

# Evaluation of Age Better in Sheffield

November 2016



# Evaluation of Age Better in Sheffield

## First annual report: an emerging baseline

Nadia Bashir

Ellen Bennett

Chris Dayson

Ben Pattison

November 2016

# Contents

<b>Executive Summary</b> .....	<b>i</b>
<b>1. Introduction</b> .....	<b>1</b>
<b>2. Who has participated in Age Better in Sheffield?</b> .....	<b>3</b>
<b>3. An early outcome baseline for Age Better in Sheffield</b> .....	<b>6</b>
<b>4. Conclusion and next steps</b> .....	<b>12</b>

# Executive Summary

Age Better in Sheffield (ABIS) is a six year £6 million investment by the Big Lottery Fund to **reduce isolation and loneliness amongst older people** in the city. It is being led by South Yorkshire Housing Association (SYHA) and delivered in partnership with the voluntary sector, public sector, and older people across the City. This report provides an emerging baseline against which the future progress of ABIS can be assessed, focussing on the first year of the project (April 2015<sup>1</sup>-March 2016).

At this stage we are able to answer the following key questions about the progress of the project.

## *Who has participated in Age Better in Sheffield?*

The project has reached a wide range of people from across the City. Overall, 560 people engaged with at least one of the project's commissioned services during the first year of delivery. The most commonly accessed service was the Well-being Practitioners, which accounted for more than two-fifths of participants (43 per cent), followed by Age Better Champions (28 per cent), Access Ambassadors and Peer Mentoring (both 12 per cent). Some of the key characteristics of these participants were:

- 87 per cent - were aged 50 or older. This included 59 per cent who were 50-69 and 28 per cent who were aged 70 or older.
- The project was accessed by more women than men: 70 per cent of participants were female and only 30 per cent were male.
- 15 per cent of participants were from non-White British ethnic groups compared to Sheffield as a whole where only seven per cent of the population aged over 50 is of BAME origin.
- 53 per cent reported having a disability and 16 per cent had caring responsibilities.
- 49 per cent of participants lived alone and highest numbers of participants were from Beauchief and Greenhill, Burngreave, and Woodhouse. The project also had high numbers of users from its 'hot spot' target areas including Manor Castle, Arbourthorne and Gleadless Valley.

## *Is Age Better in Sheffield reaching the loneliest and most isolated people in the City?*

During the first year of service provision the project engaged with a largely lonely group of people. More than a quarter of participants were classified amongst the 'most lonely' according to the De Jong Gierveld Loneliness Scale whilst almost two-thirds reported high levels of loneliness on this scale. This is much higher than amongst the wider population of older people in 'hot spot' areas being targeted across the City.

---

<sup>1</sup> Delivery of funded projects did not commence until July 2015

***What else do we know about the health and well-being of Age Better in Sheffield participants?***

Participants in Age Better in Sheffield tend to report lower levels of health and well-being than the general population. However, this does not translate into high levels of health and care service use: apart from their GP, a large majority of participants had not engaged with primary or secondary care on a regular basis before becoming involved with Age Better in Sheffield.

***What impact has Age Better in Sheffield had on the loneliness, isolation, health and well-being of participants?***

It is too soon to say with any certainty what impact Age Better in Sheffield has had on key outcomes such as loneliness, isolation, health and well-being; or what types of intervention are associated with different types of outcome. This will be a focus of future evaluation reports: as more detailed quantitative and qualitative data becomes available we will develop a more in depth understanding of outcomes and impact that can be used to shape the future delivery of the project.

# Introduction

This is the first annual report from the Evaluation of Age Better in Sheffield (ABIS). The evaluation is being led by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University but is very much a partnership, and is being co-produced with South Yorkshire Housing Association (SYHA), the ABIS Core Partnership and Delivery Partners, and older people in Sheffield.

The purpose of this report is to provide an emerging baseline against which the future progress of ABIS can be assessed. Its focus is the first year of the project (April 2015-March 2016) and it covers the following:

- Introduction to the Age Better in Sheffield Project
- Evaluation methodology
- Participant characteristics
- An outcome baseline.

## *Evaluation methodology*

The evaluation is being undertaken using a mixed-methods methodology:

- Quantitative data is being collected through a survey of older people accessing services provided by the ABIS Delivery Partners. A survey is completed when people first access a service and then at regular intervals throughout their engagement with the project.<sup>2</sup>
- Qualitative data on participant's experience of ABIS interventions is being collected by a team of peer researchers who have received training and support from the CRESR Evaluation Team.

## *What is Age Better in Sheffield?*

Age Better in Sheffield (ABIS) is a six year £6 million investment to **reduce isolation and loneliness amongst older people** in the city. It is part the Big Lottery Fund's national Ageing Better programme which has invested in 14 projects across the UK. ABIS is led by South Yorkshire Housing Association (SYHA) and governed by a Core Partnership of representatives of the local statutory and voluntary sectors, the Universities, and older people living in the city.

---

<sup>2</sup> The questionnaire has been designed to provide data for the National Evaluation of Ageing Better Common Measurement Framework (CMF)

In 2015 ABIS commissioned four local Delivery Partners to provide seven types of interventions based on the principles of the 'five ways to well-being'.<sup>3</sup> By the end of March 2016 560 people had accessed these services.

**Table 1.1: Summary of Age Better interventions and Delivery Partners**

Intervention	Delivery Partner	What is it?	Who is it for?
Well-being Practitioners	Sheffield Mind	Counselling and therapeutic support in own home or another venue where low mental well-being is the main cause of social isolation.	People aged 50+ who are interested in a therapeutic service
Intergenerational Skill Swap	Royal Voluntary Service	A project that links-up people aged 50+ and people aged 49 and under to share a skill and learning something new.	Open to people of any age
Intergenerational 5 Ways to Wellbeing		A project that links up people aged 50+ and younger people who are at risk of social isolation.	An intergenerational programme which is open to people of any age but volunteers should be aged 50+
Ageing Better Champions	Sheffield Cubed	A project that links people aged 50+ who have experience of social isolation with people aged 50+ who are currently experiencing social isolation.	People aged 50+ can take part in this project either to volunteer as an Ageing Better Champion or to link-up with an Ageing Better Champion.
Peer Mentoring		A project that links people aged 50+ with those at risk of social isolation due to a life transitional or life changing experience.	People aged 50+ can take part in this project either to volunteer as a Peer Mentor or by having support from a Peer Mentor
Access Ambassadors	SYHA	A project that links up people aged 50+ to work together where transport and access issues in communities are the main causes of social isolation.	People aged 50+ can take part in this project either to volunteer as an Access Ambassador or having the help of an Access Ambassador
Start-up Squad	Ignite Imaginations	A project that gives support to people aged 50+ who are interested in setting up a group that is socially focussed and reduces social isolation. The group is supported to co-design the activity and help set it up in the best possible way.	People aged 50+ can access this project

<sup>3</sup> The Five Ways to Wellbeing are a set of evidence-based actions which promote people's wellbeing. They are: Connect, Be Active, Take Notice, Keep Learning and Give. <http://www.fivewaystowellbeing.org/>

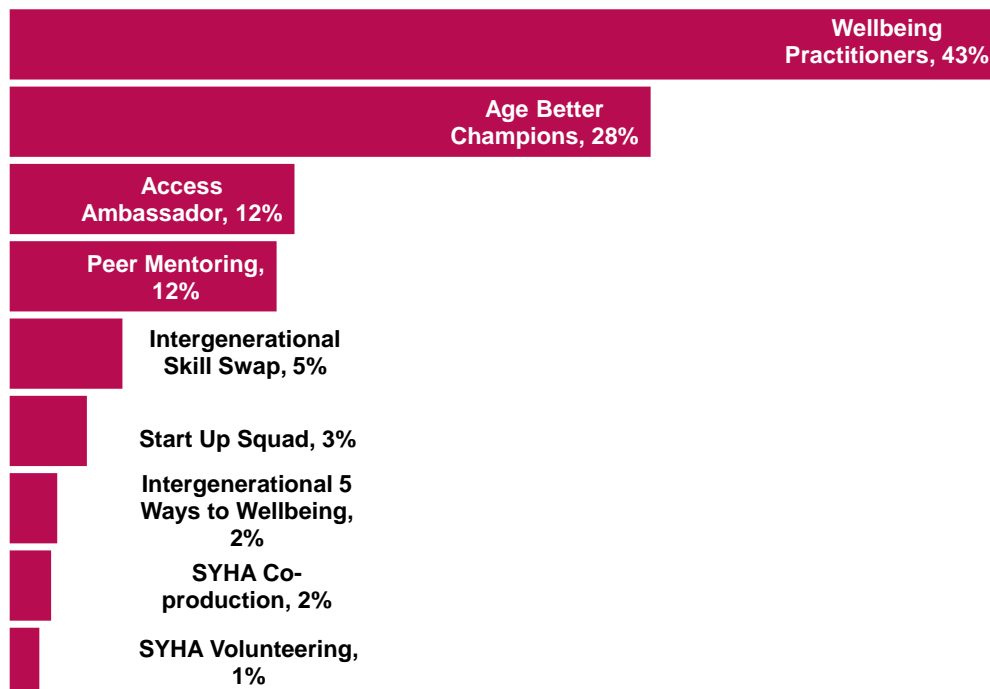
## Who has participated in Age Better in Sheffield?

The ABIS delivery partners routinely collect information about the characteristics of people accessing their services: their age, gender and ethnicity; their disability and caring status; and where they live. This section answers some key questions about these characteristics from the first year of service delivery.

### *Which services have people participated in?*

By far the most commonly used service was the Well-being Practitioners, which accounted for more than two-fifths of participants. This was followed by Age Better Champions, Access Ambassadors and Peer Mentoring. This broadly reflects the amount of funding allocated to each project.

**Figure 2.1: Proportion of participants engaging in each ABIS service**











### ***In which areas do participants live?***

The highest numbers of participants were from Beauchief and Greenhill, Burngreave, and Woodhouse. The services also had high numbers of users from its 'hot spot' target areas including Manor Castle, Arbourthorne and Gleadless Valley.

**Table 2.1: Number of participants in each area**

<b>Hot spots</b>	<b>Area</b>	<b>No of participants</b>
	Beauchief and Greenhill	47
	Burngreave	47
	Woodhouse	44
	Manor Castle	33
	Firth Park	29
	Arbourthorne	25
	Gleadless Valley	24
	Walkley	24
	Southey	23
	Nether Edge	22

### ***What is the age profile of participants?***

The vast majority of participants - 87 per cent - were aged 50 or older. This included 33 per cent who were 50-59, 26 per cent who were 60-69, 13 per cent who were 70-79 and 15 per cent who were aged 80 or older.

### ***What is the gender balance of participants?***

The project was accessed by more women than men: 70 per cent of participants were female and only 30 per cent were male.

### ***What proportion of participants are from Black, Asian and Minority Ethnic (BAME) groups?***

Fifteen per cent of participants were from non-White British ethnic groups. The most common BAME group was Pakistani/British-Pakistani (four per cent) followed by Black or Black British- Caribbean (two per cent). In Sheffield as a whole only seven per cent of the population aged over 50 is of BAME origin which suggests that BAME groups are significantly over-represented amongst Age Better in Sheffield participants. This is important, as the wider evidence base suggests that the uptake of community level health and social care services by people from BAME is typically

very low, and that people from BAME communities face a number of barriers to accessing these types of services<sup>4</sup>.

### ***What proportion of participants have a disability?***

Just over half of participants - 53 per cent - reported having a disability. Of these nearly half - 49 per cent - had mobility problems, around two-fifths (38 per cent) had mental health problems, one in eight (12 per cent) had hearing problems, five per cent had visual problems and three per cent had a learning disability.

### ***What proportion of participants are carers?***

Around one in six participants - 16 per cent - had caring responsibilities. In most cases (15 per cent) this was for a family member.

### ***What proportion of participants live alone?***

Just under half of participants - 49 per cent - lived alone so might be considered 'most at risk' of isolation and loneliness. 20 per cent lived with a spouse or partners, 16 per cent with family but only two per cent in residential accommodation.

---

<sup>4</sup> For a review of the evidence in this field see: Bamonte, J., et al (2015). [Increasing the uptake of primary and community long-term conditions services in Black and Minority Ethnic \(BAME\) communities in Nottingham - an exploratory research study \(Interim Report\)](#). Sheffield: CRESR, Sheffield Hallam University.

## An early outcome baseline for Age Better in Sheffield

The questionnaire included a series of outcome measures against which the progress of ABIS can be evaluated:

- Loneliness
- Mental well-being
- Health related quality of life
- Use of health services
- Volunteering
- Influencing local decisions.

At this stage in the evaluation process it is possible to use these measures to understand the circumstances of ABIS participants.

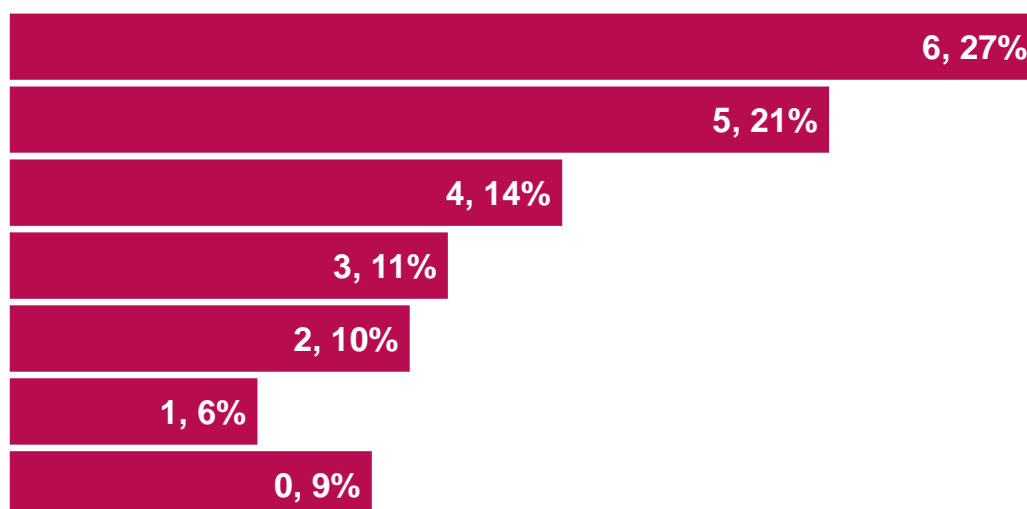
### *Is Age Better in Sheffield reaching the loneliest and most isolated people in the City?*

The loneliness of ABIS participants is being measured through the De Jong Gierveld 6-Item Loneliness Scale<sup>5</sup>. Their responses suggest that they are a largely lonely participant group: 62 per cent provided a score of four or higher and 27 per cent were in the in 'most lonely' category (six).

---

<sup>5</sup> The 6-item De Jong Gierveld Loneliness Scale has been developed as a reliable and valid measurement instrument for overall, emotional, and social loneliness that is suitable for large surveys. It is based on a longer 11-item scale that is difficult to use in large surveys.

**Figure 3.1: Overview of De Jong Gierveld 6-Item Loneliness Scale responses for ABIS participants**



These responses can be compared to those of participant's in the National Evaluation's 'Impact Survey' which was undertaken to establish a series of national and local baselines against which to measure the progress of the programme against key outcomes. In Sheffield, the survey was conducted with 444 people aged 63 and over living in the 'not spot areas of Beauchief and Greenhill, Burngreave, Firth Park, and Woodhouse between October 2015 and June 2016.

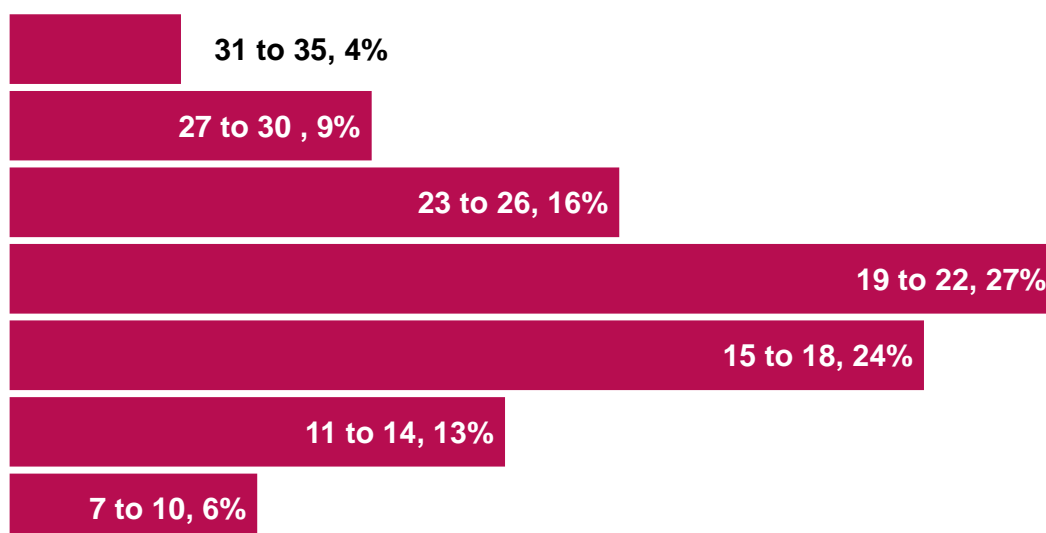
One of the outcome measures used in the survey is the De Jong Gierveld Loneliness Scale. In the baseline survey in Sheffield only 21 per cent provided a score of four or higher, with only five percent providing a score of six and classified as the most lonely. This indicates that loneliness was far more prevalent amongst ABIS participants that in the wider target Sheffield population, and suggests that the project is effectively reaching a high proportion of the most lonely people in the City.

### ***How is the mental well-being of participants in Age Better in Sheffield?***

The mental well-being of ABIS participants is being measured through the Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS)<sup>6</sup>. Their responses indicate that participants' overall levels of mental well-being are lower than in the general population: the average SWEMWBS score of ABIS participants was 19.8 compared to 23.6 (the highest score possible is 35) in the general population (Health Survey for England, 2011). Overall 70 per cent of ABIS provided an SWEMWBS score of less than 23.

<sup>6</sup> The Warwick-Edinburgh Mental Well-being scale (WEMWBS) is designed to monitor mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. WEMWBS is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. SWEMWBS is a shortened 7 item version of WEMWBS that is typically used to measuring mental well-being as part of a wider survey.

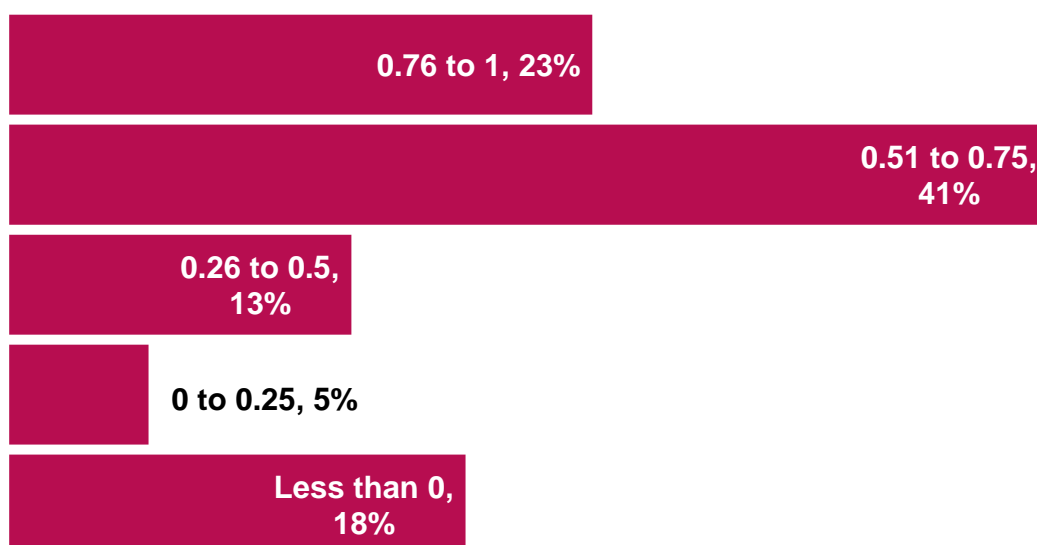
**Figure 3.2: Overview of SWEMWBS responses for ABIS participants**



***How healthy are the participants in Age Better in Sheffield?***

The health related quality of life of ABIS participants is being measured through EQ-5D. Their responses suggest that their overall health is lower than in the general population: average EQ-5D score of ABIS participants was 0.504 compared to 0.786 in the general population (aged 55-64). Overall, 77 per cent of participants provided an EQ-5D score of 0.75 or less.

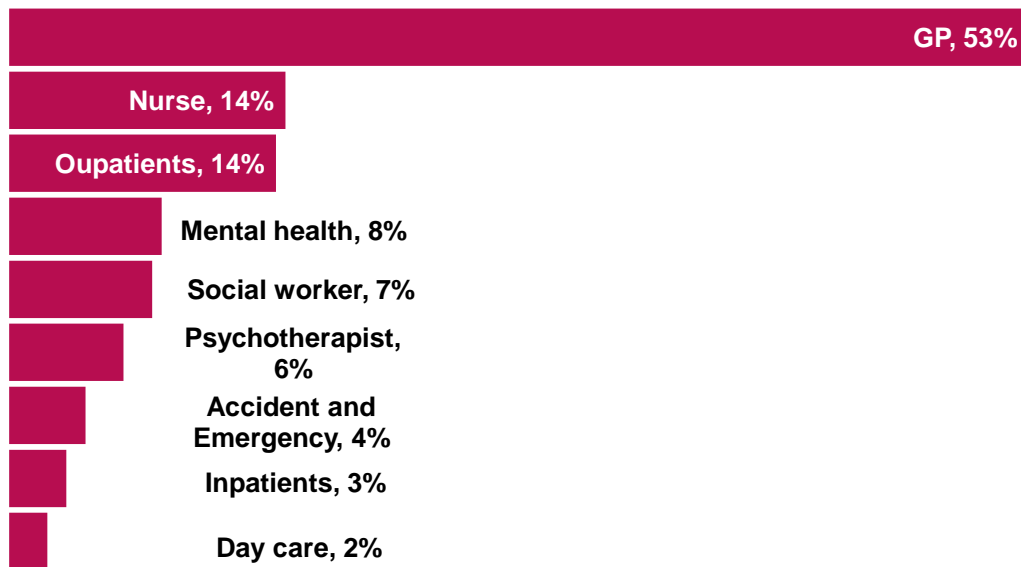
**Figure 3.3: Overview of EQ-5D responses for ABIS participants**



***How much use do participants in Age Better in Sheffield make of health and care services?***

ABIS participants were asked to recall the number of times they had accessed key health and care services in the past three months. Their responses show that most were not high users of primary care services: 53 per cent had visited their GP more than once but very few had used other types of primary care service more than once. Use of secondary care amongst ABIS participants was also low: only four per cent attended Accident and Emergency and only three per cent had an inpatient stay in the three months beforehand.

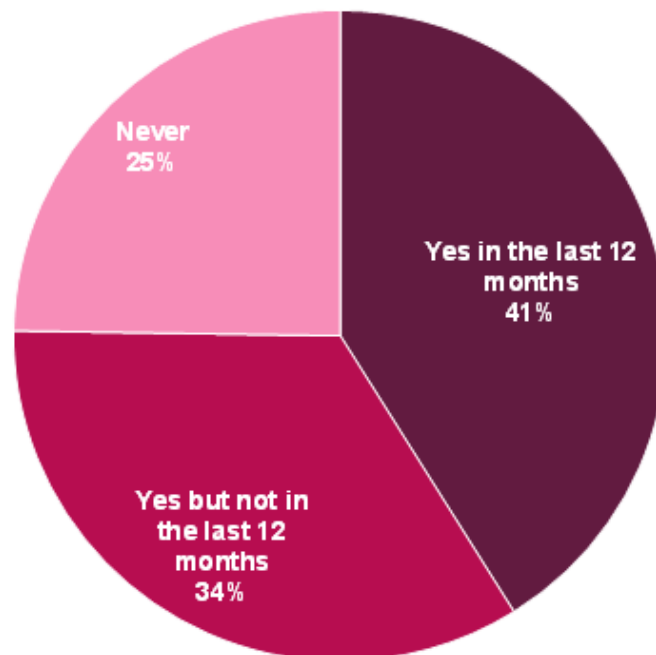
**Figure 3.4: Overview of participants' use of health and care services (more than one attendance)**



***To what extent do participants in Age Better in Sheffield have experience of volunteering?***

ABIS participants were asked whether they had any previous experience of volunteering. Their responses indicate that overall their experience of volunteering was quite high: 41 per cent had volunteered in the past 12 months, 34 per cent had volunteered before but not in the past 12 months, and 25 per cent had never volunteered before.

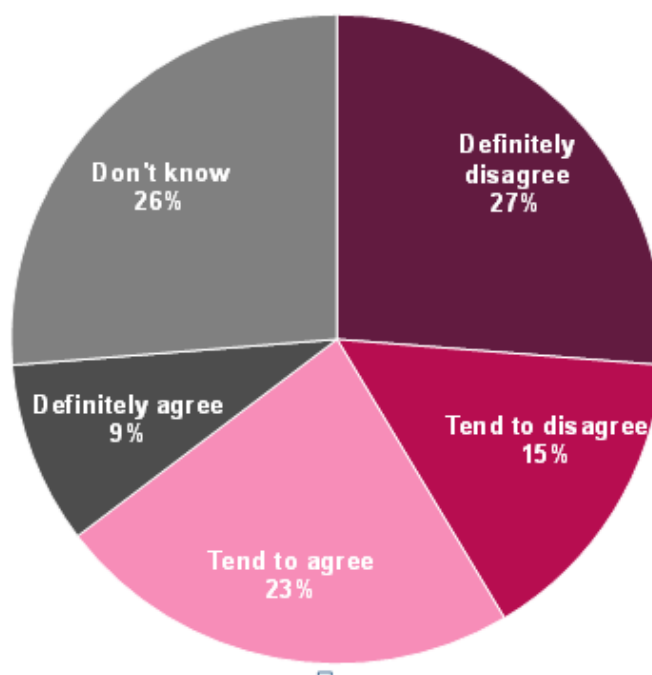
**Figure 3.5: Overview of ABIS participants' experience of volunteering**



### ***To what extent do participants in Age Better in Sheffield feel they can influence local decisions?***

ABIS participants were asked whether they felt they could influence local decisions that affected them. Their responses indicate that overall ABIS participants didn't feel they had much influence as only 31 per cent agreed they could influence relevant decisions.

**Figure 3.6: Overview of ABIS participants' ability to influence decisions that affect them**



### ***Emerging findings from the peer research***

During the phase year of the evaluation a team of peer researchers were recruited and trained in qualitative research and evaluation methodologies. As part this process they undertook pilot data collected from a small number of ABIS participants. The key findings of this exercise were:

- **Volunteers:** the peer researchers found that volunteers' life was often 'enriched' through relationship with ABIS participants. They found that volunteers were not engaging out of a sense of duty but because they wanted to, and that they were learning through the programme.
- **Pathways:** participants engaging with ABIS viewed it as a pathway to engaging in other social activities, and were learning about other opportunities via Age Better activities.
- **Perceptions of ageing:** the peer researchers found that people were challenging assumptions about age and aging through their involvement in ABIS. For example, the fact that of loneliness and isolation can be faced by people of all ages.
- **Lack of support from statutory services:** some participants told the peer researchers that they had been 'brushed-off' by public services, such as health, when they presented with issues or problems.

- **Programme feedback** - several participants felt that more opportunities for feedback need to be built into activities, and that some inappropriate referrals were being made.

However, it is important to note that these are only early findings from the peer research and there is still much more to learn about ABIS and participants' experiences of funded services. With time the evaluation will learn more about sustaining engagement, people's progression through different stages of the intervention, whether individual engagement increases, and key outcomes such as reduce social isolation and loneliness and improved well-being.



## Conclusion and next steps

This concluding section summarises the key findings from the first year of the evaluation, outlines next steps in terms of data analysis and peer-research, and makes some recommendations for future delivery.

### Key findings

It is too early to draw any firm conclusions from this first evaluation report about the success of Age Better in Sheffield. However, there are a number of key findings that point to a positive start in terms of the types of participants engaging in the project:

- ABiS has reached more than 500 people in the first year of delivery, including almost 90 per cent who were aged over 50 and more than a quarter who were aged over 70.
- A significant proportion of ABiS participants - more than 60 per cent - can be classed as 'lonely', with more than 25 per cent amongst the 'most lonely'.
- ABiS has reached more women than men: 70 per cent of participants were female and only 30 per cent were male.
- ABiS has made good progress in engaging people from BAME communities: although only 15 per cent of participants were from non-White British ethnic groups this compares positively to Sheffield as a whole, where only seven per cent of the population aged over 50 is of BAME origin.
- ABiS has made good progress in reaching people in its 'hot spot' target: Manor Castle, Arbourthorne and Gleadless Valley, Walkley, Southey and Nether Edge which were all among the top 10 areas from which ABiS participants were drawn.
- Participants in ABiS tend to report lower levels of health and well-being than the general population but this does not translate into high levels of health and care service use: apart from their GP, a large majority of participants had not engaged with primary or secondary care on a regular basis before becoming involved with the project.

### Next steps for data analysis

A long term objective of the local evaluation of ABiS is to understand the outcomes and impact of the project on key outcomes such as isolation and loneliness, health and well-being, and volunteering or social action. For this first evaluation report it is too early to make an assessment about participants' distance travelled in these areas as insufficient time had elapsed following the start of ABiS interventions for enough follow-up data to have been collected. However, understanding participant journeys and distance travelled will be a main focus of subsequent annual evaluation reports.

As increasing numbers of baseline and follow-up questionnaires are completed analysis will be undertaken to explore how much change there has been in isolation, loneliness, health and well-being outcomes and the factors associated with any changes. Similarly, as more participants are engaged through the qualitative peer-research more depth understandings of their journeys and experiences will be uncovered and used to inform the development of ABiS.

### **Next steps for the peer-research**

The peer-research will continue to collect qualitative data on the experiences of ABiS participants. A number of peer-researchers have expressed an interest in continuing for a further year and a further cohort will be recruited and trained. Following the first year of peer-research a number of changes have been made to the process following feedback from the peer-researchers and discussions between SYHA and the Evaluation Team. Key changes include:

- Earlier recruitment of volunteers, with dates set for training at the point of recruitment.
- Clarity at point of induction about what the peer-research role involves, with a view to reducing drop-out rates.
- Provision of an initial ABiS induction prior to researcher training starting, so peer-researchers are clear from the outset how their role fits into the wider ABiS project.
- Being clearer about roles and responsibilities of SYHA and SHU at outset, so researchers understand who does what.
- DBS checks undertaken at the beginning of the process, to enable researchers can go into people's homes - last year's researchers identified this as a barrier.
- Refining the training, to make the experience more hands-on and engaging for peer-researchers. This included involving peer-researchers from the first cohort in the training of new peer-researchers.
- Enabling the peer-researchers to play a more central role in the analysis, reporting and dissemination of findings.

Establishing the process earlier in the year will mean more time for analysis sessions with the researchers during the second year. Training for the next cohort of is being undertaken during November and December 2016, with a view to commencing data collection early in 2017.

### **Recommendations**

Although it is only very early stages for the evaluation we do make a number of recommendations for SYHA, the ABiS Core Partners and Delivery Partners to consider based on the findings from the first year:

- Understand why fewer men than women have participated in the project, including identification of any barriers and/or enabling factors associated with their participation, and use this information to work with Delivery Partners to improve participation amongst men.

- Ensure demographic and survey data is collected on the widest possible number of ABiS participants to enable robust analysis to be undertaken. This should include a focus on collected sufficient numbers of follow-up surveys to ensure that an accurate picture of distance travelled against key outcomes can be established.
- Consider how the peer-researchers can be utilised more widely in the ABiS project. At the moment their focus is on evaluation of participants' experiences of ABiS, but in other Ageing Better areas peer-researchers are used in more diverse and innovative ways, for example by being supported to undertake their own self-directed research into issues associated with ageing.