership activity at organisational and system level helped to drive change for individuals too. This was achieved through the creation of conditions in which effective interventions could be delivered, and by directly engaging and empowering older adults in making change in their communities. Equally, we saw that the outcomes the partnerships were able to demonstrate in the lives of individuals with whom they worked helped make the case for the wider adoption of the approaches being taken. In particular, the demonstrable impact on individuals' outcomes helped persuade individual organisations and system partners of the benefits of co-production and asset-based approaches.

As well as supporting positive change at all levels, Ageing Better has contributed a wealth of learning and evidence around working with older people. This includes a wide range of local and national learning and evaluation reports, featuring different aspects of the programme. It has also contributed a range of practical guidance which can support organisations interested in addressing loneliness and isolation among people over 50. The programme has produced guides and toolkits on approaches to support and empower local people, including micro-funding, social prescribing and co-production.

The programme's success rests on some of the core tenets upon which it was built, in particular:

- The **length of the programme and the funding provided**, which allowed organisations enough time to build strong relationships, and gave them the confidence and safety to pilot new approaches and learn.
- The **'test and learn'** approach, which was critical, given the lack of an available evidence base around what works in addressing loneliness. This approach allowed organisations to try new things and learn from what did not work without fear that funding would be withdrawn.

- The emphasis on **partnership**, which enabled different organisations to play to their strengths and ensured that there was ongoing work across sectors throughout the programme.

- The **commitment to co-production**, which ensured that the work delivered was meaningful and relevant to local older people.

Recommendations

Based on learning from across the Ageing Better programme, we make the following **recommendations**:

1. **Organisations** working to address loneliness and social isolation among people over 50 should draw on the learning and evidence from Ageing Better to shape their work. In particular, they should:

   a. Co-produce with people over 50, particularly those at greatest risk of/with lived experience of loneliness and/or social isolation, to design and deliver their services or activities.

   b. Take steps to assess and understand how their work aligns with other provision in their communities. This includes building links and adjusting their offer so that their work forms part of a wide and diverse offer of activities and services, which enables more older people to find something that works for them.

   c. Use the tools developed by Ageing Better partnerships, such as the *Warm Welcome toolkit* and the Ageing Better *co-production toolkit*, to inform and improve their practice.

   d. Build in time to reflect upon, learn from and adapt their work, drawing on ongoing monitoring data and insights from co-production activities. For example, taking stock of who is engaging, and who is missing, so that action can be taken to widen participation.

2. **Local authorities** wishing to address loneliness and social isolation and improve wellbeing in their communities should draw on the learning from the Ageing Better programme. In particular, they should:

   a. Work in partnership across sectors to address the full range of factors which underlie loneliness and social isolation, ranging from practical issues, such as low income, lack of access to transport or digital exclusion, to psychological barriers, such as lack of confidence.

   b. Ensure that people in the community have access to a diverse range of activities, services, and other interventions, including both specialist, targeted support for more marginalised groups, and general provision.

   c. Work in co-production with people experiencing/at risk of experiencing loneliness and/or social isolation to ensure that approaches are relevant and meaningful to people in the community.

   d. Take steps to make their communities more age-friendly, drawing on learning and tools from the Ageing Better programme – for example, around how to ensure transport provision is accessible and inclusive for people of all ages.

3. **Place-based funders and commissioners** interested in addressing loneliness and social isolation should consider adopting successful approaches from the Ageing Better programme, including:

   a. Co-producing activities and services with people and communities.

   b. Supporting the recruitment, training and empowerment of volunteers in the delivery of activities.

   c. Offering micro-funding to seed community activity.

   d. Creating community connector and social prescribing schemes that offer person-centred, holistic support, including through home visits, and from community bases.

   e. Enabling action on the underlying factors behind loneliness and social isolation, including lack of access to transport, the accessibility of public spaces, and digital exclusion.

   f. Supporting action across sectors, including with businesses, to make communities more age-friendly.

4. Funders interested in addressing loneliness and social isolation should:

a. Consider funding long-term place-based partnership approaches.

b. Consider how they can support 'test and learn' approaches to enable those they fund to adapt their work to support key goals around inclusion and reach, and so that their work can help to build the evidence base. Funders should bear in mind that these approaches work best in the context of long-term, secure funding.

Appendix A:
Partnership profiles

Ageing Better in Birmingham

A **£6.5 million** programme partnership led by Birmingham Voluntary Service Council (BVSC) engaged **11,175 people across the whole city.** The partnership brought together voluntary sector delivery organisations and funded over **300 diverse community groups** to deliver new activity.

Focus and key projects:

Five Ageing Better Hubs: One working city-wide, two focused on specific communities (Sparkbrook and Tyburn), and two focused on at-risk groups (carers and LGBT+ older people)

Local Action Plans developed for every area

A **Network Enabler** in each hub to work with community volunteers to build on local assets to create activities for people who are isolated or at risk of isolation

Micro-funding

Ageing Better Fund supported 342 community groups to start new activities through £541,919 of **micro-funding** grants

Age of Experience group supported **co-production** – 20 people aged 50 and over with experience of isolation helped shape the programme

Co-production

Campaigning and communications to challenge negative ideas of ageing and encourage people to connect

Key achievements:

Learning from Ageing Better in Birmingham informed a review by Birmingham City Council of its commissioning process for older adult services. Ageing Better in Birmingham inspired the Council to commission a **new city-wide Neighbourhood Network Scheme** with voluntary sector led Networks in every constituency.

The partnership established over **300 networks for older people**, strengthening the local voluntary and community sector and helping people connect to services and activities.

Further information is available on the Ageing Better in Birmingham website.

Bristol Ageing Better

Operating **city-wide,** the **£6.3 million** Bristol Ageing Better programme was led by Age UK Bristol, working with **30 delivery partners** who engaged **24,151 people over 50**.

Focus and key projects:

Social prescribing

Micro-funding

Co-production

Community Navigators – A **social prescribing** initiative which supported 1,769 individuals.

The Bristol Community Kick-Start Fund resulted in 141 **micro-funding** awards to the value of £229,332. Many of these volunteer-led groups have continued.

Older people in the lead – The Friends Ageing Better (FAB) network delivered light-touch peer-led activities (such as Tai Chi and social meetings), reaching 1,048 people over 50. The network was supported by 17 volunteers (16 were 50+), contributing around 320 volunteer hours.

Co-production – STAR (Share, Talk and Remember) set up bereavement peer support groups across Bristol and neighbouring local authorities, and continues to do so under the auspices of the Ageing Well-funded Connecting Communities programme. The model offers a free training programme to guide people through the process of setting up their own group in a way that is sustainable and does not rely on further funding, using an Asset Based Community Development approach.

Key achievements:

Age-friendly

Bristol joined the **WHO Global Network of Age-friendly Cities and Communities** on the basis of an Age-friendly Strategy developed in 2018 by Bristol Ageing Better (BAB), Bristol City Council and Age UK Bristol. BAB also launched an **Age-friendly Challenge Fund** for local organisations to take action to make their areas more age-friendly, and a toolkit to support businesses.

Through its **age-friendly work**, BAB supported Bristol Older People's Forum to run housing and transport action groups. Bristol City Council have signed an Agreement with the Forum with clear commitments and accountability to make the city more age-friendly, giving older people a voice on Council boards and supporting delivery of the 2022 Age-friendly Strategy. Bristol's Health and Wellbeing Board are now championing the delivery of the Age-friendly Strategy and Action Plan in collaboration with Age UK Bristol.

BAB worked with local Clinical Commissioning Groups and **influenced local Integrated Care Partnerships (ICPs) across Bristol, North Somerset and South Gloucestershire**. For example, BAB attend Frailty Group meetings and embedded BAB learning within CCG and NHS practise. This work is being taken forward by the Connecting Communities programme in Age UK Bristol through strong engagement with the Ageing Well programme board and subgroups, and ICP working groups.

The programme's evaluation was supported by a team of 21 **Community Researchers** – volunteers all aged 50+ who were trained by University of the West of England in qualitative and quantitative research methods.

Further information is available on the Bristol Ageing Better website.

Ageing Better in Camden (ABC)

Focused on delivery in the **London Borough of Camden**, the **£5.3 million** programme was led by Age UK Camden and engaged **12,140 people over 50.**

Focus and key projects:

Commissioned over 200 different activities, provided by 30 delivery partners, including the BAME Community Action Project (CAP), which **funded seven Black-led organisations** to plan and deliver activities for older people in their communities. The BAME CAP activities are continuing with Reaching Communities funding.

Social prescribing

Successful **social prescribing** approach – Community Connectors provided intensive, tailored support to individuals that are 60 and over experiencing complex needs. The service was adapted during the COVID-19 pandemic to maintain connections, including via supported walks.

The **Outreach Team** tested **innovative outreach** in different settings and used a range of approaches to reach people particularly at risk of loneliness and not well-supported by mainstream services. Activities included:

- Doorstep outreach
- Street outreach
- Work in sheltered accommodation settings
- Target outreach for men

The Outreach Team are providing free expert guidance and training for providers until March 2023 to embed their learning in the wider system.

Key achievements:

Developed the Warm Welcome toolkit which shares how groups can ensure people feel welcomed and supported in community settings who experience loneliness. The toolkit supports age-friendly communities and has been disseminated through key bodies including the National Academy for Social Prescribing (NASP).

Co-production

The **Older People's Advisory Group (OPAG)** formed to shape Ageing Better in Camden and was able to influence widely, including shaping Camden Council's new strategy for Adult Social Care. The **OPAG will continue** with support from Age UK Camden.

Further information is available on the Ageing Better in Camden website.

Brightlife Cheshire

Brightlife Cheshire received **£5.5 million** funding and engaged **3,933 people** over 50 in urban and rural areas across **Cheshire West and Chester**. Led by Age UK Cheshire, this partnership brought together **43 delivery partners** to deliver **55 projects** and **social prescribers** supported the development of **10 informal 'drop-in' community based social groups.**

Focus and key projects:

Micro-funding

Commissioned 12 key projects with a value of £1.3 million to address factors known to increase the risks of social isolation and loneliness.

35 **Bright Ideas micro-funding** projects with a value in excess of £600,000 supported 65 community groups.

Social prescribing

Successful **social prescribing scheme** delivered directly by Brightlife.

◆ 697 individuals received support with 975 interventions/ activities/onward referrals and signposting actions taken.

◆ 72% of participants discharged had their outcomes met.

Age-friendly

Developed and tested an **Age-friendly** toolkit for local providers, and supported local conferences, and cultural activities to promote a positive image of ageing.

Key achievements:

Volunteers over 50 commissioned activities through Brightlife's key projects and **Bright Ideas micro-funding** schemes.

Brightlife's **social prescribing** scheme influenced the design and implementation of the NHS link worker role, including a dedicated older persons link worker in the 'Rural Alliance' Primary Care Network area. Lessons from Brightlife are being fed into many networks including a pan-Cheshire Social Prescribing Network Forum.

Supported Cheshire West and Chester to join the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities in 2018.

Further information is available on the Brightlife Cheshire website.

TED in East Lindsey

TED in East Lindsey delivered a **£3 million** programme across the **East Lindsey district** in Lincolnshire, with a particular focus on Louth, Horncastle, Mablethorpe, Sutton-on-Sea and Skegness. Led by YMCA Lincolnshire and working with commissioned **delivery partners,** the programme **engaged over 12,000 people** over 50.

Focus and key projects:

Age-friendly

Created an **Age-friendly Business Award**. Over 120 local businesses received the award, in recognition of providing excellent customer service and accessible environments for older customers.

Supported over 12,000 older people through group activities, classes, friendship groups, befriending calls, and advocacy and advice services.

Co-production

537 volunteers contributed 13,678 hours to support the programme.

Five volunteer-led Friendship Groups sustained.

Key achievements:

Supported the local authority to become the first district council to join the **UK Network of Age-friendly Communities** and helped secure membership of the **WHO's Global Network of Age-friendly Cities and Communities**.

Generated **influential evidence on ageing in rural and coastal communities**, which was cited in the Chief Medical Officer's Annual Report on Health in Coastal Communities (2021).

Further information is available on the TED in East Lindsey website.

Ambition for Ageing, Greater Manchester

Ambition for Ageing (AfA) was led by Greater Manchester Centre for Voluntary Organisation (GMCVO). The **£11 million cross-sector partnership** worked with **120 organisations** and engaged **23,860 over 50s** across Greater Manchester to create more age-friendly places in the city region, and empower people to live fulfilling lives as they age.

Focus and key projects:

Micro-funding initiatives

Helped connect older people by investing over £2 million through 1,500 small projects of up to £2,000 each, designed and delivered by older people, between 2015 and 2022. Led by local organisations, the projects improved **age-friendliness and social connections** across neighbourhoods Greater Manchester-wide. AfA believe that small changes to a place can generate big change, with the right support.

Micro-funding

Age-friendly

◆ Between 2015 and 2020, 1,400 projects were funded through 'local delivery leads' who were responsible for delivering AfA at a local level in eight of the Greater Manchester boroughs.

◆ In 2022, over 100 small projects were funded through the Supporting Ageing in Place programme in specific neighbourhoods across Greater Manchester to help connect older people locally, especially those from marginalised and low-income communities.

Co-production

AfA believe in empowering and strengthening older people's voice through co-production.

Co-production

◆ AfA worked with around 23,000 older people to design and deliver different projects. They also sat on decision-making panels.

◆ The Greater Manchester Older People's Network (GMOPN) grew and diversified, collaborating with Public Health, local authorities and Universities to raise the profile of older people across the region. The GMOPN will continue, and is advising the Mayor's equalities panel at Greater Manchester Combined Authority (GMCA).

Community research

Community research

◆ Commissioned and carried out research on equalities/inequalities, the importance of social infrastructure and social capital.

◆ Developed practical tools for community development work, including practitioner briefings on engaging with different community groups, the importance of a non-place-based approach for dispersed communities, a guide on co-producing research with marginalised communities, and a guide on delivering social eating projects.

Key achievements:

Learning from AfA fed into the Ageing Hub, a GMCA collaboration of people working on the ageing agenda in Greater Manchester.

The GMOPN have been commissioned to facilitate one of GMCA's equalities panels, established to advise, support and challenge Greater Manchester's political leaders to tackle discrimination.

Further information is available on the [GMCVO Ambition for Ageing](#) website.

Connect Hackney

Connect Hackney's **£6 million** programme brought together **25 partner organisations** to deliver a research-based programme to test and evaluate approaches to prevent and/or reduce loneliness and isolation among older people. The partnership operated across the **London Borough of Hackney** and engaged **6,000 people** over 50.

Focus and key projects:

50 community-based projects were commissioned, focused on:
Addressing the needs of **groups** that were more likely to face social isolation:

◆ People with learning disabilities

◆ People from BAME communities

◆ Men

◆ People with complex needs (carers, people who need support to leave home, people with mental health problems)

Investing in **models** that break down barriers to social participation:

◆ Community connections

◆ Digital inclusion

◆ Community activities in spaces for all

Community research

Co-production

Age-friendly

Community research and co-production activities
Hackney Borough Council commissioned Connect Hackney to recruit six older **peer researchers** to engage Hackney residents to **inform the Council's Ageing Well Strategy**.

The peer researchers from Connect Hackney's Ageing Better Older People's Committee helped engage 400 residents and organisations to co-produce the Strategy.

The Ageing Well Strategy was launched in 2020 and set out the Council's five-year plan to take forward **age-friendly** policies in order to meet the needs of people over 50.

Key achievements:

Connect Hackney sent **14 recommendations to their Health and Wellbeing Board** based on learning from the programme, which have been **accepted.**

Social prescribing

The **Community Connectors** project supported older people to (re)connect with people, activities and services within their local community, and demonstrated the value of outreach and home visits. This has informed an **integrated social prescribing service funded by the Clinical Commissioning Group and Public Health team.**

Further information is available on the Connect Hackney website.

Ageing Better Partnership, Isle of Wight

Age UK Isle of Wight led the **£5.9 million** Ageing Better programme, working with ten partner organisations. The programme **engaged over 17,130 people** over 50 across the Island.

Focus and key projects:

The Age Friendly Island (AFI) project worked with local people and organisations to deliver projects to make the Isle of Wight more Age Friendly. The projects were supported by the **Age Friendly Island Steering Group**, which brought together public, private and voluntary sector organisations, including transport, housing, the Police, Fire and Rescue Service, and Isle of Wight Council, NHS Trust, and Clinical Commissioning Group (CCG).

Other projects designed in line with local older people's needs and aspirations included Men in Sheds, Digital Inclusion, Olderpreneurs, and an Alzheimer café.

Co-production

Co-production activities included:
- Resources co-produced with members of the Older Persons' Steering Group (OPSG), the Age Friendly Island team and Island Roads. The 'Pavements for People' project explored common access issues for older people.
- Age-friendly Charter. Co-produced with older people and signed up to by Town and Parish Councils, businesses and organisations.
- A GP surgeries workshop was held to explore how Patient Participation Groups can influence GP practices to become age-friendly.
- The OPSG set up an Environment Task and Finish Group, which produced **Out and About cards**. The cards could be worn as a badge, enabling older people to silently communicate potential challenges linked to COVID-19 safety measures. The OPSG informs future bid opportunities and led a pop-up forum on climate change.

Social prescribing

Community Navigators provided information, signposting and introductions to local activities and services through one-to-one support and outreach sessions.

Care Navigators produced a Personal Enablement Plan to establish clear goals, and referred participants to Community Navigators for wider support.

Age-friendly training. In total, 722 local service providers from 56 organisations participated in 45 **age-friendly training sessions**. The main bus operator locally has made the training compulsory for their drivers in order to enhance understanding about common physical challenges in later life. To date, **1,309 drivers** have undertaken this training.
- **Age-Friendly employer work** based on the Centre for Ageing Better's actions for employers to recruit, support and retain older workers. This included the development of an action plan with the local council.
- **Accessible Consultation**. Training and a toolkit were developed through a Task and Finish group. The training was piloted with Adult Social Care staff.
- Building an **Age-friendly Champions** network across council services.

Key achievements:

Reaching Communities funding secured to continue the Age Friendly Island Steering Group. Age UK Isle of Wight have repositioned AFI as a service.

Strong partnerships are in place with the NHS Trust to input into the Health and Care Plan by ensuring accessible consultation with older people across all platforms.

Further information is available on the Isle of Wight: Age Friendly Island website.

Time to Shine

Time to Shine Leeds

Time to Shine was delivered **city-wide** by Leeds Older People Forum, alongside **86 voluntary sector delivery partners**. The **£6.8 million** programme developed and delivered a wide range of campaigns, events and initiatives, made up of **131 projects**. It engaged **16,082 people** over 50.

Focus and key projects:

131 Time to Shine projects were commissioned to 'Test and Learn', trying out innovative ideas and identifying 'what worked' to inform future initiatives. Interventions ranged from one-to-one support in people's homes to group-based activities in community venues, and city-wide campaigns aiming to raise awareness about loneliness and age discrimination.

Some projects targeted all lonely older people, while other interventions targeted **specific groups of people over 50**, such as older men, LGBT+ individuals, Black, Asian, and minority ethnic people, and older people with learning disabilities.

Micro-funding

Age-friendly

88 **micro-funding projects** were commissioned, including:

- 67 Small Funds projects
- 15 Seasonal Loneliness projects
- 6 Connecting Older LGBT+ People projects

The **Friendly Communities** project brought together Age Friendly Leeds and Dementia Friendly Leeds, to make Leeds an age and dementia-friendly city:

- 48 organisations signed up to be Age-friendly/dementia-friendly businesses
- 205 Age Friendly Ambassadors were recruited to help raise awareness and encourage age-friendly action in the local area

Key achievements:

Co-production

Increased appetite for sharing learning using a 'test and learn' approach, and **co-production** resulting in a **culture shift towards a more collaborative way of working across the voluntary and community sector in Leeds.**

Successful sustainability of the SWIFt Service, supporting wellbeing and independence for people aged 50 and over living with frailty or complex health issues. Five local pilot projects were delivered, working with 983 clients and undertaking 3,332 home visits. After the successful pilot, the service was commissioned by Leeds City Council and is **now operating in 11 areas of Leeds.**

Further information is available on the Time to Shine Leeds website.

Leicester Ageing Together

Leicester Ageing Together was a **£5.7 million** programme consisting of **23 projects** led by Vista, working with **17 voluntary sector delivery partners**. The programme focused on **five city wards**, Belgrave, Evington, Thurncourt, Spinney Hills and Wycliffe, but with **city-wide delivery** of services to the over 50s, including African Caribbean people, people with hearing loss, those who found it difficult to leave their homes, and those returning home from hospital. It **engaged 5,998 people** over 50.

Focus and key projects:

Social prescribing

Co-production

Asset-based community development

Micro-funding

Community Connectors employed asset-based community development approaches and outreach activities to encourage people over 50 to access existing services, and created new opportunities for skills sharing and interaction. An online community connector model was also successfully trialled.

Launched during the pandemic, the **Digital Inclusion** project helped older people develop their digital skills and get online to explore new and existing interests, as well as connect with friends and family.
◆ **Digital Companions** delivered one-to-one support, in person and by telephone. Twice weekly digital skills sessions were also available.

Micro-funding pilot allocated £5,000 in funding to Community Connectors to enable small grants of up to £200 to be awarded to kick start emerging, non-constituted groups. Local groups designed and delivered activities to support people experiencing isolation and loneliness.

Key achievements:

The **Community Connector** programme played a significant role in building community capacity:
◆ Public Health are keen to support continued delivery of the Community Connector model in the city.
◆ The online community connector model and virtual activities introduced during the pandemic have been built upon to create a **Virtual Community Centre (ViCC)**, which will be launched in Autumn 2022.

Secured a £5,000 grant from Leicester City Council to continue its **micro-funding** activities as part of a Social Value pilot. The local authority provided free venues, training and funding advice for micro-funded groups. The pilot was delivered in **partnership with Adult Social Care** and led to Adult Social Care revising its approach to measure Social Value.

Further information is available on the [Leicester Ageing Together website](#).

Ageing Better Middlesbrough

Ageing Better Middlesbrough was a **£6.3 million** programme, led by Middlesbrough and Stockton Mind. It targeted activity in 11 of the town's 23 wards and engaged **6,353 people over 50**.

Focus and key projects:

Social prescribing

Delivered a **social prescribing project** in partnership with local GPs. Through this project, GPs were able to refer patients to a Social Prescribing Link Worker, who offered person-centred support. Of those supported, 95% reported a reduction in their levels of depression or anxiety.

Co-production

The **Age Friendly Middlesbrough Fund** awarded 32 community groups £30,000 in total in 2019 to support volunteer-led, grassroots community groups that aim to make Middlesbrough more age-friendly.

Strong focus on **digital inclusion**, with 120 digital inclusion group activities delivered. Digital Inclusion Officers and volunteers also supported over 300 people with one-to-one support at home or in a community setting.

Key achievements:

Age-friendly

Building a strong evidence base on how to support older people, including the importance of mental health support. This evidence is supporting the town to progress towards applying to the World Health Organization to join the international **network of Age-friendly Cities and Communities.**

The **social prescribing project** developed by Ageing Better Middlesbrough has led to **sustained change in relationships** and ways of working in the area. Social prescribing collaborations with three Middlesbrough Primary Care Networks have been extended, with NHS England/PCNs funding delivery through to March 2024.

Further information is available on the [Ageing Better Middlesbrough website](#).

Age Better in Sheffield

Operating across the **city of Sheffield**, Age Better in Sheffield was led by the South Yorkshire Housing Association, which worked in partnership with the voluntary sector, public sector, and older people to deliver a **£6.5 million** programme, engaging **3,221 people over 50.**

Focus and key projects:

Commissioned seven types of intervention and nine innovation projects in phase 1. In phase 2, some projects continued, and new projects were commissioned which aligned to Age-friendly Sheffield and reflected changing needs identified during a three-month period of co-design with people over 50:

Wellbeing practitioners: Provided one-to-one counselling and group therapy

The Ripple Effect: A bereavement service provided emotional and practical support

Better Journeys: Increased confidence of over 50s using local transport

Start Up: Supported over 50s to set up groups or activities

Live Better, Get Connected: Connected people through volunteering, financial advice and local groups

Age-friendly Sheffield: Brought communities together to inform design and delivery of Age-friendly Sheffield

Sparks: Engaged over 50s in city-wide events

Age-friendly City: Worked with the Chinese community to engage with Age-friendly Sheffield

A Better Life: Worked with women from the BAME community, offering financial advice and group activities

Micro-funding

Adding Life to Years: Active Ageing Micro-fund delivered more than £28,332 in micro-funds to 20 Sheffield-based organisations, individuals and groups to support age-friendly activities and events.

Key achievements:

Age-friendly

Worked closely with Sheffield City Council to secure a **lasting city-wide commitment** to **becoming age-friendly**. Resulted in Sheffield becoming a member of the WHO Global Network of Age-friendly Cities and Communities in 2019, and establishment of the **Age-friendly Sheffield partnership** as a legacy of Age Better in Sheffield.

Co-production

Co-production was at the heart of Age Better in Sheffield, as the programme was co-designed, co-delivered, co-governed and co-evaluated throughout. Led on a national Ageing Better co-production toolkit to share collective experiences.

Further information is available on the Age-friendly Sheffield website.

Ageless Thanet

Ageless Thanet covered the **district of Thanet** in Kent, engaging **11,000 people over 50** in a **£3.8 million** programme run by Social Enterprise Kent, working with **10 key partners**.

Focus and key projects:

Co-production

Wellbeing activities designed with older people, were delivered from the Feelgood Factory hub. **4,855 people** took part in a wellbeing activity.

Volunteering – 225 volunteers were recruited by Ageless Thanet, delivering over 11,500 volunteer hours. The Impact of Ageless Thanet video aims to motivate others to volunteer and take part in community activities.

Social prescribing

A pilot **social prescribing** project ran for eight months and provided the foundation for a subsequent service funded by Kent County Council.

The **Planning for Later Life** service delivered person-centred holistic support to over 1,150 people. Of these, 87% joined a club or social activity after support. In total, £1.9 million of additional income was identified.

Micro-funding

Community Fund – A **micro-funding** programme delivered £75,000 to 77 community groups, individuals and organisations, and 19 events were supported by the Community Fund, attended by over 4,000 people.

Ageless Entrepreneurs – 146 older people completed a 13-week course to start their own business.

Key achievements:

Ageless Thanet's **social prescribing** project provided the foundation for a new service funded by Kent County Council, the Social Prescribing and Community Navigation service in East Kent.

Developed sustainable models for charging for wellbeing activities, which will now continue as part of Kent County Council's wellbeing programme (a three-year contract combining free and paid-for services).

Age-friendly

Age-friendly businesses – 9,373 reward cards were given out to people over 50 to access discounts and 484 businesses committed to work towards becoming age-friendly.

Further information is available on the Ageless Thanet website.

Ageing Well Torbay

Ageing Well Torbay brought together **27 core delivery partners** to reconnect communities by supporting capacity building and actions promoting positive ageing. Led by Torbay Community Development Trust, the **£6.8 million** programme engaged **15,549 people** over 50 **across Torbay** (Brixham, Paignton and Torquay).

Focus and key projects:

Promoting a positive image of ageing locally
Torbay Assembly grew to over 900 members
Annual Ageing Well festival celebration of ageing

Asset-based community development

Neighbourhood level activities
Projects focused on **asset-based capacity building:**

- Team of community builders and connectors working in 30 neighbourhoods

- 66 Good Neighbour networks and 350 citizen-led projects were established

- 2,270 volunteers involved across all activities

Social prescribing

Raising aspirations and stimulating service redesign
- Collaborative projects were developed through co-design to help people overcome barriers and improve their lives, including Wellbeing Coordinators, Financial Advice, Inclusion and Resilience (FAIR), Peer Support and Staying Put.

Key achievements:

A new Torbay Community Helpline was developed with the support of Ageing Well Torbay – Initially developed as part of the pandemic response, this now offers a range of support for local people.

Built collaborative and trusting relationships between organisations across Torbay, leading to an acknowledgement of the value of asset–based community development and more integrated services for people and communities.

90% of Ageing Well delivery continued beyond March 2022 with new funding from the local system.

Further information is available on the Ageing Well Torbay website.