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Evaluation of Age Better in Sheffield

Understanding the impact on isolation, loneliness and wellbeing: an interim assessment

March 2019

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Executive Summary

Age Better in Sheffield (ABiS) is a six year £6 million investment by the National Lottery Community 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 interim assessment of the outcomes and impact of ABiS for older people in the city - focussing on social isolation, loneliness and wellbeing - for the first three years of the project (April 2015[1]-June 2018).

What is the reach of Age Better in Sheffield?

The project has reached a wide range of people from across the City. Overall, 2,865 people engaged with at least one of the project's commissioned services during the first three years of delivery. The most commonly accessed service was the Wellbeing Practitioners, which accounted for more than a third of participants (34 per cent), followed by Age Better Champions (23 per cent), Access Ambassadors (10 per cent) and Peer Mentoring (10 per cent). Some of the key characteristics of these participants were:

- 94 per cent were aged 50 or older. This included 60 per cent who were 51-70 and 30 per cent who were aged older than 70.
- The project was accessed by more women than men: 70 per cent of participants were female and only 29 per cent were male.
- 17 per cent of participants were from non-White British ethnic groups. This is greater than for Sheffield as a whole where only seven per cent of the population aged over 50 is of BAME origin.
- 44 per cent reported having a health condition and 13 per cent had caring responsibilities.

Are people experiencing high levels of loneliness and isolation participating in Age Better in Sheffield?

During the first three years of service provision the project engaged with a significant number of lonely people. More than a quarter of participants (26 per cent) were classified amongst the 'most lonely' according to the De Jong Gierveld Loneliness Scale whilst almost three-fifths (59 per cent) reported high levels of loneliness. This is much higher than amongst the wider population of older people in 'hot spot' areas being targeted across the City.

What else do we know about the health and wellbeing of Age Better in Sheffield participants?

Participants in Age Better in Sheffield tend to report lower levels of health and wellbeing than the general population.

[1] Delivery of funded projects did not commence until July 2015

Have there been any changes in the loneliness and isolation of Age Better in Sheffield participants?

The early signs are positive: there is evidence that levels of loneliness have reduced for many participants six months after their first engagement with an ABiS intervention. Overall, 45 per cent of participants were less lonely after six months and only 20 per cent were more lonely. Levels of 'emotional' loneliness reduced by a greater amount than levels of 'social' loneliness[2].

Have there been any changes in the broader health and wellbeing of Age Better in Sheffield participants?

The picture here is more mixed: whilst overall levels of mental wellbeing had improved after six months there were not equivalent improvements in health related quality of life. Two-thirds of ABiS participants (67 per cent) reported improved mental wellbeing and less than a quarter (23 per cent) reported a reduction; but there were no clear changes in health related quality of life.

What are the factors associated with improvements in loneliness, isolation, health and wellbeing?

Although the findings of should be considered tentative at this stage, exploratory analysis of the factors associated with outcome change suggests the following:

- *Gender* appears to be associated with loneliness, with females more likely to report a reduction in loneliness than males

- People with *caring responsibilities* were more likely to experience positive outcomes in terms of loneliness and isolation, and wellbeing, compared with non-carers

- The loneliness of *people with disabilities* may be 'harder to shift' than healthier people, as people with limiting health conditions were less likely to report reductions in loneliness following engagement with ABiS than those without a condition.

- Similarly, the loneliness and wellbeing of *people living in more deprived communities* may be harder to shift than people in better-off areas, with fewer people in deprived areas reporting reduced loneliness and improved wellbeing than people in better off areas of the city.

To what extent can these changes be attributed to Age Better in Sheffield interventions?

It is clear that a significant proportion of ABiS participants' lives improved following their engagement with one of the funded interventions. However, the contribution of ABiS to outcomes such as loneliness, isolation and mental wellbeing; or what types of intervention are associated with different and better outcomes; is less clear. Similarly, we cannot yet explain why the improvements in isolation, loneliness and mental wellbeing have not translated into improvements in health related quality of life.

Developing a deeper and broader understanding of these outcomes, and isolation and loneliness in particular, will be a focus for the remainder of the evaluation: as more detailed quantitative and qualitative evidence becomes available we will be able to develop a more in-depth and focussed understanding of outcomes and impact that can be used to shape the legacy of ABiS and inform the future commissioning of support for older people in Sheffield.

[2] Emotional loneliness is defined as when you miss an "intimate relationship". Social loneliness is defined as when you miss a wider "social network"

1 Introduction

This is the fourth report produced as part of 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 interim assessment of the outcomes and impact associated with ABiS interventions. It focusses on social isolation, loneliness and wellbeing benefits for people who participated in ABiS during the first three years of the project (April 2015-June 2018). The report covers the following:

- Introduction to the Age Better in Sheffield Programme
- Evaluation methodology
- Participant characteristics
- An outcome baseline and initial evidence about outcome change.

What is Age Better in Sheffield?

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

In 2015 ABiS commissioned four local Delivery Partners to provide seven types of interventions based on the principles of the 'five ways to wellbeing' (see table 1.1. for an overview).[3] They have also commissioned nine 'Innovation Fund' projects over the course of the programme (see table 1.2) to test and learn from new ways of working with isolated and lonely older people. The seven main interventions were delivered up to the end of June 2018[4] and provide the basis for the data analysed for this report. From July 2018 a new suite of ABiS services were commissioned, although Wellbeing Practitioners and Start Up were recommissioned to provide a revised version of their intervention. An updated assessment of outcomes and impact, to be reported in December 2020, will build on this report to include analysis based on these new interventions.

[3] 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/
[4] Note that one contract - Intergenerational Five Ways to Wellbeing - ended early

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.[5]
- 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.

This report focusses on analysis of the quantitative evaluation data. By the end of June 2018 the following data had been collected on ABiS participants:

- Demographic data: 2,865 participants
- Baseline survey completed: 1,083 participants
- Baseline and follow-up survey completed: 464 participants

This means that there is baseline outcome and impact data for 38 per cent of ABiS participants[6] and follow-up outcome and impact data for 43 per cent of participants who completed a baseline questionnaire. It is this latter sample - participants for whom there is baseline and follow-up data[7] - on which the majority of analysis presented in this report is based.

[5] The questionnaire has been designed to provide data for the National Evaluation of Ageing Better Common Measurement Framework (CMF)
[6] Data is not collected for interventions which are ad hoc or in participation is brief, or for beneficiaries unable to provide consent (such as those with dementia)
[7] For this report analysis has focussed on follow-up data collected approximately six months following a participant's first engagement with the project

Table 1.1: Summary of Age Better interventions

Intervention	Delivery Partner	What is it?	Who is it for?
Wellbeing Practitioners	Sheffield Mind	Counselling and therapeutic support, through individual or group sessions for people whose low mental wellbeing 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 learn something new.	Open to people of any age
Ageing Better Champions	Initially, Sheffield Cubed, then Voluntary Action Sheffield	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 transition 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	Ignite Imaginations	A project that gives support to people aged 50+ who are interested in setting up a social group that aims to reduce social isolation. Groups are supported to co-design the activity and set it up in the best possible way.	People aged 50+

Table 1.2: Summary of Age Better Innovation Fund projects

Intervention	Delivery Partner	What is it?	Who is it for?	Year
Circles of Support	Sheffield Mencap	A project to extend people's social networks and to improve their health and wellbeing.	Anyone aged 50+ who cares for someone with a learning disability.	2016/2017
Khala's Place	Age UK Sheffield	Transforming a local space into a safe and inviting place where people can meet, share experiences, learn new skills and contribute to the local community.	Muslim women aged 50+.	2016/2017
50-64 Project	Alzheimer's Society Sheffield	A project to support people with early onset dementia and their carers.	This project supports people (aged 50–64) who have dementia and their careers.	2016/2017
Good Gym	Good Gym	'Group runs' to help out community organisations and vulnerable people. 'Coaches' also run to visit isolated older people and aim to motivate them.	Vulnerable and isolated older people and community organisations.	2016/2017
Living Streets	Living Streets	Brings together people of all ages to enjoy the benefits of walking, and to ensure that the streets are fit for walking.	People of all ages	2016/17
Farming Comes to You	Heeley City Farm	Engaging people aged over 50 who want to be more connected to their community. Involves animal assisted therapy days in a range of settings across the city	People aged over 50, mainly living in care homes and sheltered accommodation	2017/2018
Together	Enrichment for the Elderly	Support for family and friends of people who are living in a care setting to have more enjoyable visits.	People who live in four care settings across Sheffield and their families	2017/2018
Smart Phone Smart Friends	Lai Yin Association	Training for people over 50 to use smart phones and social media so that they can engage with family members and friends that living far away.	Mainly people from the Chinese community, but also a small number of people from other ethnic backgrounds	2017/2018
We are Makers	Ignite Imaginations	Showcases and celebrates the skills, experience and knowledge in the city. Enables people to discover unheard stories, show off forgotten skills,	Local people aged 50 and over and their neighbours, plus community and local services.	2017/2018

		and develop new connections through events that bring people together and celebrate the diversity of the community.		
Community Connectors	Aspiring Communities Together	Weekly health and wellbeing and social sessions based on improving and maintaining health and wellbeing and linked topics.	Women living in the Fir vale and Parsons Cross areas of the City.	2017/2018

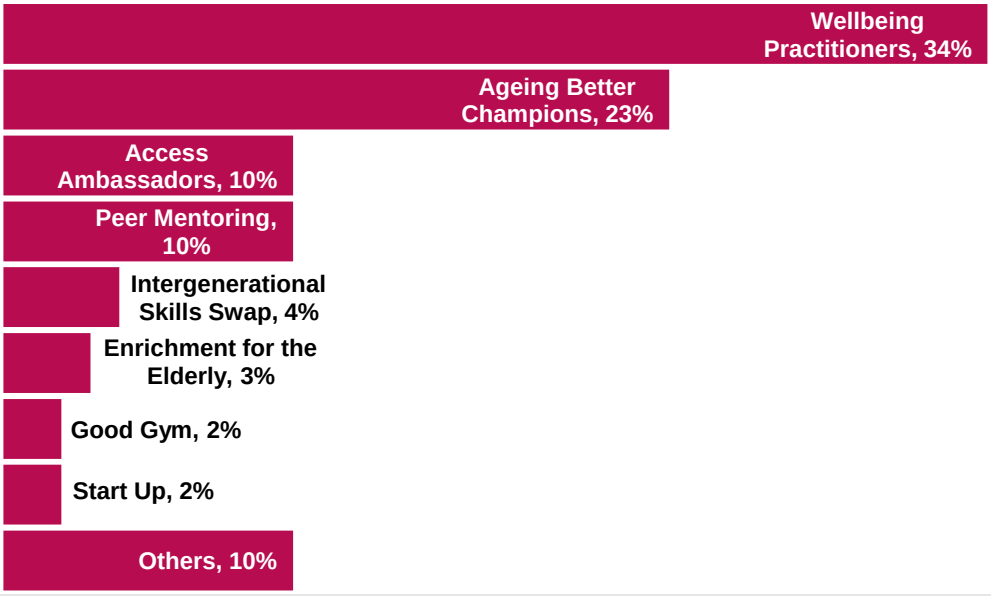
2 Who has participated in Age Better in Sheffield?

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 the characteristics of participants from the first three years of service delivery.

Which services have people participated in?

By far the most commonly used service has been the Wellbeing 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

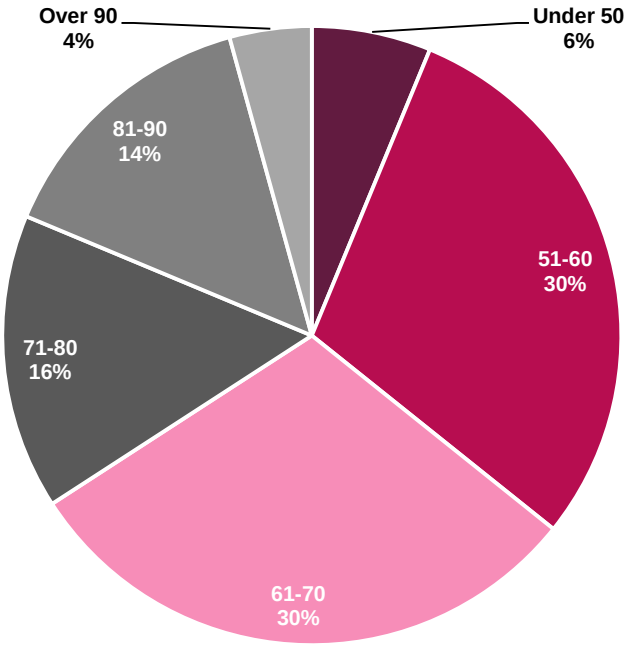


Source: ABiS baseline data
Base: 2,823

What is the age profile of participants?

The majority of participants - 94 per cent - were aged 50 or older. This included 30 per cent who were 51-60, 30 per cent who were 61-70, 16 per cent who were 71-80 and 18 per cent who were older than 80. This is broadly similar to the distribution of people aged over 50 in Sheffield, of whom 37 per cent are aged 51-60, 29 per cent are aged 61-70, 21 per cent are aged 71-80 and 13 per cent who are older than 80.

Figure 2.2: Age profile of ABiS participants



Source: ABiS baseline data
Base: 2,865

What is the gender balance of participants?

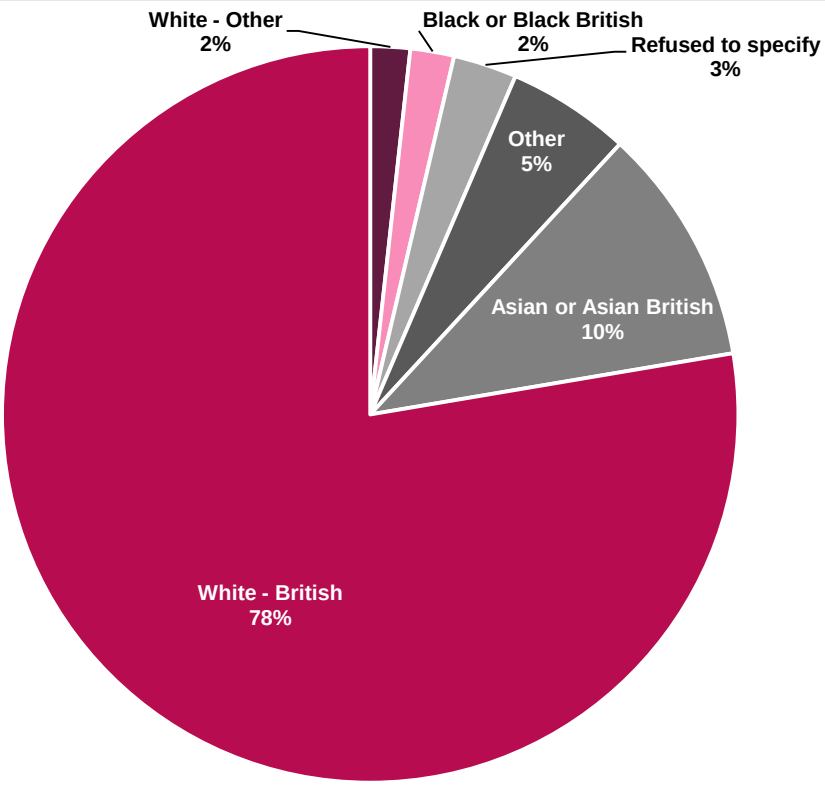
The project was accessed by more women than men: 70 per cent of participants were female and only 29 per cent were male (with non-responses or other accounting for 1 per cent).

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

Seventeen per cent of participants were from non-White British ethnic groups (a further three per cent did not specify). The most common BAME group was Asian or Asian British (10 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 well catered for by Age Better in Sheffield. This reflects positively on the work undertaken with delivery partners on engagement with BAME groups and is important because, the wider evidence base suggests that the uptake of community level health and social care services by people from BAME communities is typically

very low, and that people from BAME communities face a number of barriers to accessing these types of services[8].

Figure 2.3: Ethnicity profile of ABiS participants



Source: ABiS baseline data
Base: 2,865

What are the other key characteristics of participants?

- **Health:** Just over two-fifths of participants - 44 per cent - reported that they have a limiting health condition.
- **Caring responsibilities:** Around one in eight participants - 13 per cent - considered themselves to be carers. In most cases this was for a family member.
- **Economic status:** Almost half of participants - 48 per cent - were retired. The remainder reported they were either long term sick or disabled (15 per cent), not seeking work (eight per cent), working full-time (5 per cent), working part time (four per cent), or seeking work (four per cent).
- **Income deprivation:** Just over one in ten - 11 per cent - of participants lived in an area that was categorised as income deprived.
- **Involvement with ABiS:** 82 per cent described themselves as ABiS participants whilst 17 per cent said they were volunteers.

[8] 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.

3 Outcomes and impact

The questionnaire includes validated measures for three key outcomes against which the progress of ABiS can be evaluated:

- Loneliness: using the De Jong Gierveld Scale
- Mental wellbeing: using the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBs)
- Health: using the EQ-5D scale

These measures can be used to understand the circumstances of ABiS participants when they first engaged with the project (baseline) and explore how this had changed approximately six months after they had first engaged with an ABiS intervention.

Baseline circumstances

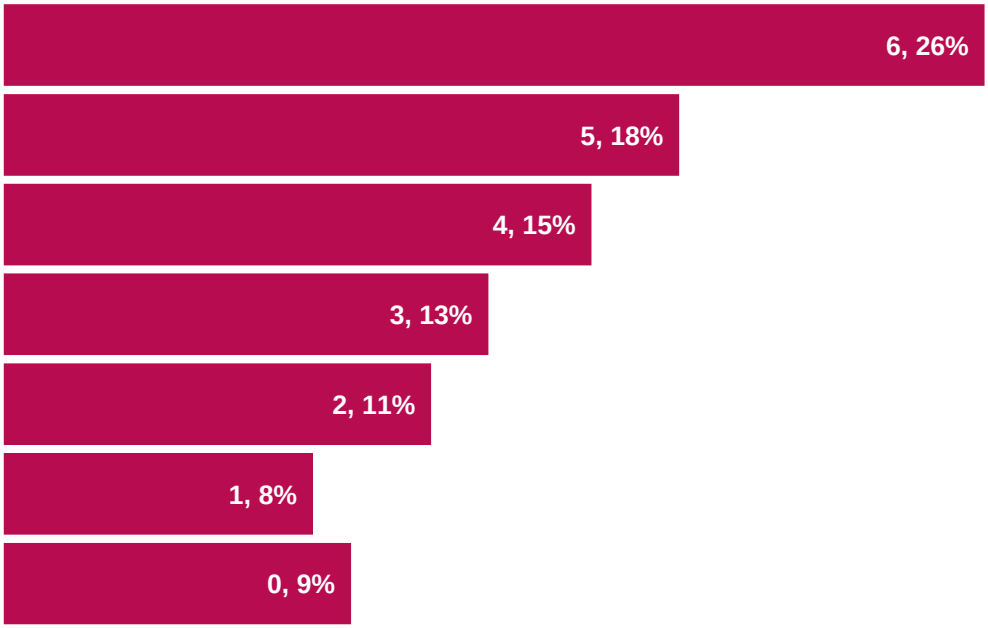
The baseline characteristics of ABiS participants can be understood by addressing some key questions about their loneliness, mental wellbeing and health.

Is Age Better in Sheffield reaching people in the city who are the most lonely and isolated?

The loneliness of ABiS participants is being measured through the De Jong Gierveld 6-Item Loneliness Scale[9]. Their responses to the baseline survey indicate that the programme is accessed by are a largely lonely participant group: 59 per cent provided a score of four or higher and 26 per cent were in the in 'most lonely' category (a score of six). An overview of responses is provided in figure 3.1

[9] 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



Source: ABiS baseline data
Base: 1,020

This analysis can be compared with the National Evaluation of Ageing Better's 'Impact Survey' that was undertaken to establish a series of national and local baselines against which to measure the progress of the programme as a whole. In Sheffield, the survey was conducted with 444 people aged 63 and over living in the 'hot 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** than in the wider target Sheffield population, and suggests that **the project is reaching a high proportion of the loneliest people in the City**.

How is the mental wellbeing of participants in Age Better in Sheffield?

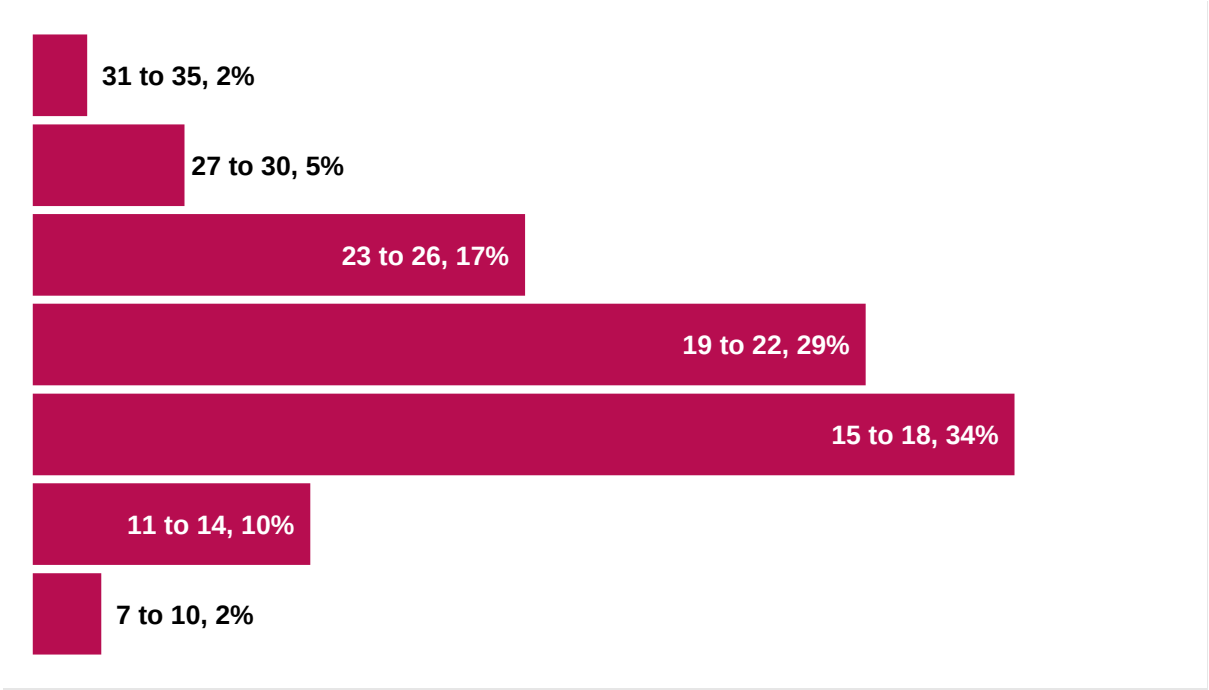
The mental wellbeing of ABiS participants is being measured through the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWB) [10] . An overview of responses is provided in figure 3.2 which shows that overall a significant proportion of ABiS participants have relatively low levels of mental wellbeing: seven per cent of participants had a score of 27 or greater and would be considered to have high levels of mental wellbeing, 46 per cent had a score of between 19 and 26 and would

[10] The Warwick-Edinburgh Mental Wellbeing 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 wellbeing as part of a wider survey.

be considered to have a reasonable level of mental wellbeing, but 46 per cent had a score of 18 or lower and would be considered to have low mental wellbeing.

The average SWEMWBS score of ABiS participants in the baseline survey was 19.7 compared to 23.6 (the highest score possible is 35) in the general population (Health Survey for England, 2011). This suggests that participants' overall levels of mental wellbeing are lower than in the general population. Overall, 77 per cent of ABiS participants provided a SWEMWBS score of less than 23 and therefore have lower mental wellbeing than the average for the population as a whole.

Figure 3.2: Overview of SWEMWBS responses for ABiS participants

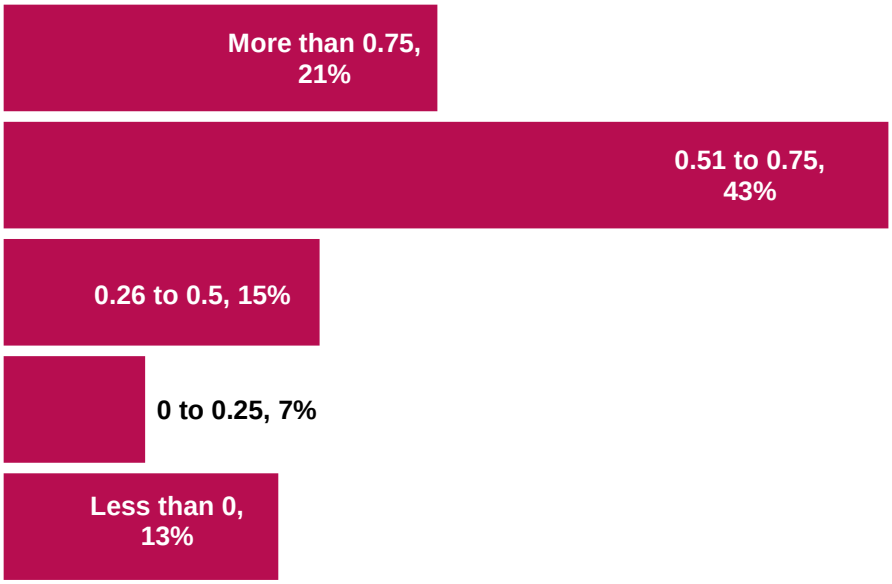


Source: ABiS baseline data
Base: 1,058

How healthy are the participants in Age Better in Sheffield?

The health related quality of life (HRQL) of ABiS participants is being measured through EQ-5D. An overview of responses is provided in figure 3.3, which suggests that their overall HRQL is lower than in the general population: the average EQ-5D score of ABiS participants in the baseline survey was 0.515 compared to 0.786 in the general population aged 55-64. Overall, 79 per cent of participants provided a baseline EQ-5D score of 0.75 or less and therefore have lower HRQL than the average for the population as a whole.

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



Source: ABiS baseline data
Base: 1,045

Do participants' baseline circumstances vary according to different characteristics?

The analysis undertaken has revealed a number of differences in the baseline circumstances of ABiS participants according to their personal and demographic characteristics:

- **Age:** at baseline levels of reported loneliness were highest amongst the 51-60 (67 per cent) and 61-70 (58 per cent) age groups, which also had the highest proportion of people categorised as the 'most lonely' (age 51-60 = 29 per cent; age 61-70 = 29 per cent). By contrast there were very little differences in mental wellbeing or HRQL scores at baseline.

- **Gender:** females reported slightly higher baseline loneliness than males: 60 per cent of females reported that they were 'lonely' compared to 56 per cent of males, with 27 per cent of females in the 'most lonely' category compared to 22 per cent of males. By contrast there were very little differences in mental wellbeing or HRQL scores at baseline.

- **Carers:** there were very few detectable differences in the baseline loneliness, wellbeing or health circumstances according whether someone was a carer or not.

- **Disability:** participants who reported they had a limiting health condition were more likely to be in the 'most lonely' category (28 per cent) than those who did not (24 per cent). Unsurprisingly, they also reported lower levels of HRQL (baseline mean = 0.426) than participants without a health condition (baseline mean = 0.590). However, these differences did not extend to mental wellbeing.

- **Income deprivation:** participants who lived in an area classified as 'income deprived' were more likely to be in the 'most lonely' category at baseline (29 per cent) than those who did not (29 per cent). By contrast there were very few differences in mental wellbeing or HRQL scores at baseline.

- **Economic status:** at baseline levels of loneliness were highest amongst participants who were not in employment: 81 per cent of respondents who were unable to work due to long term illness were 'lonely', as were 65 per cent who were not seeking work and 65 per cent of jobseekers. These three groups also had the highest proportions of the 'most lonely' participants: 43 per cent of those who were unable to work due to long term illness were classified amongst the 'most lonely' as were 34 per cent of those not seeking work and 23 per cent of jobseekers. Interestingly, retired participants were less likely to be experiencing loneliness at baseline: 51 per cent were classified as 'lonely' and 20 per cent were amongst the 'most lonely'. By contrast there were very little differences in mental wellbeing or HRQL scores at baseline.

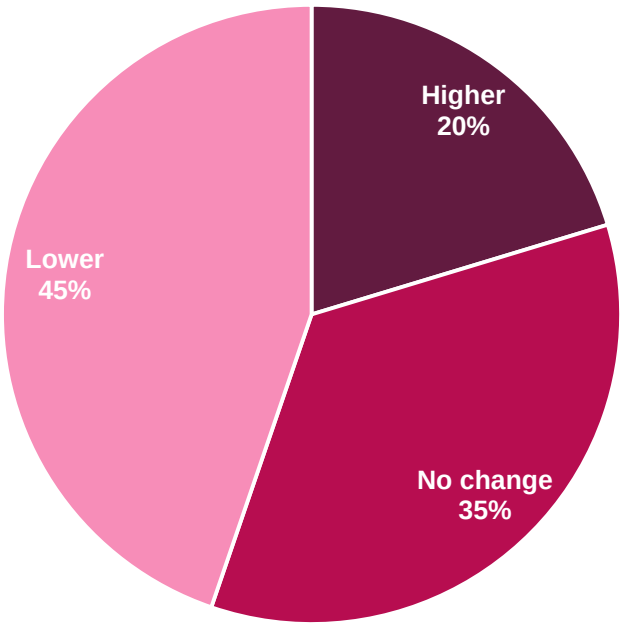
Outcome Change

Now that ABiS has been delivering interventions for three years it is possible to use the survey data to begin exploring outcome change for participants. The analysis presented in this section draws on baseline and follow-up survey responses provided by 468 participants during that period to explore outcome change approximately six months following their initial engagement with one of the ABiS interventions.

What changes have there been in participants' social isolation and loneliness?

There is evidence that levels of loneliness in ABiS participants have reduced following engagement with the project: overall, more than two-fifths of participants (45 per cent) reported loneliness levels in their follow-up survey that were lower than at baseline whilst only 20 per cent had become more lonely (Figure 3.5).

Figure 3.5: Change in De Jong Gierveld 6-Item Loneliness Scale responses for ABiS participants between baseline and follow-up



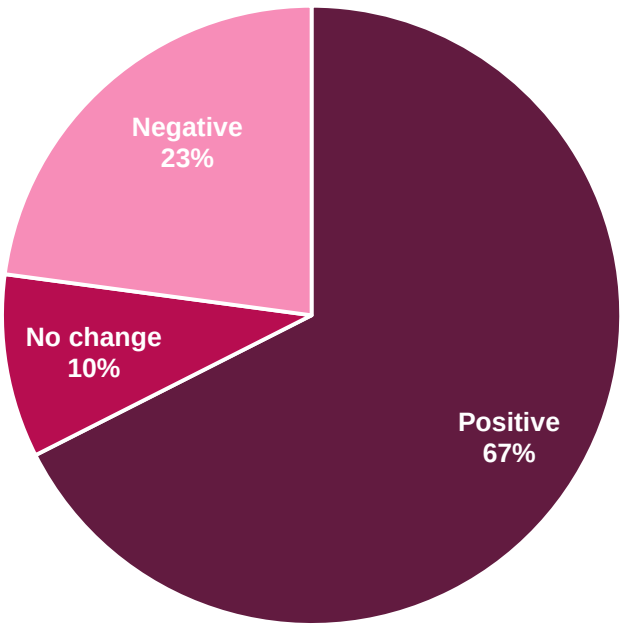
Source: ABiS baseline and follow-up data
Base: 438

Within this there are signs that levels of 'emotional' loneliness[11] reduced by a greater amount than levels of 'social' loneliness[12]. For the most lonely participants (score of 3 for emotional or social loneliness, levels of emotional loneliness reduced slightly more (from 40 per cent to 34 per cent) than social loneliness (from 45 per cent to 42 percent). Similarly, for participants scoring two or three on emotional or social loneliness (i.e. they were lonely in some way) levels of emotional loneliness reduced slightly more (from 66 per cent to 54 per cent) than social loneliness (from 63 per cent to 58 percent).

What changes have there been to the mental wellbeing of participants?

There is also evidence that the mental wellbeing of many ABiS participants had improved following engagement: two-thirds of ABiS participants (67 per cent) reported higher levels of mental wellbeing according to the SWEMBWS scale in in their follow-up survey (see Figure 3.6). This translates into an increase in the average SWEMBWS score from 19.7 at baseline to 22.0 at follow-up amongst participants who completed both waves of the survey.

Figure 3.6: Change in SWEMWBS responses for ABiS participants between baseline and follow-up



Source: ABiS baseline and follow-up data
Base: 459

What changes have there been to the health related quality of life of participants?

In contrast to loneliness and mental wellbeing, there was no clear pattern of change in the HRQL of participants following engagement, with no overall change in the mean EQ5D score for those who completed both the baseline and follow-up survey.

[11] Emotional loneliness is defined as when you miss an "intimate relationship"

[12] Social loneliness is defined as when you miss a wider "social network"

What factors or characteristics are associated with outcome change?

For loneliness and mental wellbeing - the two outcomes in which changes were detected - additional descriptive analysis was undertaken to explore if any factors or characteristics associated with outcome change could be identified. The key findings from this analysis are discussed below.

Loneliness

- **Age**: participants' age is not closely associated with changes in loneliness after an intervention.

- **Gender:** a higher proportion of females (48 per cent) than males (37 per cent) reported a reduction in loneliness. This is positive as females had reported slightly higher baseline levels of loneliness than males.

- **Carers**: participants with caring responsibilities were more likely to have reduced levels of loneliness after the intervention (56 per cent) than those without (43 per cent). This is despite there being no detectable differences at baseline.

- **Disability**: participants with limiting health conditions were less likely to have reduced levels of loneliness after the intervention (38 per cent) than those without a condition (50 per cent). This is despite participants with a limiting health condition being more likely to be in the 'most lonely' category at baseline.

- **Income deprivation**: participants living in areas classified as 'income deprived' were less likely to have reduced levels of loneliness after intervention (29 per cent) that those in better off areas (47 per cent)[13].

- **Economic status**: the sample size meant that is was not possible to detect significant levels of change according to economic status.

It is also important to note that overall, a participants' baseline level of loneliness did not affect the propensity for their loneliness to reduce.

Mental wellbeing

- **Age:** participants' age is not closely associated changes in mental wellbeing after an intervention.

- **Gender:** participants' gender doesn't appear to affect changes in mental wellbeing after an intervention.

- **Carers:** participants with caring responsibilities were more likely to have improved levels of mental wellbeing after the intervention (79 per cent) than those who did not (65 per cent).

- **Disability:** whether or not a participant has a limiting health condition is not closely associated with changes in mental wellbeing after an intervention.

- **Income deprivation:** participants living in areas classified as 'income deprived' were less likely to have improved levels of mental wellbeing after the intervention (63 per cent) than those in better off areas (68 per cent).

[13] Note that this finding may be affected by low numbers of respondents in the 'income deprived' category (n=59)

- **Economic status**: the sample size meant that is was not possible to detect significant levels of change according to economic status.

Does outcome change vary according intervention type?

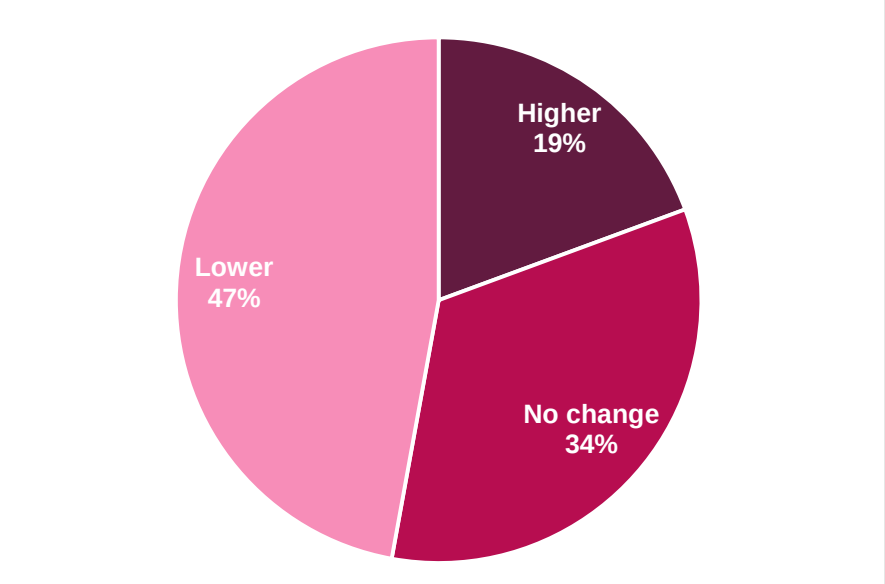
For two of the funded ABiS interventions - Wellbeing Practitioners and Age Better Champions - there were sufficient numbers of respondents to explore outcome change at an intervention level. Figure 3.7 presents the findings for Wellbeing Practitioners and figure 3.8 presents the findings for Age Better Champions.

The data reveal some variations in outcome change at the intervention level:

- **Loneliness:** 47 per cent of Wellbeing Practitioners participants reported lower levels of loneliness following engagement compared to 37 per cent of Age Better Champions participants and 45 per cent for ABiS participants as a whole.

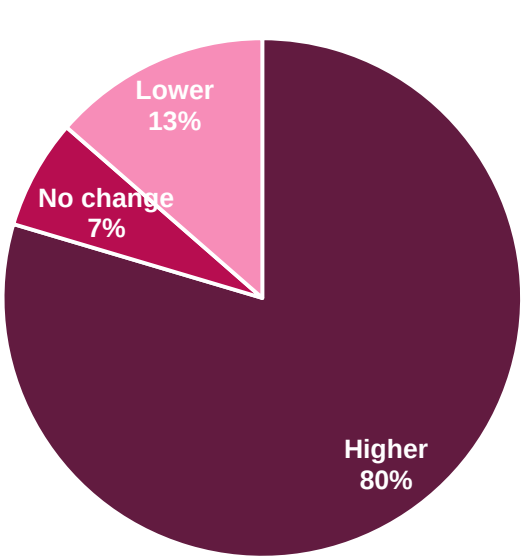
- **Mental wellbeing:** 80 per cent of Wellbeing Practitioners participants reported higher levels of wellbeing following engagement compared to 61 per cent of Age Better Champions participants and 67 per cent of ABiS participants as a whole.

Figure 3.7a: Change in De Jong Gierveld 6-Item Loneliness Scale responses for Wellbeing Practitioners participants between baseline and follow-up



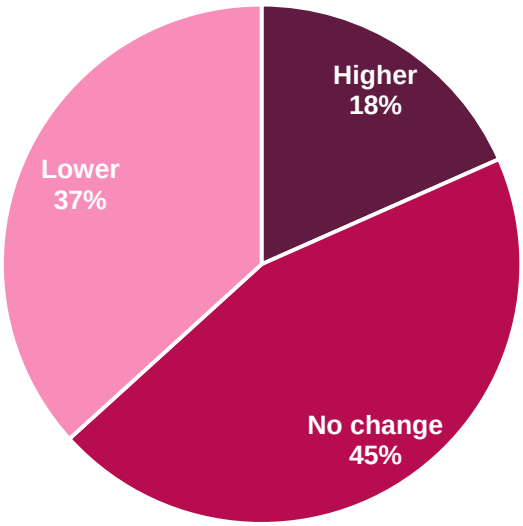
Source: ABiS baseline and follow-up data
Base: 227

Figure 3.7b: Change in SWEMWBS responses for Wellbeing Practitioners participants between baseline and follow-up



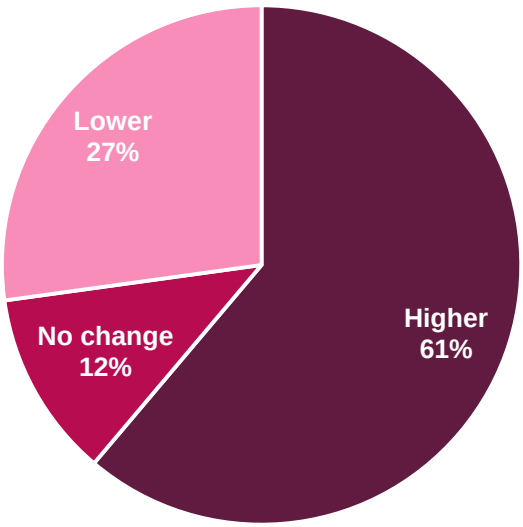
Source: ABiS baseline and follow-up data
Base: 227

Figure 3.8a: Change in De Jong Gierveld 6-Item Loneliness Scale responses for Age Better Champions participants between baseline and follow-up



Source: ABiS baseline and follow-up data
Base: 98

Figure 3.8b: Change in SWEMWBS responses for Age Better Champions participants between baseline and follow-up



Source: ABiS baseline and follow-up data
Base: 98

4 Conclusion and next steps

This concluding section summarises the key findings from this report and outlines next steps in terms of data analysis.

Key findings

This report represents the most detailed analysis so far of the loneliness, wellbeing and health outcomes and impact associated with ABiS. It is based on three years' worth of baseline and follow-up data collected from participants in a range of ABiS funded interventions. From the analysis presented it is possible to draw out a number of key findings in terms of the types of participants engaging in the project and the emerging evidence about outcome change:

Reach

- ABiS has reached more than 2,800 people in the first three years of delivery, including 64 per cent who were aged over 50 and 34 who were aged over 70.
- A significant proportion of ABiS participants - 59 per cent - can be classed as 'lonely', with 26 per cent amongst the 'most lonely'.
- ABiS has reached more women than men: 70 per cent of participants were female and only 29 per cent were male.
- ABiS has made good progress in engaging BAME communities: although only 17 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 over 50s are of BAME origin.

Outcomes and impact

- Participants in ABiS tend to be **more lonely** and report **lower levels of health mental and wellbeing** than the general population.
- **Loneliness:** 45 per cent of participants were less lonely after six months and only 20 per cent were more lonely. Levels of 'emotional' loneliness reduced by a greater amount than levels of 'social' loneliness[14].
- **Mental wellbeing:** 67 per cent of participants reported improved mental wellbeing and only 23 per cent reported a reduction.

[14] Emotional loneliness is defined as when you miss an "intimate relationship". Social loneliness is defined as when you miss a wider "social network"

- **Health:** overall there were no measurable changes in the health related quality of life of participants.

- **Several factors emerged as being positively associated with outcome change**, including gender (associated with improved loneliness) and have caring responsibilities (associated with loneliness and wellbeing outcomes)

- **Outcomes may be 'harder to shift' for some population groups**, in particular people with long term health conditions and people living in the most deprived communities

Next steps for data analysis

A long term objective of this evaluation of ABiS is to understand the relationship between outcomes and impact and different types of ABiS intervention, as well as any participant characteristics associated with different types of outcome and impact. The analysis undertaken for this report has taken tentative steps in this direction, using descriptive analysis to explore whether there are any factors or characteristics associated with outcome change. Although some differences have been identified and discussed, the numbers of responses are too low for the statistical strength of these relationships to be assessed or the impact of mediating factors to be explored. However, if the completion of baseline and follow-up questionnaires continues at the current rate up to the end of the evaluation there will be sufficient data for such analysis to be undertaken. Furthermore, the Evaluation Team are about to embark on in-depth qualitative research into the experiences of ABiS from the perspective of participants in different types of intervention. This data, alongside that additional quantitative data that will be collected, will provide additional depth and richness about the outcomes and impact of ABiS and the contextual factors associate with different types and degrees of change.