

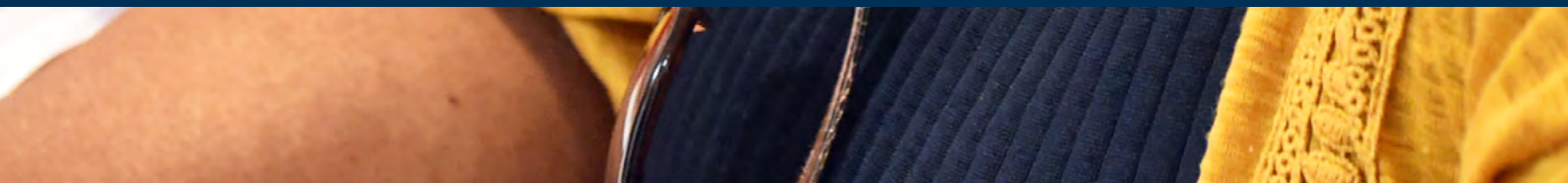


Ageing Better



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

January 2020





Walking Football by Your Backyard CIC, Time to Shine, Leeds

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

Introduction

Purpose of the Method Note

This paper sets out the methods used by the national evaluation team on the Ageing Better programme. Following an introduction to the programme, the paper sets out the evaluation framework and approach to quantitative and qualitative analysis in turn. The paper concludes with a statement on research ethics.

The Ageing Better programme

The Ageing Better programme funds voluntary-sector led partnerships in 14 areas across England. The programme provides a six-year, £78 million investment to improve the lives of people aged over 50 by addressing social isolation and loneliness within local communities.

The partnerships are:

- Ageing Better Birmingham
- Bristol Ageing Better
- Ageing Better in Camden
- Brightlife (Cheshire)
- TED (East Lindsey)
- Ambition for Ageing (Greater Manchester)
- Connect Hackney
- Age Friendly Island (Isle of Wight)
- Time to Shine (Leeds)
- Leicester Ageing Together
- Ageing Better Middleborough
- Age Better in Sheffield
- Ageless Thanet
- Ageing Well Torbay

The National Lottery Community Fund commissioned Ecorys UK, Bryson Purdon Social Research LLP and Professor Christina Victor, from the Brunel Institute for Ageing Studies at Brunel University to carry out a national evaluation of the programme.



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

Common Measurement Framework

Overview of the CMF

The data presented in this paper is taken from the Common Measurement Framework (CMF). The CMF is the main tool to collect quantitative data on people aged over 50 engaged by the Ageing Better programme, across all partnerships.

The CMF comes in two main formats. The first of these is a short questionnaire, used for collecting participant demographics from light touch interventions or one-off events. The second is a larger, full questionnaire, which additionally includes six mandatory self-reported outcome measures, as well as a range of optional outcome measures that individual programme areas or projects may choose to use, depending on their project's specific aims. The measurements used to capture each of these mandatory and non-mandatory outcomes are widely used in the field of social research, ageing, and health and wellbeing studies to collect robust evidence in as streamlined a way as possible.

The mandatory outcome measures are:¹

Social and emotional loneliness. These are captured by two key measures - The De Jong Gierveld (DJG) scale and the UCLA scale. The DJG forms the primary outcomes measure for the CMF, as it allows us to measure overall loneliness, as well as differentiating between social and emotional loneliness. The six-scale, three-response, shortened version of the scale is used, generating an overall mean average of loneliness score on a scale of 0-6, a social loneliness sub-scale mean average on a scale of 0-3, and an emotional loneliness sub-scale mean average on a scale of 0-3. The UCLA scale, which is part of the government's recommended measure for loneliness, is used as a measure of loneliness as a whole, producing one overall score between 3-9, with 9 representing the most lonely.

Social contact with children, family and friends. This measure evaluates the impact of activities on social contact within existing social circles. The evidence base and literature on this subject highlights absence of social contact as a distinct element of social isolation. An increase in the average score indicates greater social contact.

Social contact with non-family member. This measures social contact outside of the family and with neighbours and the community, a lack of which is a potential precursor to social isolation. An increase in the average score indicates greater social contact.

Social participation in clubs, organisations and societies. This measures involvement in groups, and the influence of social participation on social isolation. An increase in the average score indicates greater participation in different categories of membership.

Taking part in social activities. This measures change in engagement in social activities, a lack of which is a potential precursor to social isolation. An increase in the average score indicates greater participation.

These mandatory outcome measures reflect the core aim of Ageing Better to improve these outcomes for participants.

¹ ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys

The non-mandatory outcome measures are:

Wellbeing, measured by the SWEMWBS scale.² This focuses on both mental and emotional wellbeing (how “good” somebody feels) and psychological functioning (how well somebody thinks they are functioning). A higher score represents higher wellbeing.

Quality of life, measured by the EQ-5D-3L scale.³ This looks at issues with mobility, self-care, pain/discomfort, anxiety/depression and if participants report any problems with carrying out their usual activities (e.g. work, study, housework, leisure activities). A higher score represents a higher quality of life.

Health, measured by the EQ-VAS scale⁴. This reports participants self-rated health, from ‘best imaginable health state’ (100) to ‘worst imaginable health state’ (0).

Volunteering. This measure is used to evaluate activities that aim to support volunteering and provides evidence of the types of volunteering carried out by participants, as well as collecting information on if they plan to volunteer in the future. An increase in the average score demonstrates greater participation in different volunteering activities.

Co-design. This question is a bespoke response list agreed with each partnership, asking participant what activities they have been involved with. Common activities include sharing ideas to help plan a new activity, deciding how an activity will be delivered, helping to run an activity for other people. An increase in the average score demonstrates greater participation in different volunteering activities.

Influencing. This asks if participants believe they can influence decisions affecting their local area. A higher score represents greater agreement.

2 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

3 euroqol.org/eq-5d-instruments/eq-5d-3l-about

4 Ibid.

The CMF specifies the data on each outcome that partnerships will collect. This allows for the generation of reliable data to assess the progress made by Ageing Better and for the provision of meaningful evidence about what works in reducing and preventing social isolation and loneliness in people over 50. All questions included were informed by a consultation between partnerships, external experts, Ecorys and The National Lottery Community Fund.

Following informed opt-in consent, participants complete the relevant elements of the CMF on entry to the programme. The full questionnaire captures the richest picture of participants, as it asks questions about both their characteristics and outcomes. As such, it should be used with participants who are expected to see a change in their outcomes. Participants completing the questionnaire also complete a follow-up questionnaire when they exit their first project, as well as follow-ups on entry and exit to any subsequent projects they may be involved with. In addition to the follow-ups outlined above, a follow-up CMF up to 6 months after someone has left the programme completely is encouraged. This is to test outcomes and investigate the sustained impact of the intervention/s. This element has not been mandatory to date, due to resource requirements. However, many areas are now looking to include this in recognition of the value it adds to the evidence base and in order to meet the full requirements of key local stakeholders.

The CMF is anonymised, to protect the sensitive information which the participants and volunteers report. However, it is important for partnerships to be able to match data collected from the same participant over time through the follow-up questionnaires, so that the evaluation can access whether Ageing Better has made a difference to individuals. To achieve this, programmes assign a Unique Reference Number (URN) to every participant completing a full questionnaire or short questionnaire.

The projects covered by the CMF aim for a 100% response rate, as the more responses received, the more robust the data analysis will be. However, it is recognised that 100% is unlikely to be achieved in most circumstances. As such, minimum response rates have also been outlined, which vary according to the type of project being delivered. More intensive 1:1 support, for example, requires a higher response rate. To assist with questionnaire completion, the CMF has been translated into a number of community languages, following consultation with areas about which languages are most needed within their communities.

In addition to the CMF questionnaire data, the programme also collects a full count of all participants, as part of the programme monitoring data.



LinkAge New Age Kurling, Bristol Ageing Better

Quantitative Analysis

The purpose of the CMF analysis presented in this report is to provide high-level, aggregate data trends to the partnerships. As such, results comparing how participants felt before and after completing a project are based on all completed CMFs that provide both entry and follow-up data. 'No response' and 'prefer not to say' responses are excluded from the analysis. It is not known whether respondents differ from non-respondents, and therefore there might be bias in the sampling strategy employed by individual projects and the overall research findings. In each individual's case, the response from his or her most recent follow-up is used to give an indication of change.

The analysis does not distinguish between when participants' started in the programme, how long they have been on the programme, the type of activity they have been involved with, the number of projects they have been involved with or the length of time since they completed a project, all of which may be reasonably expected to affect how the programme impacts on participants. Further analysis examining how outcomes vary by these variables will be undertaken in the forthcoming impact evaluation. This analysis will also compare the results of participants to those from a group of people with similar characteristics who did not take part in Ageing Better activities. This will allow an assessment of the effect of Ageing Better on participants' outcomes.

Due to the analysis not accounting for the factors outlined above, care needs to be taken when interpreting the findings. The following should also be noted:

Participants and volunteers are not discrete groups. Older volunteers (those aged 50 and over) are also classified as participants of the Ageing Better programme.

Not all participants complete the CMF questionnaire. We asked all projects to invite Ageing Better participants to complete a survey where they had capacity to do so, except where projects considered that their involvement in the programme could be one-off (e.g. for engagement activities). As of the end of July 2019, 118,249 unique participants had taken part in the programme, with 31,568 completing a CMF questionnaire and 8,393 providing at least some follow up data (participation for many participants is still ongoing). As such, the analysis in this report based on CMF questionnaire responses does not cover all programme participants.

The comparative data included in the report, namely the TNS Omnibus⁵ and the English Longitudinal Survey of Ageing (ELSA), provide highly accurate, nationally representative information that is available from other surveys. This is included to help provide context to the CMF's findings and assist programme areas in understanding whether the results from the CMF are in line with expectations. However, as with any comparison of data from different sources, there is a need to take into account a range of different factors that may impact on the ability to make direct comparisons. In particular, the CMF data focuses on a sample of people who have been identified as being lonely or at risk of being lonely, whereas other surveys cover a sample of the general older population. Coverage also differs in terms of age, with the TNS Omnibus focusing on those aged 63 and over, as well as in geographical coverage.

The analysis does not include an assessment of change that might have occurred otherwise. Given the scale and duration of many of the projects, it is not possible to directly attribute the change made in a participant's outcomes to the programme itself. It is possible that other events in a participant's life may have affected the CMF scores.

5 The TNS Omnibus is a bespoke survey conducted for Ageing Better, which includes questions not covered in other relevant, national surveys. The survey was completed by 5,871 residents aged 63 and over, in Ageing Better areas in England (intended delivery areas defined by each programme area).



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

Qualitative Research

The qualitative learning is structured around exploring the extent to which different aspects of Ageing Better bring about the intended outcomes in the programme's Theory of Change. The Theory of Change was developed through an iterative process, including discussions with funded partnerships and TNLCF stakeholders. Outcomes are identified for volunteers and participants; and the system, services and infrastructure. Some themes generate learning related to a broad range of outcomes, whilst other themes focus on a particular outcome. (For example the 'reach' paper primarily demonstrates learning around the outcome 'improved reach, targeting, early identification and assessment of those at risk.').

The themes themselves are identified by TNLCF, the national evaluation team and partnerships working in collaboration. The partnerships apply 'test and learn' principles to design and develop innovative approaches with people over 50. The qualitative work explores both the processes involved in designing and developing activities, and the outcomes achieved.

Each theme is initiated with desk research; the national evaluation team undertake a 'policy and practice' review to explore the wider evidence base and pinpoint gaps for primary research. This is designed to situate the primary research within a robust evidence base,

and support the robust analysis of emerging learning from partnership activity. External stakeholder consultations are also undertaken to ensure each learning piece will speak to relevant sectors and add to the existing evidence base. Ageing Better partnerships complete a 'call for evidence', providing local evaluation evidence and updates on the relevant theme. A meta-evaluation of local evaluation evidence is then conducted by the national evaluation team to assimilate programme-level learning.

This is followed by primary research on key lines of enquiry emerging from the call for evidence and meta-evaluation. This approach ensures effective sampling for the primary research, by honing in on key areas of emerging evidence. Field research is undertaken with a cross section of stakeholders via interviews and focus groups: partnership leads, project managers and staff, partners and freelancers, volunteers, participant volunteers and participants. All fieldwork is undertaken using semi-structured topic guides which have been agreed with the client, to ensure question validity and consistency across the primary research process.

The qualitative data is written up into an analysis grid or table which contains detailed notes and verbatim comments, which have been recorded (with appropriate permissions), to ensure data accuracy and reliability. Secondary analysis is then conducted, where the qualitative information is sorted and collated into an analytical grid so information is presented in a logical and common format. The data is entered into analytical grids to structure different respondents' accounts under common topic headings linked to the research questions and Theory of Change. Content analysis is used to draw out emerging themes, and to compare the types of issues and outcomes occurring across the programme.

The qualitative data is then triangulated with quantitative information (from the common measurement framework) to address key questions through secondary analysis. This mixed method approach offers considerable scope for enhancing the explanatory power of the study through a process of 'triangulation' drawing on the different evidence bases. Triangulation in this sense refers to the application and combination of several research methodologies in the study of a common theme or question, and the adoption of an analytical approach to bring these together in developing key findings. This approach enhances confidence in the evaluative findings through a process of cross-referencing and cross-checking. By combining multiple observers (projects, partners, participants, volunteers, external stakeholders) and empirical materials (i.e. different data sources), we hope to overcome the weakness or intrinsic biases and the problems that come from single method studies. Triangulation is undertaken in specific contexts to obtain confirmation of findings through convergence of different perspectives. The point at which the perspectives converge is seen to represent reality. The results are then presented in a series of learning papers for dissemination.



Ageing Better Celebration event, hosted by Sheffield

Research Ethics statement

Ecorys and our partners strictly adhere to academic and industry standard procedures to ensure the ethical underpinning of all our work. Specifically, we follow the Social Research Association Ethical Guidelines (SRA) , the Government Social Research Unit Code of Practice (GSRU) and the Market Research Society Guidelines (MRS) . We also ensure all our staff undertaking research or wider work with vulnerable adults over 18 are DBS checked and cleared, and complete external training on research ethics and working with vulnerable adults. All research is conducted within Ecorys's Safeguarding Policies for vulnerable adults. Ecorys's Statement on Effectively Involving Older People in Research is adhered to by our partners.

The research protocol for the evaluation of Ageing Better was ratified for ethical approval by the Ecorys ethics committee. The Ecorys ethics committee review research proposals and designs and give an opinion about the proposed participant involvement and whether the research is fair and ethical. The members of the ethics committee are entirely independent of each piece of research that they consider. Members include a diverse group of senior experienced researchers, consultants and evaluators from across Ecorys. The ethics panel reviewed the research design for the Ageing Better national evaluation and provided feedback, which was addressed by the evaluation team.



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



Email: ageing.better@ecorys.com

Website: tnlcommunityfund.org.uk/funding/strategic-investments/ageing-better

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