Ageing Better

Introduction

Purpose of the Existing Evidence Base and Method Note

This paper sets out the background context to research on micro-funding and the methods used by the national evaluation team on the Ageing Better programme. Following an introduction to the programme, the paper sets out the background context for the micro-funding thematic work. The paper then describes the evaluation framework and approach to analysis, highlighting research limitations in the micro-funding context. The paper concludes with a statement on research ethics.

This paper has been written by Ecorys, the lead independent national evaluator of the Ageing Better programme. The paper accompanies a more detailed report on the benefits of micro-funding approaches, as a way to reach people over 50 at risk of, or experiencing, social isolation and/or loneliness.

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, (TNLCF), 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.

Existing Evidence Base

Recent UK governments have promoted localised approaches to decision-making as part of a broader devolution agenda. The coalition government's 2011 report on community-led regeneration emphasised the value of local government, civil society organisations and residents in developing innovative ways for tackling health

inequalities at a community level[1]. Following the Scottish independence referendum in 2014, the Prime Minister David Cameron proposed that additional powers should be transferred to local areas in 'devolution deals'[2] whereby cities gained control over funding in areas such as transport, health, housing and education[3]. More recently, the *Integrated Communities Strategy* green paper published by the present government in March 2018 advocated bottom-up community action, tailored to specific places[4].

A paper by the Young Foundation[5] highlights the role of the third sector, including community organisations, in empowering social

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[1] Department for Communities and Local Government (2011) Regeneration to enable growth:
http://webarchive.nationalarchives.gov.uk/20120919220828/http://www.communities.gov.uk/documents/regeneration/pdf/1830137.pdf
[2] House of Commons (2018) Devolution to local government in England:
https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN07029#fullreport
[3] Ministry of Housing, Communities and Local Government (2016) Secretary of State's Annual Report on Devolution 2016-17:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672845/CM_Devoltution_2016-17_WEB.pdf
[4] HM Government (2018) Integrated Communities Strategy Green Paper:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696993/Integrated_Communities_Strategy.pdf
[5] The Young Foundation (2007) Improving Small Scale Grant Funding for Local Voluntary and Community Organisations:
https://youngfoundation.org/wp-

action at the local level. Small community organisations often find it more difficult to secure resources than larger organisations, particularly since public sector grants have largely been replaced by contracts over the last decade[6]. Micro-funding models can offer more easily accessible funding for community or neighbourhood groups[7].

Micro-funding models are all characterised by a bottom-up approach to community development, which emphasises active citizenship. Decision-making at the local level means that micro-funding can focus on the distinct needs and priorities of different neighbourhoods[8]. Individual programme objectives are stipulated by the sponsoring organisation in the application process. By offering micro-funds, sponsoring organisations are simultaneously increasing their visibility and reach, accessing individuals and communities which may be excluded from traditional grant funding.

There is limited evidence that specifically evaluates micro-funding initiatives, and no evidence has been found relating to micro-funding for projects targeting ageing populations outside of Ageing Better partnership work. The reviewed evaluations vary in social impact objectives and scope. In their paper *Improving small scale grant*

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content/uploads/2013/03/Improving-Small-Scale-Grant-Funding-for-Local-Voluntary-Community-Organisations-July-2007.pdf
[6] House of Lords (2017) Stronger Charities for a stronger society: https://publications.parliament.uk/pa/ld201617/ldselect/ldchar/133/133.pdf
[7] Community Tool Box (2018) Establishing Micro-grant Programs: https://ctb.ku.edu/en/table-of-contents/finances/invest-in-community-resources/microgrant/main
[8] See supra 7

funding for local voluntary and community organisations[9], The Young Foundation found micro-funding evaluations focused too much on grant recipients rather than consulting project participants. The referenced evaluations mostly draw on snapshot data and do not consider the potential longitudinal impacts from micro-funding investments. As a result, the sustainability of micro-funded initiatives is unclear. Sustainable change has been identified as a challenge for recipient organisations in several studies[10], [11]. However the following impacts of micro-funding have been identified:

Outcomes for community organisations

Micro-funded programmes generally support a combination of new activities and sustaining and improving existing activities[12],[13]. In an independent evaluation of the Community First Neighbourhood Matched Fund, 40% of funding recipients said their project would not have happened without the investment, and the remaining projects said they would have happened to a lower standard or smaller scale[14].

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[9] See supra 8

[10] See supra 19

[11] See supra 26

[12] Voluntary Action Fund (2011) Small Grants, Big Difference: https://www.voluntaryactionfund.org.uk/files/3013/4184/4886/Community-chest.pdf

[13] Moss, M (2013) Evaluation Report, ESF Community Grants Programme: http://www.networkforeurope.eu/files/files/ESF_Community_Grants_evaluation_October13.pdf

[14] Ipsos Mori (2015) Community First Neighbourhood Matched Fund: https://assets.publishing.service.gov.uk/government/uploads/syste

Most micro-funding initiatives include some form of capacity building activities. For example, the Community First programme is based on asset based community development, (ABCD), approaches; utilising the skills, resources and insights of local people to address community challenges through small scale activity, with support available if needed[15]. This helps to build local capacity whilst empowering local people to drive change. Some micro-funding initiatives build capacity through training. For example, the Community Chest programme offered training courses on funding applications and money management for small organisations[16]. As a result, project leads and staff reported increased skills and confidence when applying for other funds. Groundwork's *Community Spaces Evaluation*[17] also identified a 'ripple effect' where initial funding recipients offered support and encouragement to other groups in their areas to develop projects and secure funding. This suggests that there is potential for the positive impact of micro-funds to go beyond the beneficiary organisations.

Wider outcomes for communities

By increasing the capacity of community organisations, most micro-funding models will theoretically strengthen local assets. This may lead to wider, more tangible outcomes for communities. The *Community Spaces Evaluation*[18], for example, noted considerable

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m/uploads/attachment_data/file/415849/Community_First_Neighbourhood_Matched_Fund_Summary_Report.pdf
[15] Ibid.
[16] See Supra 17
[17] Hall Aitken (2014) Community Spaces evaluation: https://www.groundwork.org.uk/community-spaces
[18] Ibid

improvements to local environmental and social issues such as reduced vandalism and anti-social behaviour as a result of micro-funded projects. Micro-funding has also been found to increase volunteering[19] and community interaction, and improve community cohesion and wellbeing[20].

Accessibility and reach

Evaluation evidence suggests micro-funding is particularly accessible to small, grassroots organisations. The Community First Fund evaluation found micro-funding to be more accessible to small community groups than other resourcing opportunities[21]. Similarly, an independent evaluation of the Tesco Bags of Help Grant Programme found that small grants were particularly valuable to small volunteer-led groups and organisations with a turnover of less than £1,000[22]. Community Food and Health Scotland (CFSH) recognised that they were receiving fewer funding applications from older people relative to other age groups[23]. In response, CFSH ran a targeted promotion and subsequently received increased applications from older people, indicating the possibility for improved reach when access is carefully considered.

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[19] Ibid

[20] Community Food and Health Scotland (2011) What is the impact of the CFHS small grants scheme?:
https://www.communityfoodandhealth.org.uk/wp-content/uploads/2011/06/small-grants-factsheet-6984.pdf

[21] See supra 20

[22] Sheffield Hallam University (2017) Policy lessons from the Bags of Help grant programme evaluation:
https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/tesco-bags-of-help-grant-programme.pdf

[23] See supra 25

Limitations and gaps in the evidence

The micro-funding learning report seeks to contribute to the evidence base by providing insights into a range of micro-funding approaches tested through the Ageing Better programme. It also explores initiatives taken by local groups to sustain their activities supported by micro-funding initially. This sustainability work is in the early stages, and therefore longitudinal research would be required to determine whether activities do successfully transition into self-sustaining models. In particular, the learning report seeks to inform gaps in the current evidence base about the potential for micro-funded activities to reach people over 50 at risk of, or experiencing, social isolation and/or loneliness.

Ageing Better Evaluation

Common Measurement Framework

The Ageing Better national evaluation gathers data from across the programme using the Common Measurement Framework (CMF).The CMF is the main tool used to collect quantitative data on people 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:[24]

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

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[24]https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys

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 members. 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.

The non-mandatory outcome measures are:

Wellbeing, measured by the SWEMWBS scale[25]. 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[26]. 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 scale[27]. 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.

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[25] Wellbeing is measured with average Short Warwick-Edinburgh Mental-Wellbeing Scale (SWEMWBS) scores. For further information, see: https://warwick.ac.uk/fac/med/research/platform/wemwbs
[26] https://euroqol.org/eq-5d-instruments/eq-5d-3l-about
[27] Ibid.

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.

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 assess 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.

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.

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. All data is anonymised, and stakeholders are asked to provide consent for anonymised quotes to be used in reporting. 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 CMF) 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.

Evidence used in this report

The micro-funding learning report draws largely on qualitative research with stakeholders from Ageing Better partnerships. A number of information sources have fed into the micro-funding learning report:

- Insights captured from one-day visits to each of the 14 Ageing Better partnerships across England. Of these, 11 partnerships invested in micro-funding approaches. Further primary research was conducted in five areas, including interviews and focus groups with people managing, delivering and participating in micro-funding projects[28].
- A thematic meta-evaluation, drawing together Ageing Better evidence on micro-funding from local evaluation reports, produced by individual Ageing Better partnerships[29].
- A wider review of the existing evidence base, to situate Ageing Better insights within broader policy and practice.

TNLCF agreed that micro-funding participants and volunteers did not need to complete the standard Common Measurement Framework for the following reasons:

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[28] Unless otherwise stated, insights are drawn from primary research with Ageing Better stakeholders.
[29] Local evaluation reports include a mix of qualitative and quantitative data. Data limitations are outlined in this report.

- To ask participants to complete self-assessment surveys was inappropriate in the context of empowering people to participate in small-scale activities. TNLCF were keen to reduce the research burden to ensure projects could engage participants flexibly and on their own terms.
- To enable project leads, often volunteers, to manage their small funds proportionately. Removing the requirement for self-completion surveys reduced the research burden on volunteers who gave their own time to run projects. Volunteers often wanted to focus on organising and delivering project activities rather than administration and monitoring.

Qualitative approaches were therefore applied to this thematic evaluation to help ensure the micro-funding research was welcoming and the projects remained accessible to all. (Quantitative outcomes data was not therefore available to feed into the micro-funding learning report from across the programme).

Qualitative evidence provides a rich body of evidence demonstrating a cross section of stakeholders' views and experiences. Researchers develop in-depth understanding and explore nuances that cannot be investigated through large-scale quantitative studies.

However limitations arise from using a primarily qualitative research design:

- Qualitative research can be vulnerable to research bias as it is reliant upon people's perceptions and opinions, and can be context specific. The researcher plays a key role in data collection, and qualitative findings can therefore be seen as subjective and cannot be replicated to test their accuracy. The validity or reliability of qualitative research can therefore be

seen as a key limitation. Conditions cannot be replicated to make generalisations to a wider group.

- Quantitative approaches seek to obtain accurate and reliable results that can be analysed statistically. Surveys are commonly used to collect outcomes data (numbers) comparing the effects of intervention/s across a cohort[30].

The impact of an intervention cannot be assessed robustly using qualitative findings alone. The insights provided in the main report should therefore be viewed as helping to understand what micro-funding can do and how it works in diverse contexts.

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

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[30] Further information is available online: https://www.researchgate.net/publication/319852576_Strengths_and_Limitations_of_Qualitative_and_Quantitative_Research_Methods and https://www.simplypsychology.org/qualitative-quantitative.html

vulnerable adults over 18 are DBS checked and cleared[31], 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.

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[31] A Disclosure and Barring Service (DBS) check enables employers to check the criminal record of someone applying for a role. Enhanced checks are available for people intending to work with vulnerable individuals or groups. https://www.gov.uk/dbs-check-applicant-criminal-record