



Ageing Better



Learning Report No. 4
Engaging Marginalised People Over 50
Ecorys with The National Lottery Community Fund

January 2020

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Executive summary

Introduction

Ageing Better is a National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. It aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat **social isolation** and **loneliness**. The programme is running from 2015-2021 and is delivered by 14 cross sector **partnerships** across England.

This document shares programme learning about **reaching** different priority groups. It builds on our marginalisation report¹. By 'reach' we mean activities designed to raise people over 50s' awareness about local Ageing Better opportunities, and increase engagement. This report is aimed at commissioners, policy makers and practitioners working in the loneliness, health and social care sectors, and relevant areas.

Key findings

Ageing Better

As of July 2019

Improving the lives of people over 50 by addressing social isolation and loneliness, improving social connections and enabling greater engagement in the design and delivery of services.

For more information read our full programme briefing:
tnlcommunityfund.org.uk/ageingbetter

Reaching people from diverse backgrounds



100k
over 50s



1 : 2
live alone



1 : 5
are carers



Over 17k

volunteers contributed almost 630,000 hours of their time, which equates to over 83,000 working days



1 : 4
are **BAME**
Black, Asian and minority ethnic



1 : 20
are **LGBT+**
Lesbian, Gay, Bisexual, Transgender



COMMUNITY FUND

1 Ageing Better: Learning Report no. 3 – Groups at Risk of Marginalisation, October 2018
tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better#section-2

The Ageing Better programme is generating valuable learning about reaching people over 50 who may be more likely to experience social isolation and/or loneliness. At the time they engaged with Ageing Better, **64%** of participants² were lonelier than the general population of older people based on the University of California, Los Angeles (UCLA) Scale, where the latest English Longitudinal Survey of Ageing (ELSA)³ gives an average loneliness score of **4.0** for the population aged over 50 in England. Ageing Better participants had an average loneliness score of **5.6** based on the UCLA scale, much lonelier than the national average for over 50s.

Participants and volunteers are on average less socially isolated and lonely after taking part in Ageing Better⁴, and are keen to reach out to increase participation amongst their peers.

Key insights featured in this report include:

- Reaching men through requests to utilise their time and skills to support shared interests locally;
- Engaging BAME groups through consultations, partnerships with local organisations, using familiar venues and connecting through trusted community figures and peer volunteers;
- Offering alternative support for carers through telephone support and materials in community languages;
- Connecting with known and trusted voluntary groups and organisations can support outreach to LGBT+ communities. Engaging local people in project design and delivery builds interest in local activities;
- People living alone in the home-setting can be reached through door-knocking awareness raising activities, ‘first-contact’ approaches linking 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 with a longstanding illness or disability have become group organisers and offer inclusive activities to their peers.

2 Data relates to participants completing a questionnaire. The data might not be fully representative of all participants because taking part in the survey is not mandatory and is not suitable for individuals who are unable to consent to taking part (such as participants with dementia). See the accompanying methods note for more information.

3 elsa-project.ac.uk

4 Changes in outcomes may have been brought about by factors external to the Ageing Better programme: the analysis in this paper does not assess the extent to which the outcomes are caused by the programme, which will be explored in forthcoming analysis using counterfactual data.

1.0 Introduction

Ageing Better is a National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. It aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat **social isolation** and **loneliness**. The programme is running from 2015-2021 and is delivered by 14 cross sector **partnerships** across England.

The programme aims to enable people aged 50 and over to be:

- Less isolated and lonely;
- Actively involved in their communities, with their views and participation valued more highly;
- More engaged in the design and delivery of services that improve their social connections.

The Ageing Better programme also aims to support:

- Services that improve the planning, co-ordination and delivery of social activities;
- The future design of services by developing better evidence about how to reduce isolation and loneliness for people aged 50 and over.

The programme sets out to achieve this by avoiding imposing top-down models and instead encouraging the development of different local activities and delivery models.

Each partnership draws on the skills and experience of people aged 50 and over, making use of the unique nature and assets of each area, to meet locally identified needs.

This allows each partnership to develop its own activities and events based on key strengths, resulting in different approaches being developed by the 14 cross sector partnerships across England. Partnerships are encouraged to **test and learn** throughout their programme, building on evidence and shared learning so that their work has the most impact possible. This allows them to respond to challenges, honestly reflect and share what has been less successful and capitalise on opportunities to fill gaps in services whilst exploring new approaches.

About this report

In Ecorys' role as the lead independent national evaluator of the Ageing Better programme, we have written this report exploring evidence emerging from the programme.

This paper shines a spotlight on the programme so far, summarising approaches to reaching different priority groups. It builds on our [marginalisation report](#)⁵. By 'reach' we mean activities designed to raise people over 50s awareness about local Ageing Better opportunities, and increase engagement.

This report draws on the following sources:

- Data from the 14 areas participating in the Ageing Better programme across England. Surveys completed by participants⁶ and volunteers tell us about changes they have experienced since getting involved in the programme⁷. The times between survey completion range from one or two months, to over a year due to the nature of projects and their ability to conduct 'long-term follow-up' questionnaires. The average length between questionnaires is six months. This paper analyses data submitted by areas during the period from the start of the programme in 2015 to 30 April 2019.
- Insight captured from visits to each of the 14 partnerships conducted between November 2018- March 2019, including interviews and focus groups with people managing, delivering and participating in projects, and a reflections meeting held with partnership leads⁸.
- Thematic meta-evaluations, drawing together Ageing Better local evaluation evidence and wider literature focused on priority groups at risk⁹ of, or experiencing, social isolation and/or loneliness.

5 Ageing Better: Learning Report no. 3 – Groups at Risk of Marginalisation, October 2018 nlcommunityfund.org.uk/funding/strategic-investments/ageing-better#section-2

6 Data relates to participants completing a questionnaire. The data might not be fully representative of all participants because taking part in the survey is not mandatory and is not suitable for individuals who are unable to consent to taking part (such as participants with dementia). See the accompanying methods note for more information.

7 Changes in outcomes may have been brought about by factors external to the Ageing Better programme: the analysis in this paper does not assess the extent to which the outcomes are caused by the programme, which will be explored in forthcoming analysis using counterfactual data.

8 Unless otherwise stated, insights are drawn from the partnership visits or reflections meeting with Ageing Better stakeholders.

9 'At risk' individuals are people that are more vulnerable to a situation or condition, and the term is often associated with the likelihood of developing medical conditions. In the Ageing Better context, 'at risk' applies to people reporting similar characteristics to those already experiencing social isolation and loneliness. These characteristics are associated in the wider literature with increasing people's vulnerability to social isolation and loneliness, such as being a carer and living alone.



Choices project (Feel Good Factor) Time to Shine, Leeds

1.1 Who is taking part?

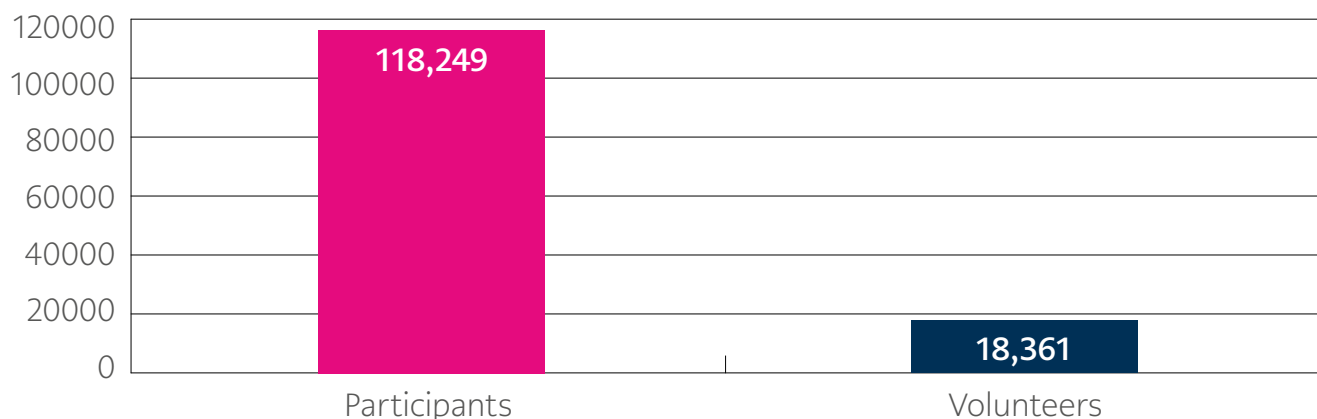
Since the start of the Ageing Better programme in 2015, the programme has worked with **118,249** participants, and **18,361** volunteers (Figure 1.1)¹⁰.

At the time they engaged with Ageing Better, **64%** of participants were lonelier than the general population of older people based on the University of California, Los Angeles (UCLA) Scale, where the latest English Longitudinal Survey of Ageing (ELSA)¹¹ gives an average loneliness score of **4.0** for the population aged over 50 in England. This finding might be expected given that the Ageing Better programme often targets participants who are more likely to be lonely. Reflecting this, Ageing Better participants had an average loneliness score of 5.6 based on the UCLA scale, much lonelier than the national average for over 50s.

10 Please note that participants and volunteers are not discrete, and older (50+) volunteers are also classified as participants in the Ageing Better programme.

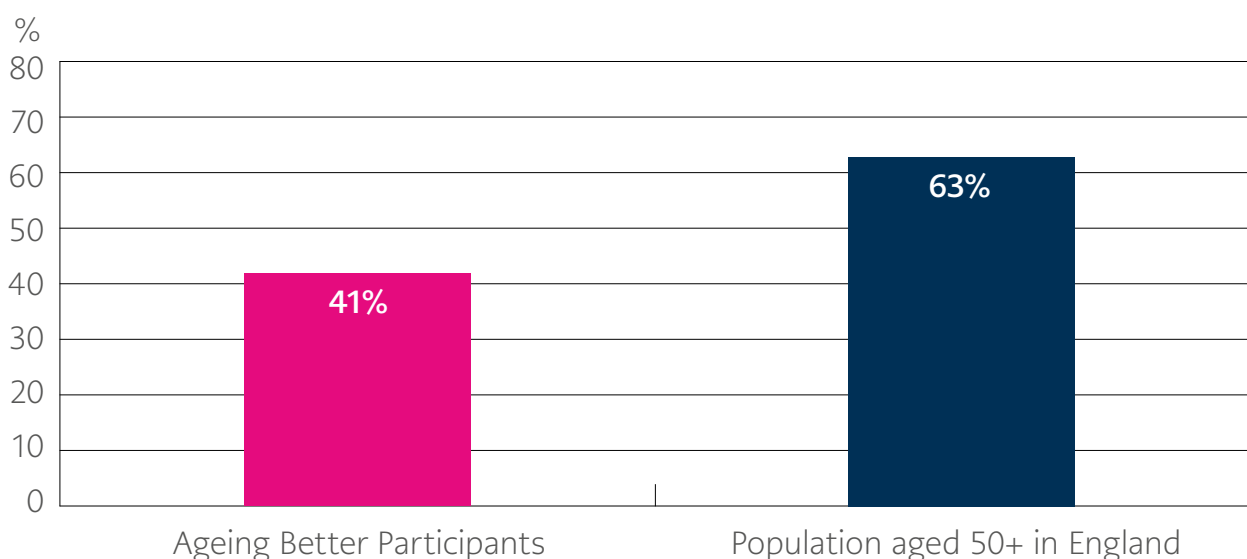
11 elsa-project.ac.uk

Figure 1.1: Ageing Better Participants and Volunteers in total (31 July 2019)



Looking at social contact reported at the time of getting involved with Ageing Better, **41%** of participants said that they spoke to a non-family member almost every day, which compares to **63%** of older people nationally (Figure 1. 2)¹². This reflects that Ageing Better participants as a whole are generally more socially isolated than the general population of older people.

Figure 1.2: % of people that speak to a non-family member every day or almost every day



Across the partnerships, the proportion of participants experiencing loneliness when they first got involved with Ageing Better was varied, as illustrated in the following graphs (figures 1.3 and 1.4 overleaf). Partnerships reaching the loneliest people generally engaged the fewest (see dotted line of best fit on graphs below)¹³. Partnerships engaging the most participants tended to reach more individuals experiencing lower levels of social isolation and/ or loneliness at entry to the programme.

12 Source: TNS Omnibus Survey

13 UCLA is scored 3-9; DJG is scored 0-6: higher scores suggest higher levels of loneliness.

Figure 1.3: Partnerships by Participants/Loneliness (UCLA Scale)¹⁴

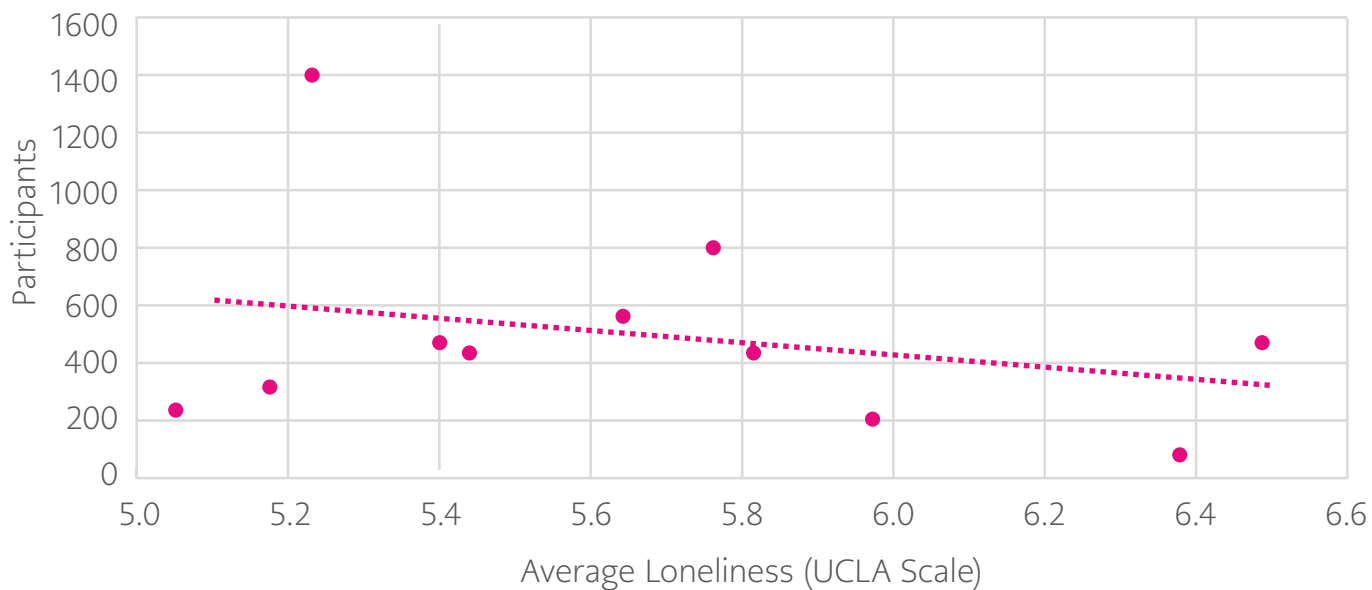
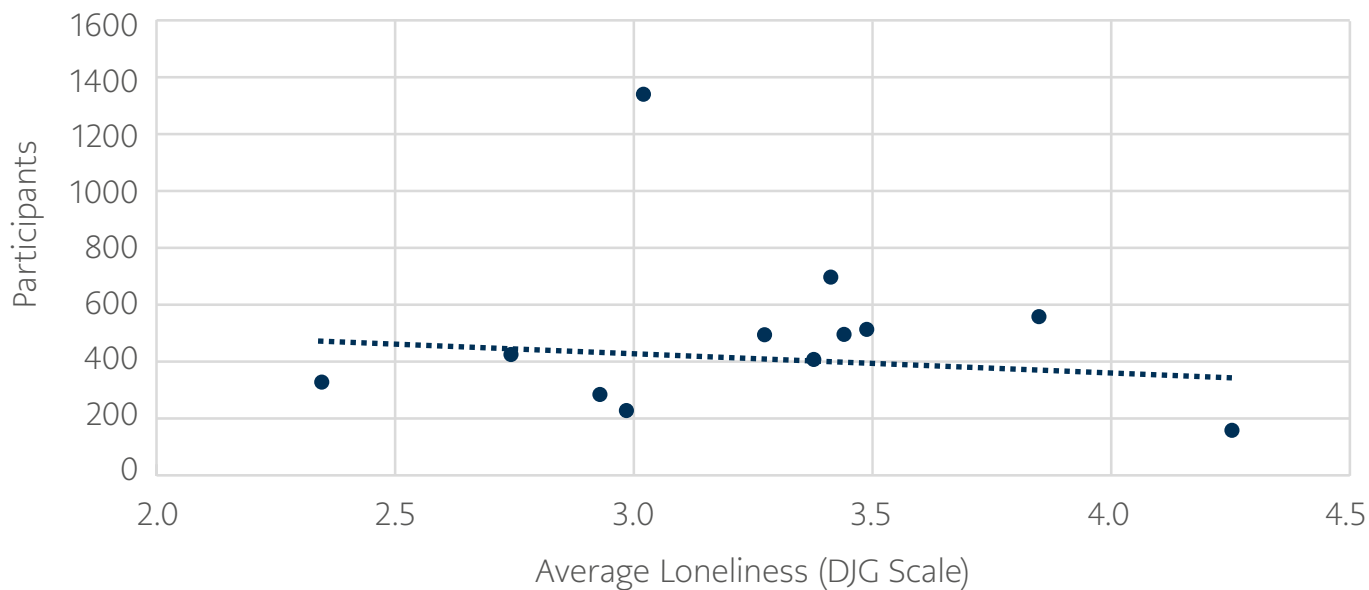


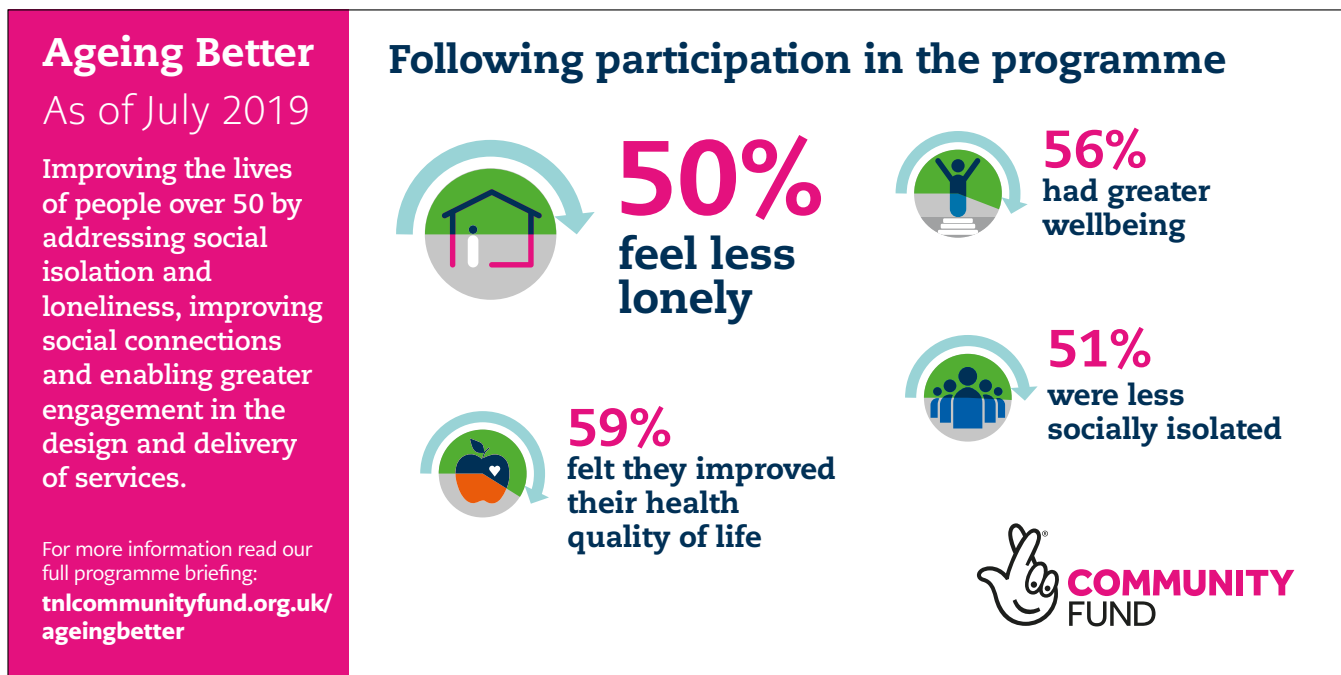
Figure 1.4: Partnerships by Participants/Loneliness (DJG Scale)¹⁵



14 This graph only represents data from 12 of the 14 Ageing Better partnerships, as two areas lacked sufficient follow-up data at time of publication to be included in the analysis. (The analysis is based on a minimum of 40 follow-up responses per partnership).

15 This graph only represents data from 13 of the 14 Ageing Better partnerships, as two areas lacked sufficient follow-up data at time of publication to be included in the analysis. (The analysis is based on a minimum of 40 follow-up responses per partnership).

1.2 Participant outcomes



1.2.1 Loneliness and social isolation

Overall, **50%** of those surveyed felt less lonely after taking part in Ageing Better activities than they did before. This is based on participants showing a reduction in loneliness on either the shortened De Jong Gierveld (DJG) Loneliness Scale, where 38% of participants felt less lonely, or the UCLA Loneliness Scale, where 38% of participants also felt less lonely or, most commonly, reductions in loneliness across both scales¹⁶.

Looking at each scale individually, a larger proportion of participants felt less lonely after taking part in Ageing Better activities than those who felt more lonely. Based on the DJG Scale, **38%** of participants felt less lonely, compared with 25% who felt lonelier, with 36% remaining the same. Based on the UCLA Scale, **38%** of participants felt less lonely, compared with 21% who felt lonelier, with 41% remaining the same.

In addition, **51%** were less socially isolated than before they took part in Ageing Better activities. This is based on participants showing progress across any of the four scales used to measure for social isolation, including measures of social contact and social participation¹⁷.

16 Further information on the measures used throughout this report is available here: ageingbetter.ecorys.org.uk/PublicFiles/cm_f_outcomes_measures_2018v3.docx

17 Ibid.

Figure 1.5: Participants' loneliness following Ageing Better activities (DJG Scale)

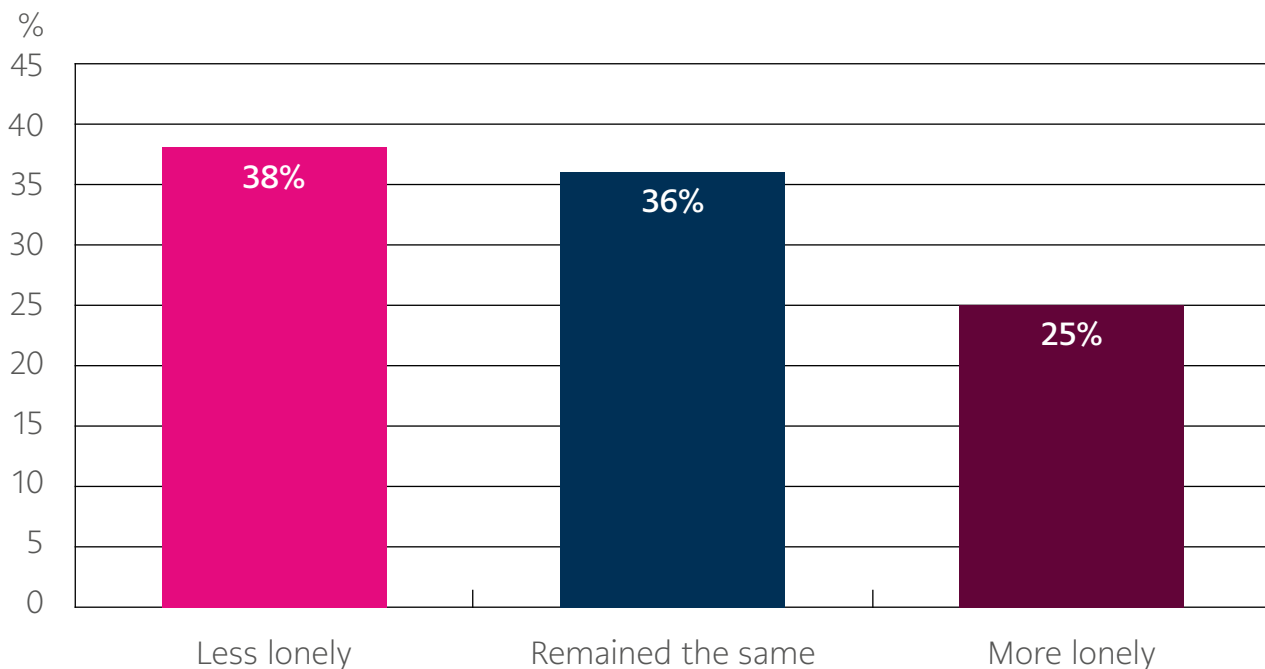
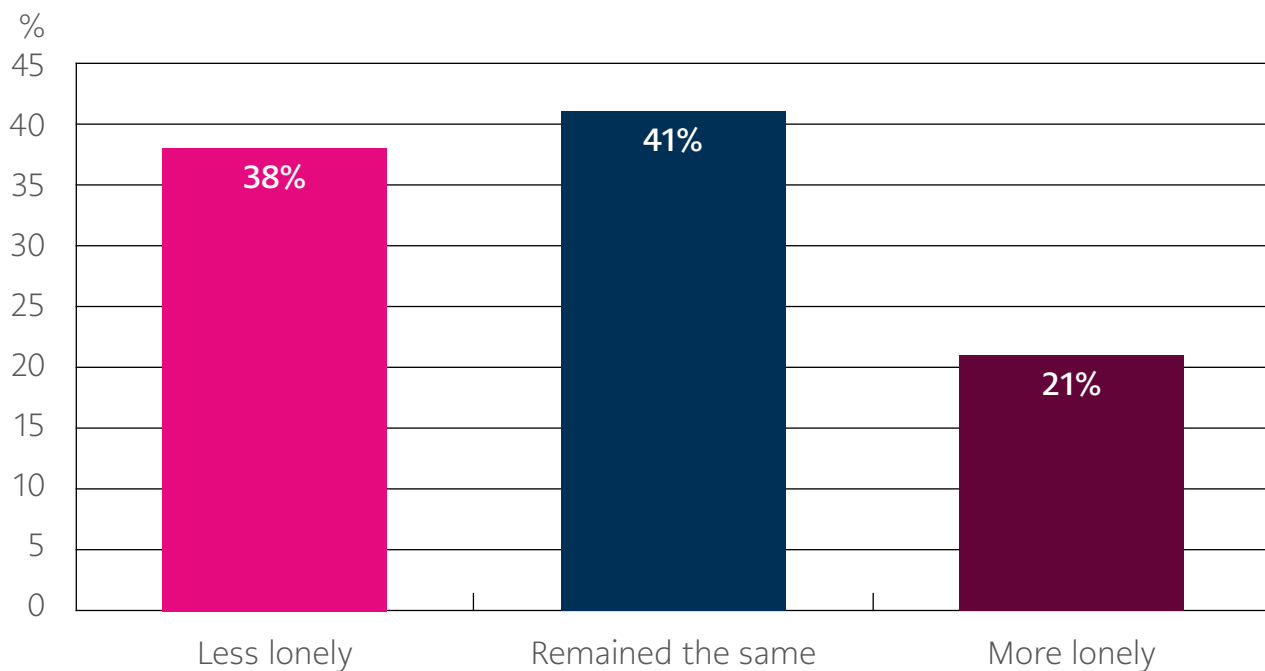


Figure 1.6: Participants' loneliness following Ageing Better activities (UCLA Scale)



The average scores of the scales used show that participants improved from entry to follow-up both for the DJG scale (3.2 to 2.9) and the UCLA scale (5.6 to 5.1), again indicating that participants reported being less socially isolated and lonely at follow-up than at entry. Qualitative research is ongoing to understand the difference these changes have made to people's lives and will be discussed in more detail in future reports.



Connections project (Health For All) Time to Shine, Leeds

1.2.2 Wellbeing and health

Ageing Better participants experienced greater wellbeing overall following Ageing Better activities; **56%** of participants reported improved wellbeing. (However wellbeing decreased for 30% and remained the same for 14% participants)¹⁸. **Fifty-nine per cent** of Ageing Better participants reported improved quality of life as measured by the Visual Analogue Scale EQ-VAS, where participants rate their own health out of a scale from 0 to 100.

1.2.3 Co-production and volunteering

Participants were asked how many decision making activities they had been involved in related to project and service development and delivery, at programme entry and at follow-up¹⁹. Overall, scores for co-production increased, from **0.9** different types of co-production activities engaged in prior to the start of the programme, to **1.3** activities at follow-up. Involvement in co-production increased for **29%** of participants, decreased for 14% and remained the same for 57% by the end of their involvement in the programme.

Volunteers also supported Ageing Better project delivery. So far, **16,540** volunteers of all ages have contributed **627,991** hours of their time, which equates to over **83,000** working days: equivalent to **331** workers working full-time for one year.

Volunteers were less lonely than participants not involved in volunteering (non-volunteers) at entry to the Ageing Better programme, having lower scores for both the DJG and UCLA scales than non-volunteers. Encouragingly, both volunteers and non-volunteers reduced their loneliness following participation in the programme as detailed in the tables below.

18 Wellbeing is measured with average Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS) scores. For further information, [see: warwick.ac.uk/fac/med/research/platform/wemwbs](https://warwick.ac.uk/fac/med/research/platform/wemwbs)

19 Which of the following activities have you been involved in? This question is a bespoke response list agreed with each partnership area. However, common themes are as follows: Sharing ideas to help plan a new activity, Deciding how an activity will be delivered, Helping to run an activity for other people, Gathering information to see if an activity is making a difference for people, Been consulted about policies and services, None of the above.



Don't Call Me Old project (Armley Helping Hands) Time to Shine, Leeds

Table 1.1: De Jong Gierveld scale mean score at entry and follow-up

| Volunteer | Loneliness (DJG Scale) | | | |
|------------------|------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Volunteer | 2.7 | 2.5 | -0.2 | 336 |
| Non-volunteer | 3.3 | 2.9 | -0.3 | 5,874 |
| ALL PARTICIPANTS | 3.2 | 2.9 | -0.3 | 6,210 |

Source: CMF database

Table 1.2: UCLA scale mean score at entry and follow-up

| Volunteer | Loneliness (UCLA Scale) | | | |
|------------------|-------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Volunteer | 5.1 | 4.7 | -0.4 | 286 |
| Non-volunteer | 5.6 | 5.1 | -0.4 | 5,713 |
| ALL PARTICIPANTS | 5.6 | 5.1 | -0.4 | 5,999 |

Source: CMF database

1.3 Reaching key groups

1.3.1 Key findings

The age range of Ageing Better participants is from 50-85+ years, and the average participant age is 71 years.

Table 1.3: Age of participants

| Programme | Age Band | | | | | | | | |
|-----------|----------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Under 50 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ |
| TOTAL | 2% | 5% | 10% | 13% | 15% | 16% | 13% | 11% | 14% |
| n | 501 | 1,392 | 2,613 | 3,455 | 3,879 | 4,184 | 3,475 | 2,905 | 3,781 |

Source: CMF database, n=26,185
(Sample drawn from all those participants who completed an entry CMF).

1.3.1.1 Reaching people over 50 at risk of social isolation and/or loneliness

Ageing Better partnerships carry out a range of activities to reach people over 50 at risk of social isolation and/or loneliness. Open engagement techniques include community activities, which do not screen for people currently experiencing social isolation and loneliness. Those at risk may be yet to experience trigger points such as ill health or bereavement, and engaging in prevention may make people more resilient. Stakeholders' consultations and local evaluation evidence reveal a range of preventative approaches piloted by Ageing Better, including:

- Awareness raising through outreach activities, festivals and public events;
- Drop-ins at sheltered housing and community centres, and street outreach;
- Utilising local community venues, such as faith-based organisations, schools and Children's Centres to raise public awareness and promote intergenerational interaction;
- Radio shows designed and delivered by people over 50; and
- Individual connections and one-to-one targeting to engaged some 'at risk' groups. Community builders, GPs, and peers can help engage 'at risk' vulnerable people.

The CMF captures changes in outcomes of participants who decide to stay involved in activities²⁰.

²⁰ The questionnaire is not designed for one-off, drop-in, open events which are often the initial engagement mechanisms used to reach 'at risk' groups.



Ageing Better Celebration event, hosted by Sheffield

Reaching people over 50 experiencing social isolation and/or loneliness

Ageing Better partnerships used a wide range of engagement techniques to reach people experiencing social isolation and/or loneliness. These were identified through CMF evidence (participants' self-reported data on outcomes), primary research with stakeholders and a meta-evaluation of local evaluation evidence. Some initiatives focused on specific target groups and other projects took a whole-community approach.

- Outreach and local capacity building actions, emphasising face-to-face contact. Approaches included supermarket slow tills, working with transport providers, and sheltered housing events;
- Targeted, one-to-one engagement. Approaches included:
 - A positive initial encounter: Ageing Better partnerships highlight the importance of establishing a 'warm welcome';
 - 'First-contact' approaches: service providers linking up to provide a coordinated response, for example enabling home visiting services such as the Fire Service, to engage isolated people and link them into Ageing Better;
 - Using a trusted space to make initial contact, particularly in the person's home;
 - Community organisers/ builders, undertaking very local, neighbourhood based activity, including door-knocking;
 - Referral into social prescribing for more intensive support/ to reach those with complex needs;
 - Accompanying vulnerable people initially, to ensure engagement; and
 - Peer-to-peer awareness raising.
- Community transport was also piloted to help improve reach; and
- Alternative engagement mechanisms include a variety of digital projects.

1.3.2 Key groups

Ageing Better partnerships piloted ‘test and learn’ approaches²¹ to reach groups identified in the wider evidence base as likely to be more at risk of, or experiencing, social isolation and/or loneliness than the general population.

As a result, Ageing Better reaches more of the following groups than would be expected given the characteristics of local populations:

- Black, Asian and Minority Ethnic (BAME)
- Lesbian, Gay, Bisexual and Transgender (LGBT+) participants
- Carers
- Those living alone
- Participants with a longstanding illness or disability

The programme also prioritises reaching men, who are also more at risk of, or experience social isolation and/or loneliness more frequently than women, but so far has supported more women than men. This paper offers insights into reaching these priority groups.

1.3.2.1 Black, Asian and Minority Ethnic (BAME)

Comparing the figures from Ageing Better participants to those from the last census shows that Ageing Better is reaching a greater proportion of people who identify as Black, Asian and Minority Ethnic (BAME) (**25%**) than are found among those aged 50 and over in the same areas (**10%**). These results remain consistent over time²². The BAME community is a target group for some Ageing Better partnerships, as their vulnerability to social isolation and loneliness is well evidenced.

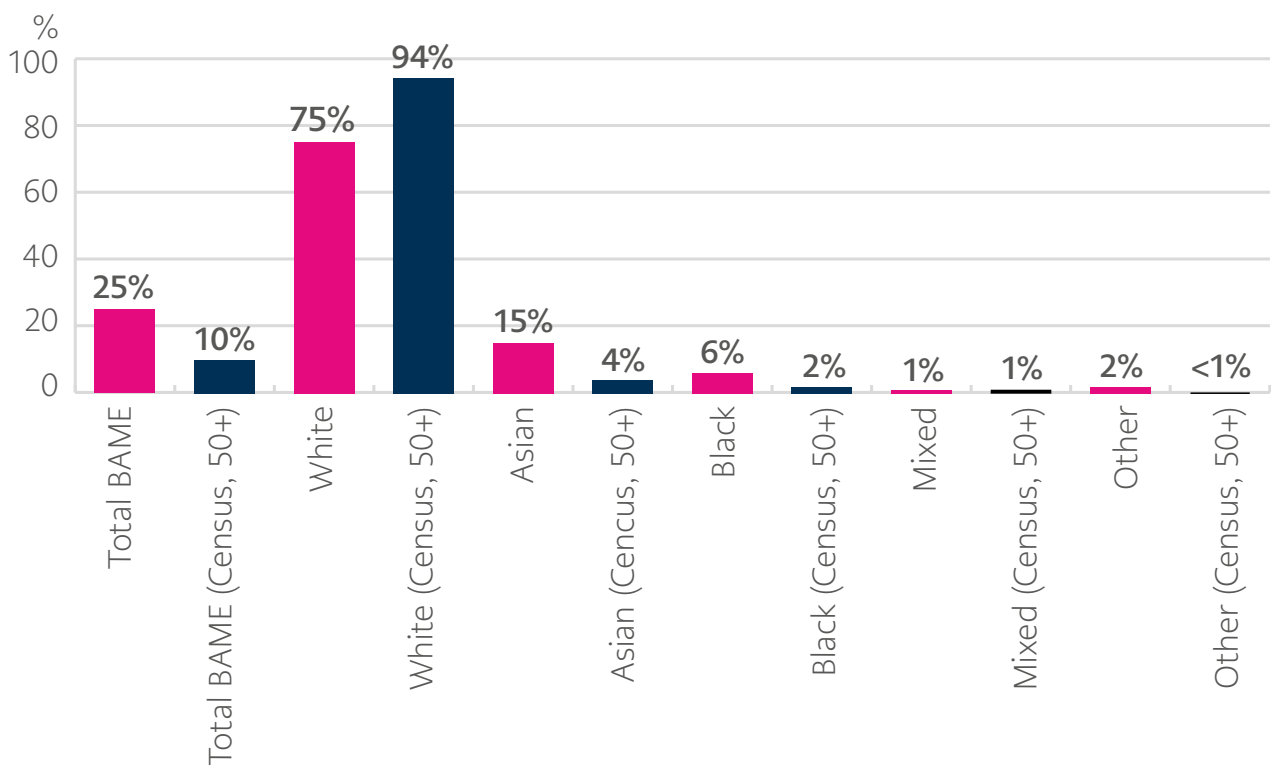
For example, research recently produced by the British Red Cross reveals that people from BAME backgrounds are more at risk of experiencing factors associated with loneliness, including feelings of not belonging and discrimination, and are more likely to experience barriers to accessing help to join community activities and making social connections.

21 Test and Learn gives partnerships ‘the flexibility to try out a range of approaches. It also means recognising and sharing when things haven’t gone as intended, as well as when they have been successful, to create practical learning for others. Using this learning, the programme aims to improve how services and interventions to tackle loneliness are delivered, and ultimately contribute to an evidence base to influence future service development’. 2018 Knowledge and Learning Programme Briefing, Ageing Better, Big Lottery Fund, May 2018, p.2.tnlcommunityfund.org.uk/media/documents/ageing-better/prog_fulfilling_lives_ageing_better_briefing.pdf?mtime=20181219102826

22 Comparable figures are provided for this group in the marginalisation report. Ageing Better: Learning Report no. 3 – Groups at Risk of Marginalisation, October 2018 tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better#section-2

The research found that 67% of all respondents who felt they did not belong in their community said they were always or often lonely, compared with 16% who felt they did belong²³.

Figure 1.7: Ethnic background of Ageing Better participants (and by 2011 Census)



Loneliness scores for BAME participants suggests they are more lonely (with higher UCLA/DJG scores) than non-BAME/White participants as a whole on entry to the programme (see Table 1.4 and 1.5 below). However, the data on ethnic groups represents a more complex picture. Participants of black ethnicity are the least lonely ethnic group, followed by White, Mixed, Asian and Other ethnic groups. Encouragingly, however, the data suggests that all ethnic groups reduced their loneliness throughout the course of the programme.

23 British Red Cross and Co-Op (2019) Barriers to belonging: An exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds [redcross.org.uk/about-us/news-and-media/media-centre/press-releases/people-from-bame-backgrounds](https://www.redcross.org.uk/about-us/news-and-media/media-centre/press-releases/people-from-bame-backgrounds)

Table 1.4: UCLA scale mean score at entry and follow-up

| Ethnic Group | Loneliness (UCLA Scale) | | | |
|--------------|-------------------------|-----------|------------|-------|
| | Mean Score (3-9) | | | |
| | Entry | Follow-up | Difference | n |
| White | 5.5 | 5.1 | -0.4 | 4,396 |
| BAME (all) | 5.7 | 5.1 | -0.6 | 1,439 |
| TOTAL | 5.6 | 5.1 | -0.5 | 5,835 |
| Asian | 5.9 | 5.3 | -0.6 | 885 |
| Black | 5.1 | 4.7 | -0.4 | 369 |
| Mixed | 5.6 | 4.9 | -0.7 | 45 |
| Other | 6.0 | 5.3 | -0.7 | 140 |

Source: CMF database

Table 1.5: De Jong Gierveld scale mean score at entry and follow-up

| Ethnic Group | Loneliness (DJG Scale) | | | |
|--------------|------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| White | 3.2 | 2.9 | -0.3 | 4,739 |
| BAME (all) | 3.6 | 3.1 | -0.5 | 1,326 |
| TOTAL | 3.2 | 2.9 | -0.3 | 6,065 |
| Asian | 3.7 | 3.2 | -0.5 | 805 |
| Black | 3.0 | 2.5 | -0.5 | 347 |
| Mixed | 3.4 | 3.1 | -0.3 | 47 |
| Other | 4.1 | 3.7 | -0.4 | 127 |

Source: CMF database



The Great Outdoors project (TCV) Time to Shine, Leeds

Approaches to reaching BAME people highlighted by Ageing Better partnerships include:

Partnership working between local delivery organisations which have existing links with people over 50s from BAME backgrounds.

Leicester

Through Ageing Better, the Confederation of Indian Organisations in Leicester reaches BAME people over 50 by providing a drop-in centre, luncheon club, internet café, advice on welfare rights and cultural events. The project has reached over 600 participants.

Between 50 and 60 people attend each luncheon club, and the quarterly cultural events are popular, with 400 people attending a recent event. The partners also hold learning events, which help extend programme reach.

“ I’ve found it really positive, without the help of the partners, we couldn’t deliver...”

We got a really good turnout [at the learning event] and a lot more interest in the programme.”

(Strategic partner)

Reaching people over 50 through existing groups and trusted community figures works, helping to reduce cultural barriers and stigma associated with wellbeing and mental health, which can lead to social isolation and/or loneliness.

Bristol

Bristol Ageing Better, (BAB), piloted several approaches to wellbeing. Initially the concept of wellbeing groups met with resistance. The approach was adapted to focus on an activity which increased wellbeing as a by-product. For example, the Wellspring Healthy Living Centre refocused its talking therapies group for Somali women into a weaving group at which wellbeing was discussed informally, and found the wellbeing of participants increased.

This learning highlighted the need for a BAME wellbeing project. Oasis Talk delivered a pilot, exploring alternative ways of engaging people over 50 from BAME backgrounds. Extensive community consultations took place, and found the most effective means of engaging BAME communities was through existing groups. The BAME Wellbeing project is therefore delivered at partner organisations already known to local communities. Partner organisations have also been essential in reaching out to prominent figures within BAME communities such as faith leaders, helping to build trust and understanding in the community.

“They did the [survey] and you saw an improvement because people didn't want to talk about [wellbeing] but, actually, they talked while weaving. It became quite a holistic way of doing that.”

(Programme manager)

“That's invaluable because a lot of these organisations, you need a reach into them and that's got to be through a trusted member of these communities or establishments.”

(Strategic partner)

Engaging local people over 50 through community consultations also helps to reach BAME communities, and secure their input into the design of culturally sensitive services.

Sheffield

Sheffield's Ageing Better partnership consulted the local BAME community to develop their mental health support services. The consultations provided insights into how mental health and counselling are perceived by BAME communities. Local people advised on the language used to describe mental health concerns, and led to one-to-one support being replaced with creative and group based therapy. African Caribbean communities provided insights into mental health stigma. As a result of engagement activities, some BAME participants completed a 24 week therapy course and progressed into volunteering. The knowledge gained through the consultations was shared with partners, and informed staff training at South Yorkshire Housing Association.

A home counselling service also reaches people, designed to empower people to take the first step to engage with mental health support:

“The co-production element...we would have never called it co-design or co-production... since being involved in [Ageing Better] we are much more open when it comes to input.”

(Delivery partner)

“These are the people who would never receive counselling, or wouldn't receive it for a long time, unless there was another programme offering it [in the home]... We did a lot of counselling for people who are homebound... As far as I know, this is the only service in Sheffield that offers home visit counselling.”

(Strategic partner)

Ageing Better provides opportunities for **participant volunteers to reach their peers** and spread the word in their local communities.

The Hindu Inspiration group in Bolton is based in a local Hindu temple and offers activities including cooking classes, pottery, and gentle yoga. The cookery classes encourage participants to experience other cultures by cooking dishes from European countries. Participants are encouraged to volunteer to show the class a new dish to cook, and the group share the food they have made at the end of each session.

Participants engage because they feel comfortable socialising in the temple, and enjoy the activities. The group has become very popular and sessions are now run fortnightly instead of monthly, to reach more people.

“You enjoy yourself.
You go there and
meet new faces.”

(Participant)

“I personally enjoy
it...I didn't know many
people before, but
now I know lots of
people. It's good and it's
educating me as well”

(Participant)

“They can watch, they can participate, and if someone wants to volunteer for the next session, they can...many people [can] get involved.”

(Project lead)

1.3.2.2 Carers

Ageing Better is engaging a larger proportion of carers (**22%**) than are found across the 14 programme areas as a whole among those aged 50 and over (**17%**) based on the last census. These results remain consistent over time²⁴. Carers are a priority group for some Ageing Better partnerships, as their vulnerability to social isolation and loneliness is well documented²⁵. For example, recent research by Carers UK found that 81% of carers have felt lonely or socially isolated as a result of their caring role²⁶.

-
- 24 Comparable figures are provided for this group in the marginalisation report. Ageing Better: Learning Report no. 3 – Groups at Risk of Marginalisation, October 2018 tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better#section-2
- 25 See for example; Bringing people together: how community action can tackle loneliness and social isolation, Community Fund 2019 tnlcommunityfund.org.uk/media/Bringing-people-together-how-community-action-can-tackle-loneliness-and-social-isolation.pdf?mtime=20190701084743
- 26 Figures based on Carers UK's State of Caring 2017 Survey of 7,286 carers and former carers, cited in The world shrinks: Carer loneliness. Research report by Carers UK as part of the Jo Cox Loneliness Commission, 2017. carersuk.org/images/News_campaigns/The_world_Shrinks_Final.pdf

However the Ageing Better data suggests that there is no significant difference between loneliness experienced by carers and non-carers. This finding could be explored further through the qualitative research for the national evaluation in future.

Figure 1.8: Ageing Better participants that are carers (and by 2011 Census)

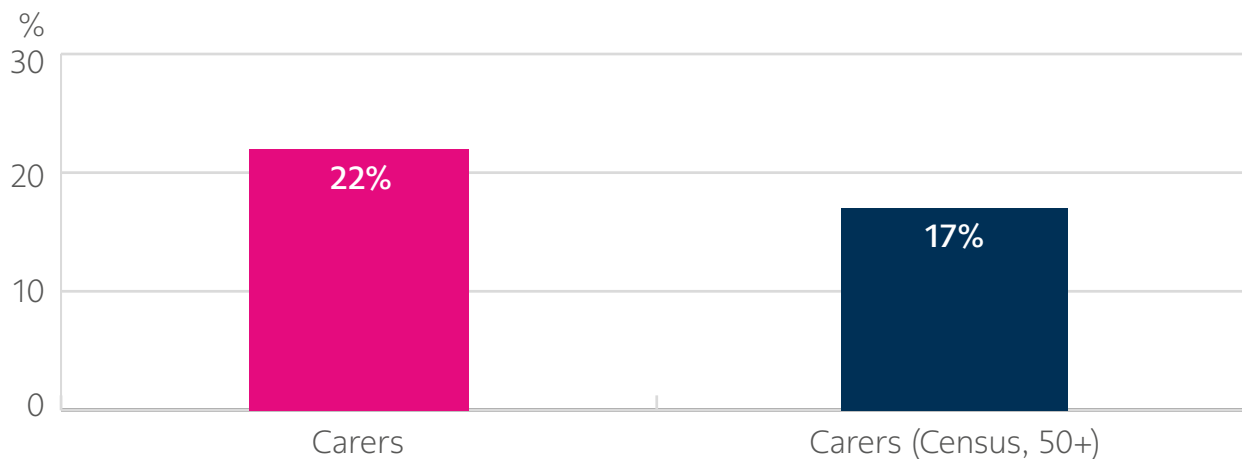


Table 1.6: UCLA scale mean score at entry and follow-up

| Caring Role | Loneliness (UCLA Scale) | | | |
|-------------|-------------------------|-----------|------------|-------|
| | Mean Score (3-9) | | | |
| | Entry | Follow-up | Difference | n |
| Carers | 5.5 | 5.1 | -0.4 | 1,154 |
| Non-carers | 5.5 | 5.1 | -0.4 | 4,062 |
| TOTAL | 5.5 | 5.1 | -0.4 | 5,216 |

Source: CMF database

Table 1.7: De Jong Gierveld scale mean score at entry and follow-up

| Caring Role | Loneliness (DJG Scale) | | | |
|-------------|------------------------|-----------|------------|-------|
| | Mean Score (3-9) | | | |
| | Entry | Follow-up | Difference | n |
| Carers | 3.3 | 2.9 | -0.4 | 1,193 |
| Non-carers | 3.2 | 2.9 | -0.3 | 4,262 |
| TOTAL | 3.2 | 2.9 | -0.3 | 5,455 |

Source: CMF database

Recent insights from Ageing Better partnerships highlight the value of telephone support in reaching carers over 50, and the importance of providing materials in community languages to break down barriers.

Bristol

The Oasis Talk project in Bristol has a strong partnership with the local carers support centre. The carers centre provides specialist telephone counselling support for carers. Many of the carers supported by the project are caring for relatives living with dementia. The telephone counselling model effectively reaches carers over 50, who may experience challenges attending appointments.

The project has also developed support materials in community languages to reach carers remotely.

“Counselling by telephone for carers really helps overcome barriers around what do you do with the person you're caring for? How do you get to and from an appointment?”

(Delivery partner)

“It's great because we don't have the capacity or resource to do that in our current NHS service...By working with community groups [we] can do translation. We're hoping to have... hand-outs on different topics related to mental health, and very practical things, like managing sleep, or anger management, stress management...”

(Delivery partner)

Micro-funding (small investments made to local groups) has also been tested as a mechanism for giving carers autonomy within their own groups. These arrangements can be more informal than traditional volunteering approaches, which carers can balance with their personal responsibilities.

Birmingham

Ageing Better in Birmingham runs a carers hub. Network Enablers (paid assistants) identify relevant groups and organisations and research local options for carers. The Network Enablers build connections and rapport with local carers and organisations to share information. The hub offers carers a range of volunteering opportunities and activities. This includes an option for carers to develop bespoke activities by applying for up to a £2,000 fund to set up a group or activity through its Ageing Better Fund. Through this, carers have enjoyed working alongside peers without caring responsibilities, helping to set up activities and provide peer-to-peer support on an informal basis.



Don't Call Me Old project (Armley Helping Hands) Time to Shine, Leeds

1.3.2.3 LGBT+ community

Lesbian, Gay, Bisexual and Transgender (LGBT)+ individuals are particularly vulnerable to social isolation and loneliness as they are more likely than heterosexual people to be single as they age; more likely to live alone; more likely to have no children; and more likely to have lower levels of contact with relatives²⁷. At the same time, social stigma, discrimination and victimisation can have life-long negative consequences for members of LGBT communities. In the US, results from the *Ageing with Pride: National Health, Aging, Sexuality and Gender Study*²⁸ found higher incidence of victimisation was associated with poorer general health, HIV status, depressive symptoms and greater disability among older LGBT+ adults. Many older LGBT+ adults subsequently have weaker social networks which increases the likelihood of receiving little social contact and informal support and may have implications for their physical and mental wellbeing²⁹.

It is in this context that some Ageing Better partnerships are striving to reach members of the LGBT+ community to provide opportunities for strengthening their social networks. Ageing Better data shows **5%** of participants self-defined as LGBT+. This comprises **3%** gay or lesbian, **1%** bisexual and less than **1%** other.

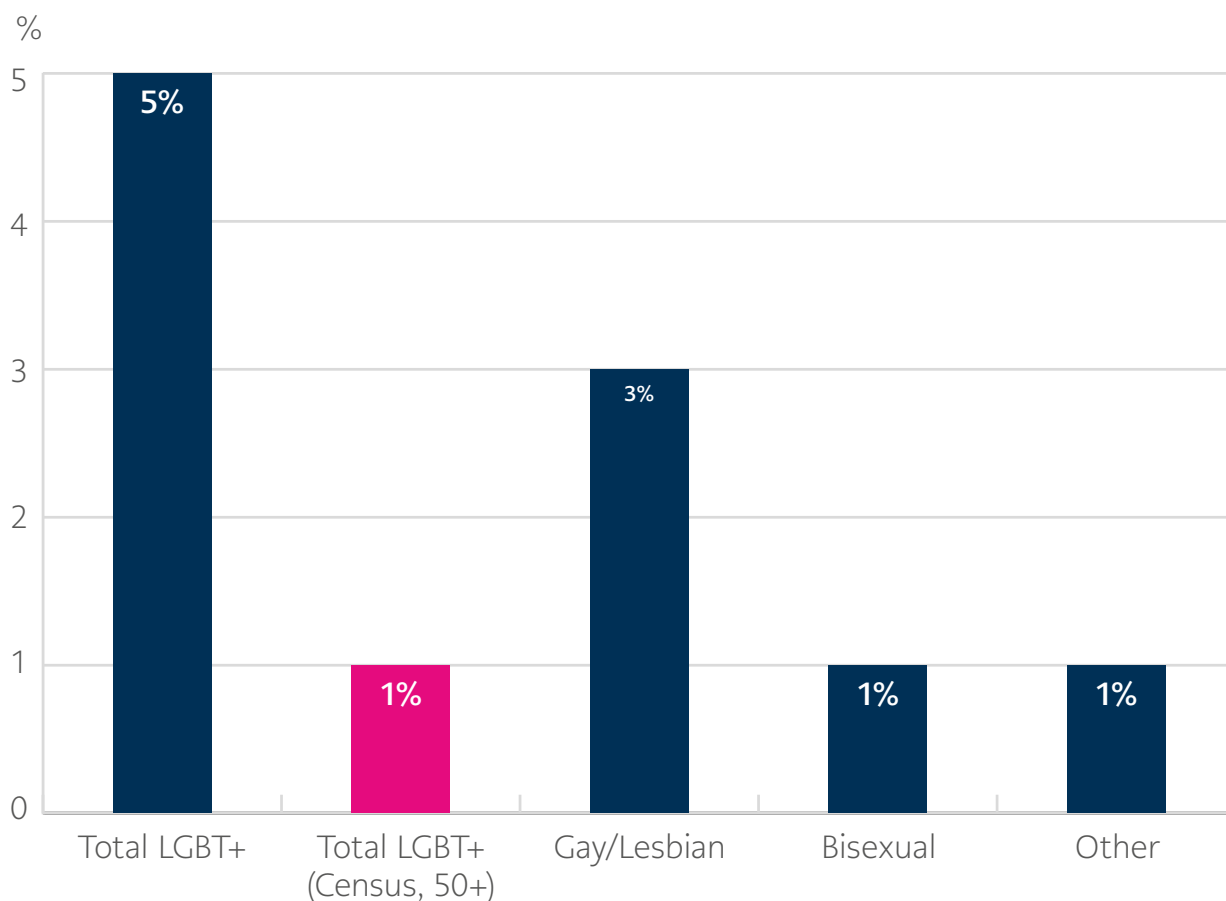
27 University of Sheffield (2018) Combating loneliness amongst older LGBT people: a case study of the Sage project in Leeds. LGBT Health and Wellbeing Scotland (2018) LGBT Age Impact Report 2014-17.

28 Fredriksen-Goldsen, K. & Kim, H. (2017) The Science of Conducting Research With LGBT Older Adults- An Introduction to Ageing with Pride: National Health, Aging, and Sexuality/Gender Study. *Gerontologist*, Vol. 57, No. S1, S1–S14.

29 Green, M. (2016) Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks? *Quality in Ageing and Older Adults*, 17(1) 36 – 49.

Ageing Better programmes are recruiting a larger proportion of participants who are lesbian, gay, bisexual or other (5%) than were found in the general population of those aged 50 or over in the UK at the last census (1%) (notwithstanding under-reporting that may be prevalent in the census due to fear of being identified). This is important given that LGBT+ participants are lonelier than heterosexual participants at their entry to the programme. LGBT+ and heterosexual participants both reduced their loneliness throughout the course of the programme.

Figure 1.9: Ageing Better participants that are LGBT+ (and by 2011 Census)



Success in reaching LGBT+ people over 50 has been achieved in a variety of ways by Ageing Better partnerships. **Connecting with known and trusted voluntary groups and organisations** is an effective engagement approach, and supports outreach activities.



Ageing Better Celebration event, hosted by Sheffield

Birmingham

Ageing Better in Birmingham run an LGBT hub that provides practical support and access to LGBT groups and activities, increasing 50+ LGBT people's options for socialising and making new friends³⁰. Historically the LGBT community tended to be wary of organisations in authority. The hub found the best way to reach this community is through established voluntary groups and organisations³¹.

The hub also runs regular events for the LGBT+ community in venues such as care homes.

“We're taking coffee mornings and things into care homes with an upfront LGBT focus, hoping that residents may come and identify themselves...That's something that has to be constant because people, if most of their lives have been hidden, they're not going to come to one-off events.”

(Participant volunteer)

Building trust with local people is central to reaching the LGBT+ community. Reach is enhanced by engaging local people over 50 from the LGBT+ community in project design and delivery.

30 Ageing Better Birmingham. blgbt.org/ageing-better/

31 Ageing Better Birmingham Local Evaluation, Phase 1 Report.

Bristol

The Out and About project seeks to engage LGBT+ people over 50, and is co-designed and developed with local people over 50 to better understand how to reduce social isolation and loneliness amongst this community. The project offers social groups such as LGBT+ yoga for the over 50s³². Building trust as a key factor in successful engagement due to historical marginalisation of the LGBT+ community.

“Looking at how do you build a community, how do you use community development principles on a community of interest rather than a geographical community?”

(Partnership manager)

“He was saying, 'You're trying to get me to go to a group of people who are my age, but when I was trying to come to terms with my sexuality, these are the people who told me that I was a freak and told me that I wasn't accepted in the community.' So they don't want to engage with their own age because that age group rejected them.”

(Partnership manager)

Engaging local people over 50 from the LGBT+ community to **run activities for their peers** has helped to reach out to and inspire people to engage.

Thanet

The Thanet LGBT+ 50+ Group were keen to arrange events and promote local opportunities to bring LGBT+ over 50s together and reduce their social isolation. The Group applied to the Ageless Thanet Community Fund to buy promotional material and arrange an LGBT+ 50+ cinema screening. The event was widely publicised and well attended by the Group's peers.

Other engagement methods that Ageing Better partnerships found help to reach the LGBT+ over 50s community include **word of mouth, themed promotional events, leaflets and pop-up taster sessions**. This latter approach helps raise awareness of local opportunities, but venues need to be chosen carefully, as people may be cautious about connecting in with an LGBT+ branded activity³³.

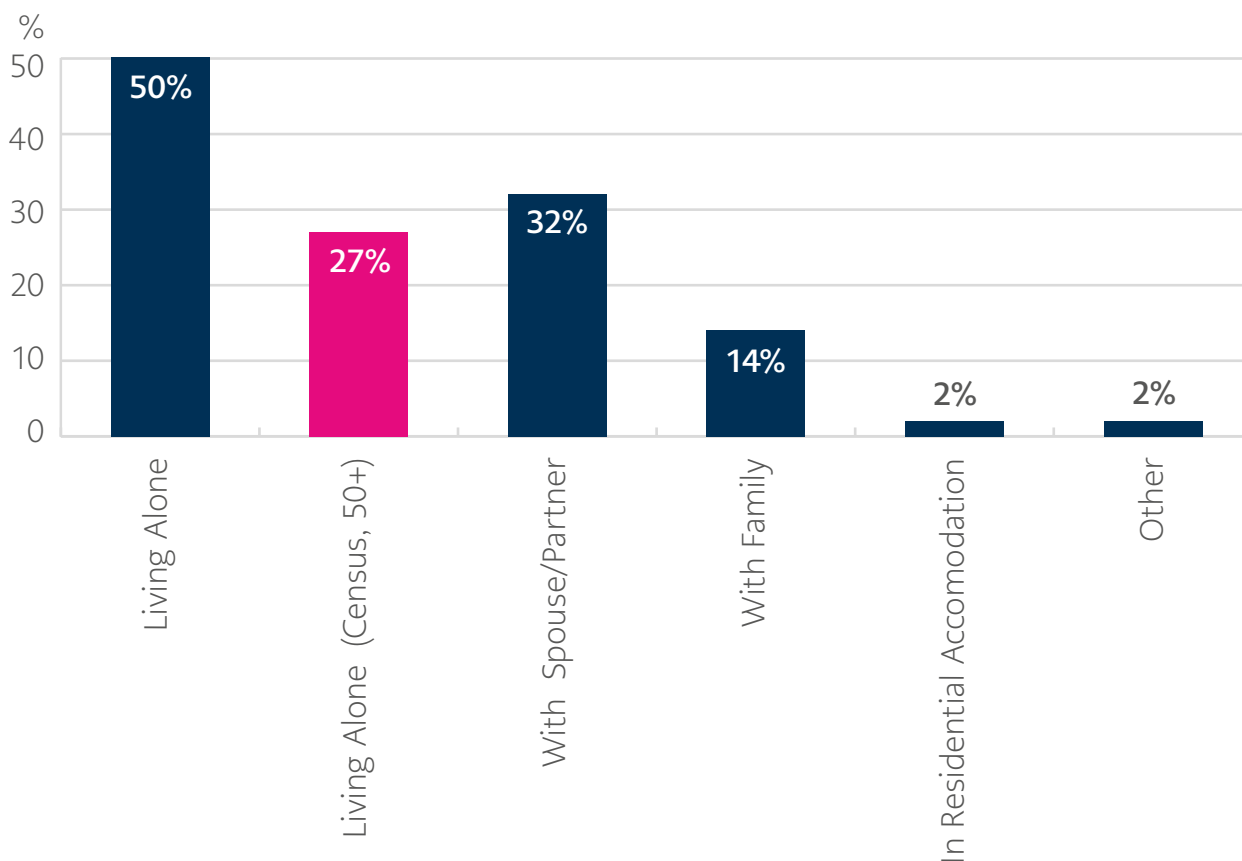
32 Bristol Ageing Better bristolageingbetter.org.uk/lgbt/

33 Community Fund (2019) Reducing social isolation in LGBT+ communities aged over 50 – learning from Ageing Better.

1.3.2.4 Living alone

As may have been expected given the focus of Ageing Better on social isolation and loneliness, the programme is successfully engaging a considerably larger proportion of those living alone (**50%**) than are found across the 14 programme areas as a whole among those aged 50 and over (**27%**). While people living alone are not necessarily socially isolated or lonely, this characteristic has been identified as a statistically significant risk factor³⁴, and has therefore been a priority group for Ageing Better partnerships to reach

Figure 1.10: Living arrangements of Ageing Better participants (and by 2011 Census)



The Ageing Better data reveals that participants who live alone are lonelier than those with other living arrangements on entry to the programme. However, both groups reduced their loneliness by the end of the programme.

Reaching people in **their homes** is central to engaging some isolated and lonely people over 50 who live alone. Ageing Better approaches include **door-knocking awareness raising** activities and **'first-contact' approaches**, whereby service providers link up to coordinate their approach and share information (with participants' permission).

34 ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_june15_loneliness_in_later_life_evidence_review.pdf

Isle of Wight

Age Friendly Island, the Ageing Better partnership on the Isle of Wight, works with local services such as the Fire Service who visit vulnerable people at home to conduct fire safety checks, to connect people over 50 into Ageing Better. The partners designed a first contact checklist, which could be implemented by a range of providers. Key information could then be shared with the participants' consent, to improve the support offer, avoid duplication in the system, and enhance engagement.

Targeted one-to-one outreach, particularly through social prescribing and community connector/ navigator schemes, also helps to reach people **over 50 living alone**.

Torbay

Ageing Well Torbay has recruited Community Builders, who are working across the region to help people create positive change in their neighbourhoods. Local people over 50 were consulted on the project design, which is centred on asset based community development principles (ABCD)³⁵. The Community Builders work together with people over 50 to set up social groups, as well as referring them to appropriate services. GPs may refer individuals living alone for support. Community Builders then get to know individuals and refer them, or help them access, relevant local groups and services.

“One project that I know is really reaching quite isolated, lonely people, who...generally live alone, looking at the CMFs, is the community navigators. They really are getting to that group of people who need it.”

(Partnership lead)

“The GP did social prescribing and asked me to go and see somebody... when I went there, this person - he could hardly move around his house...I'd build that relationship up and have a good chat [and] say 'Would you mind me calling Wellbeing and they'll make an appointment... we need to sort a few things out.' [They said] 'Yes, that's fine.'”

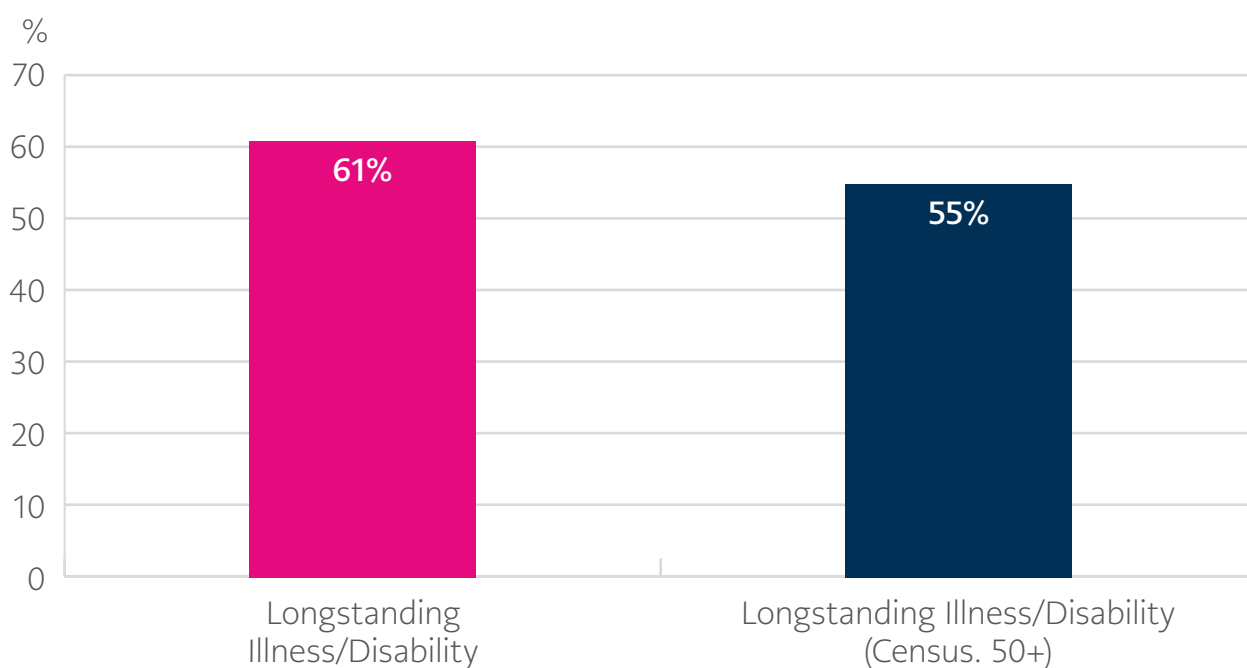
(Community Builder)

35 Asset-based approaches focus on the positive aspects of individuals and communities, valuing their capacity, skills, knowledge and connections. They are based on the strengths people and communities bring. These assets can act as the foundation within upon which to build better outcomes.

1.3.2.5 Longstanding illness and disability

Within the Ageing Better programme, **61%** of participants said they had a longstanding illness or disability: this compares with **55%** nationally of those aged 50 and over based on the last census. Ageing Better participants therefore feature proportionally more people with longstanding illness or disability than the general population. This group has been identified in the wider literature as being at more risk of experiencing social isolation and/or loneliness. Poor health, including long-term illness or disability, appears to be a consistent indicator/symptom of loneliness. In the Community Life Survey 2016 to 2017 for example, the Office for National Statistics (ONS) reported that people with poor health were always more likely to say they were lonely often or always, and most unlikely to say they were never lonely³⁶.

Figure 1.11: Ageing Better participants with longstanding illness or disability (and by 2011 Census)



Ageing Better participants with a longstanding illness or disability are significantly lonelier than participants without one (as demonstrated in the following tables). However, both groups reduced their loneliness over the course of the programme.

36 Pyle, Edward and Evans, Dani (2018), cited in Bringing people together: how community action can tackle loneliness and social isolation, Community Fund 2019, p11. tnlcommunityfund.org.uk/media/Bringing-people-together-how-community-action-can-tackle-loneliness-and-social-isolation.pdf?mtime=20190701084743

Table 1.8: De Jong Gierveld scale mean score at entry and follow-up

| Longstanding Illness/Disability | Loneliness (DJG Scale) | | | |
|---------------------------------------|------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Longstanding illness/disability | 3.6 | 3.2 | -0.4 | 3,382 |
| No longstanding illness/disability | 2.5 | 2.3 | -0.2 | 2,047 |
| TOTAL | 3.2 | 2.9 | -0.3 | 5,429 |

Source: CMF database

Table 1.9: UCLA scale mean score at entry and follow-up

| Longstanding Illness/Disability | Loneliness (UCLA Scale) | | | |
|---------------------------------------|-------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Longstanding illness/disability | 6.0 | 5.4 | -0.5 | 3,172 |
| No longstanding illness/disability | 4.8 | 4.5 | -0.3 | 2,021 |
| TOTAL | 5.5 | 5.1 | -0.5 | 5,193 |

Source: CMF database



Ageing Better annual conference, hosted by Birmingham

Reaching people over 50 with a longstanding illness or disability has been challenging. The **complex needs** of some people needing support has tested project design and resourcing arrangements.

Leeds

Time to Shine in Leeds works with people over 50 experiencing complex mental health needs. The partnership supports many individuals that have slipped through the statutory services net and are not receiving support from elsewhere. The Making a Match project was designed as a relatively light touch intervention. However the complexity of those referred requires a more “hand holding approach”. This creates challenges, with some people with complex needs becoming overly dependent on the befriending service, and requiring additional support to engage with other activities.

“We feel that we are picking up those pieces. Our staff have all the relevant training but they are not qualified to deal with that complexity. These people need psychiatrists and for one reason or another they do not have the access.”

(Strategic partner)

Community outreach in local neighbourhoods enables Ageing Better partnerships to reach people over 50s with a longstanding illness or disability more effectively than traditional engagement approaches.

The Outreach project targets people with complex needs who usually experience barriers to community participation. Outreach workers work as psychological wellbeing practitioners, supporting people over 50 and their families to address their barriers and tackle their social isolation. The project adopted a 'test and learn' model to improve its reach. Since April 2019 it has been targeting people over 50 who are isolated as a result of mobility problems, as previous research demonstrated that engaging with this target group can have wider benefits such as increased confidence. The team highlighted the importance of distributing engaging written material to local residents to improve reach.

“We are trying to target families of people who might need support... one of the things that does work, we do a lot of our stuff in hardcopy format so it is really accessible to people.”

(Delivery partner)

“For new members, putting something in the magazine letting them know that there is another tier of support...there wasn't a massive response, so we got our Ageing Better helpers to target geographical areas and literally stuff through doors.”

(Delivery partner)

Ageing Better partnerships provide insights into reaching people over 50 with a longstanding illness or disability through wellbeing activities, which promote **gentle group exercise**. This approach can empower local people to enhance their self-management of long-term conditions such as Type 2 diabetes and Post Traumatic Stress Disorder (PTSD)³⁷. Effective engagement approaches include **word of mouth, Facebook** and the use of **familiar community venues**. Some participants have become **group organisers** to reach their peers and offer inclusive activities.

37 The NHS defines post-traumatic stress disorder (PTSD) as “an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult. These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life.” [nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/](https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/)



Ageing Better Celebration event, hosted by Sheffield

Thanet

Ageless Thanet provides a range of opportunities for people over 50 to engage in gentle exercise through its wellbeing activities. This includes free eight week courses in New Age Kurling, Boccia and Pil-Art-Ease, (classes that combine Pilates and contemporary art)³⁸. Some participants initially reached through community advertising including local newsletters and Facebook adverts, have taken on the role of participant volunteers, to reach their peers. These participant volunteers applied to the partnership's Community Fund, to purchase equipment, pay for room hire, and fund training for the group organisers to continue activities in the medium term, whilst exploring self-financing options.

“The kurling club, which I am now the chair and treasurer of, has allowed me to meet new people... We have a competitive but friendly series of games. This provided motivation, purpose and most importantly joy... [it] has got me fired up and re-energised.”³⁹

(Participant volunteer)

38 New Age Kurling is an adapted form of the original ice-rink based game, so it can be played in sports halls and on other flat surfaces. Boccia is a precision ball sport, similar to bowls and is a recognised Paralympic sport that can be played by anyone, with or without a disability. theisleofthanetnews.com/2019/02/27/ageless-thanet-our-community-fund-success/

39 Ageless Thanet website theisleofthanetnews.com/2019/04/27/ageless-thanet-come-and-try-our-wellbeing-activities/

1.3.2.6 Gender

Reaching men is a priority for Ageing Better partnerships, as the population of older men is growing faster than that of women, and it is known that older men's experiences of loneliness and social isolation differ to women's⁴⁰. Analysis of Wave 6 of the English Longitudinal Study of Ageing (ELSA) data in England (2012/2013) found that over 1.2 million older men (14%) reported a moderate to high degree of social isolation, compared to 11% of women.

The study, commissioned by Independent Age⁴¹, found that almost one in four older men (23%) had less than monthly contact with their children, and nearly one in three (31%) had less than monthly contact with other family members. For women, these figures were 15% and 21% respectively. Older men also had less contact with friends. Nearly one in five men (19%) had less than monthly contact with their friends compared to only 12% of women⁴².

Recent research carried out by the University of Bristol in collaboration with Age UK found that older men are less likely than women to report feeling lonely, and generally struggle to ask for and access social support⁴³. Ageing Better partnerships were keen to respond to calls to redesign services to better reach and respond to older men's needs.

Despite piloting a variety of approaches to specifically reach more men, Ageing Better has continued to attract proportionally more women (69% of participants were women) than would be expected based on the population of older people (52% of people are aged 50 and over nationally, based on the last census). Previous analysis has suggested that this trend was not down to one factor, nor was project-specific. This highlights persistent challenges in reaching men and underscores the importance of targeted approaches to reach more men.

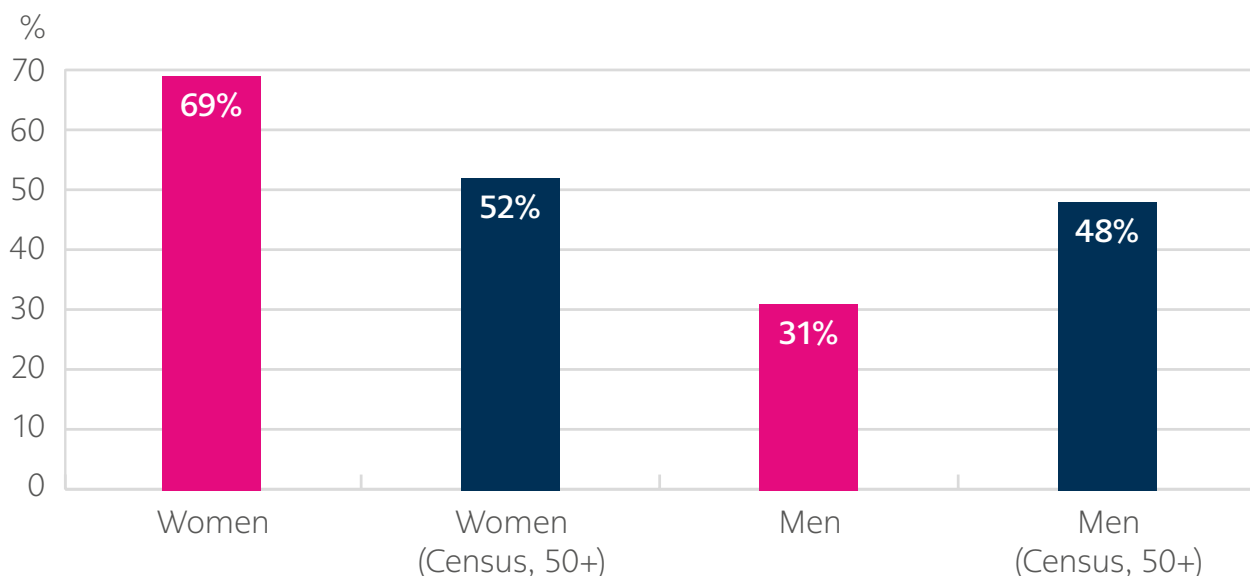
40 Beach, B. and Bamford, S-M, ILC-UK Isolation: the emerging crisis for older men. A report exploring experiences of social isolation and loneliness among older men in England 2015, p4 independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/isolation-the-emerging-crisis-for-older-men-report.pdf

41 Independent Age report, Isolation: the emerging crisis for older men. independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-05/isolation-the-emerging-crisis

42 Ibid.

43 Older Men at the Margins – report findings. www.ageuk.org.uk/our-impact/policy-research/older-men-at-the-margins-how-men-combat-loneliness-in-later-life/

Figure 1.12: Gender of Ageing Better participants (and by 2011 Census)



As seen in the following tables, there was no significant difference in loneliness between men and women participating in Ageing Better. However, both men and women reduced their loneliness following their involvement in the programme.

Table 1.10: De Jong Gierveld scale mean score at entry and follow-up

| Gender | Loneliness (DJG Scale) | | | |
|--------|------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Female | 3.2 | 2.9 | -0.3 | 4,195 |
| Male | 3.3 | 3.0 | -0.3 | 1,915 |
| TOTAL | 3.2 | 2.9 | -0.3 | 6,110 |

Source: CMF database

Table 1.11: UCLA scale mean score at entry and follow-up

| Gender | Loneliness (UCLA Scale) | | | |
|--------|-------------------------|-----------|------------|-------|
| | Mean Score (0-6) | | | |
| | Entry | Follow-up | Difference | n |
| Female | 5.6 | 5.1 | -0.5 | 4,085 |
| Male | 5.5 | 5.1 | -0.4 | 1,807 |
| TOTAL | 5.6 | 5.1 | -0.4 | 5,892 |

Source: CMF database

Partnerships have tested a variety of approaches to reach more men. **Asset based approaches** empower men over 50 to engage their peers and contribute to the local community.

Hackney

The Brocals project empowers male volunteers to assist other men, reaching men over 50. Transport volunteers drive participants to trips and venues, whilst mentors befriend and support men to engage. Asset based principles are emphasised in the project's approach and advertising, appealing to men to consider 'how you can help', rather than 'how we can help you'. The volunteers have formed a strong bond (including their own hand shake).

Transport volunteers enjoy learning new skills, to drive the mini-bus and communicate with new people. The volunteer drivers receive certification to prove they can drive mini-buses. Both participant volunteers and participants enjoyed the trips and opportunities to socialise with other men, increasing their confidence to engage in other social situations.

Befrienders help participants learn about their local area. Mentees found their mentors easy to talk to and non-judgmental. One participant explained how this was helping him to adapt and regain some independence following memory loss due to a brain injury. The befriending role also helped some mentors deal with their own mental health challenges and feel more connected. This 'give and take relationship' helps both mentees and mentors improve their sense of connection and wellbeing.

“You pick up skills in engaging people that you don't know, getting to know them better.”

(Participant volunteer)

“The transporter role was interesting because it helps enhance skills. It also helps you get out in the community and socialise with people.”

(Participant volunteer)

“It's so important to me because it holds out a helping hand to lift me up and bring me back together again”

(Participant)

“I decided to get involved because I'm interested in social issues and community activities where it gets people together with different issues. I previously had mental health issues where I suffered from depression and [the project] was a good platform to socialise and enhance my social skills.”

(Participant)

“It's a good way to get men socialising. To get them to open up. It's nice to see men talking, including myself too.”

(Participant volunteer)

Cheshire

Brightlife Cheshire reaches men by advertising for volunteers to assist a local charity, the Cheshire Wildlife Trust, to raise funds. Adverts in local community magazines ask local people over 50 to volunteer their DIY skills to up-cycle reclaimed wood, to make bespoke furniture which can be sold to support local conservation initiatives. The majority of volunteers are men, who enjoy the camaraderie and opportunity to use and develop their craft skills, whilst supporting a good local cause.

“A lot of people have come from seeing it advertised in local papers and magazines...When you're retired it's nice to give something back, it feels the right thing to do, when you've got time to do it.”

(Volunteer)

“It's a way of bringing in people who could be isolated or slightly alienated, to an environment that they are more used to, which is enjoying the comradeship and company of people, to make something which is wanted and sold for money which benefits the Trust.”

(Volunteer)

“I think what appealed was volunteering to the Wildlife Trust... [The advert] talked about making furniture from reclaimed timber which sounded attractive... It gave me the opportunity to do something totally different to what I'd done through my working life. I've learnt a few new skills and have access to some tools, and if the final product could be sold and make money for the Trust, it seemed to be a win-win situation.”

(Volunteer)

Building connections through **shared interests** can reach men more effectively than general opportunities to socialise. This approach can also aid memory recall, reaching people with dementia by reconnecting with their past.

Sheffield

The Love Sport project brings together men with a mutual interest in sport. The group includes three ladies who support their husbands who have dementia to attend. The project reduces social isolation experienced by the couples owing to their poor health and caring responsibilities. The group enables these individuals to be themselves again, reconnecting people with their memories. The group meets weekly and keeps a scrapbook to record and help recall their experiences together.

A support worker at the local library assisted the group to gain a small amount of funding (£200) to pay for trips. This enables the group to participate in a sporting activity. The group went out for lunch and to play bowls. This inclusive activity is enjoyed by all, particularly those living with dementia.

“It’s very much about us saying to people, well, ‘what do you want to do and how can we help?’ It’s worked really well”

(Strategic partner)

Other approaches that have successfully reached men include referrals from **female friends and relatives, socialising through sport, and healthy eating initiatives.**

Middlesbrough

Female referrals can help Ageing Better reach some vulnerable men, experiencing a trigger point such as ill health, with many men engaged via a partner or another female friend/neighbour.

The Over Fifties Youth (T.O.F.Y) club engages men who meet regularly to play various sports, often within a new state of the art sports club. The club enables men to build and maintain relationships, as men can watch and chat if they do not want to take part in physical activities.

A men’s healthy eating group supports men to learn new skills and gain knowledge around healthy eating. This supports some men adjusting to cooking alone following the loss of a partner. The group provides peer support and social opportunities. Participants value the male only space; which means they do not feel “embarrassed” in front of women and can “get stuck in” to learn new culinary skills.

1.4 Learning so far and looking forward

The Ageing Better programme is generating valuable learning about reaching people over 50 who may be more likely to experience social isolation and/or loneliness. Participants and volunteers are on average less socially isolated and lonely after taking part in Ageing Better⁴⁴, and are keen to reach out to increase participation amongst their peers. This report builds on learning presented in our marginalisation report.

Key insights featured in this report include:

- Reaching men through requests to utilise their time and skills to support the local community, and revisit shared interests with their peers.
- Engaging BAME groups through consultation on cultural sensitivities, partnerships with local organisations, using familiar venues and connecting through trusted community figures and peer volunteers.
- Offering alternative support for carers through telephone support and materials in community languages can 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 people to engage in local events and taster sessions.
- Reaching people living alone in the home-setting can be achieved through door-knocking awareness raising activities, 'first-contact' approaches linking 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.

In our role at Ecorys, as the independent evaluator and learning partner for the Ageing Better programme, we are working with the Community Fund and Ageing Better partnerships to generate programme insights and will share this through future reports and leaning events to influence wider service design.

⁴⁴ Changes in outcomes may have been brought about by factors external to the Ageing Better programme.



Sunshine in Leeds project (Health For All) Time to Shine, Leeds

Ageing Better

Improving the lives of people over 50 by addressing social isolation and loneliness, improving social connections and enabling greater engagement in the design and delivery of services.

For more information read our full programme briefing:
tnlcommunityfund.org.uk/ageingbetter

What we are learning



Authentic co-production

This means being flexible, connecting people to learn, giving honest feedback, plus plenty of time and support.



Flexible access to services

Including during evenings, weekends and holidays, and make transport more accessible.



Engage people in the places they meet

Involve older men through their skills and interests.



Make connections and build trust

Work with diverse communities and local leaders to design the right support for them.



Words are important

Choose your words wisely. Not everyone sees themselves as old or isolated.



Representative services

Ensure services are accessible and inclusive of older LGBT+ people.



Friendship can't be manufactured

Identifying shared interests and making people feel cared for and listened to, builds connections that last.



Details on the methodology for the Ageing Better national programme evaluation **can be found in a separate methods note.**



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