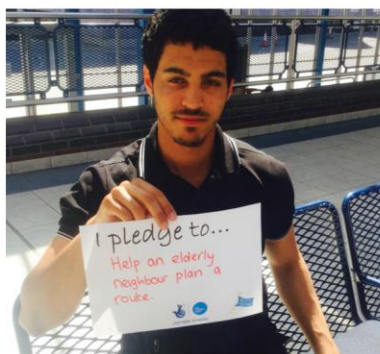# Evaluation of Age Better in Sheffield

Qualitative insights into interventions to address social isolation and loneliness

October 2020

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Qualitative insights into interventions to address social isolation and loneliness

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October 2020

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Executive Summary

Age Better in Sheffield (ABiS) is a six-year £6 million investment to **reduce social isolation and loneliness amongst older people** in the city between 2015-21. This report - produced as part of the Evaluation of ABiS - provides qualitative insights about the experiences and outcomes of older people who have participated in or engaged with ABiS interventions. Although the focus of the interventions was to address social isolation and loneliness, the research has also explored a range of associated factors such as physical and mental health, wellbeing and community involvement. It draws on qualitative data from 37 people who participated in a series of interviews and focus group discussions between November 2019 and March 2020.

A. Accessing ABiS interventions

The ABiS evaluation has previously highlighted the ability of the programme to reach a high number of lonely and isolated older people. This qualitative research has explored these participants' experiences of accessing this support. Key findings are as follows:

Reasons for accessing support

Many participants did not access ABiS interventions primarily to address isolation and loneliness. They often had more immediate issues that they hoped to address, of which loneliness and isolation was a result or a part of. Participants engaged with ABiS for numerous reasons including: to improve their physical and mental health; in response to an important life 'transition' such as retirement or bereavement as an opportunity to do something positive and fulfilling with their time; and to provide a break from caring responsibilities.

Finding out about the support available

Participants found out about the support available from ABiS through a combination of informal and formal pathways. *Informal* information tended to come via word mouth from friends or family. This was particularly the case for group-based activities provided in the community. *Formal* information and referral tended to occur via existing services such as the GP. This was more common for one-to-one services with a more therapeutic focus such as Wellbeing Practitioners.

Barriers to accessing support

A number of barriers that prevented people from accessing ABiS support were identified. *Personal* barriers included a lack of confidence in attending group-based support, as well as preparedness for the transition from one-to-one to group-based activities; a lack of a diverse range of culturally appropriate activities; and a lack of awareness about the types of support available. *Structural* barriers included the limited availability of certain opportunities at a community or neighbourhood level; the accessibility of those opportunities; and limited finances. The time limited nature of funding for some activities was also highlighted as a factor that limited the sustainability of ABiS interventions.

B. Key learning from ABiS interventions

The qualitative interviews identified key learning from ABiS interventions that could help design and develop similar programmes and projects in the future. Key findings are as follows.

Neighbourhood approaches

Participants welcomed the opportunity to access interventions at a neighbourhood level, particularly where these enabled them to build relationships with other individuals or groups with whom they had shared experiences or interests. Participation was often sustained when strong social bonds were formed with other participants.

Tailored and flexible support

The tailored and flexible nature of some of the support available through ABiS was particularly beneficial for some participants. By giving people an opportunity to access support when and where it was needed, and in a way that took account of their circumstances, some one-to-one interventions were able to build people's confidence to access a wider range of opportunities in the longer term.

Person-centred understanding of need

Participants in both one-to-one and group-based activities reflected on the importance of ABiS interventions taking a person-centred approach to understanding need. Adapting the way support is provided according to personal circumstance ensures people feel comfortable when accessing support and provides a platform for long term engagement with a wider range of opportunities.

Time limited interventions

A number of participants struggled with the time limited nature of one-to-one therapeutic interventions, as opposed to activities which can be accessed on an ongoing basis. For some participants one-to-one therapeutic support ended after a fixed number of sessions but before they felt ready to move on to other forms of support (i.e. group-based). Without a personalised exit strategy or referral to wider support this sometimes meant that their levels of isolation and loneliness returned to where they were prior to accessing support (and sometimes to lower levels).

C. Volunteers and volunteering within ABiS interventions

The qualitative interviews provided some valuable insights into the role of volunteers and volunteering within ABiS interventions. Key findings are as follows.

Role of volunteers setting up new groups

Volunteers can set up and maintain groups and activities at a neighbourhood level with a small amount of support to get started. These groups can be self-sustaining and lead to further 'spin-off' groups, meaning opportunities can be available for a wider number of people.

Opportunities to volunteer

There were numerous examples of participants in ABiS projects who became volunteers in that project or other activities.

Reasons for volunteering

People's reasons for volunteering with ABiS included wanting to 'give something back', to provide a sense of purpose, a desire to support older people who might be lonely and/or isolated, and earning 'credit' through the associated 'Time Builders'[1] scheme.

Benefits of volunteering

The benefits of being a volunteer within ABiS included: the reduction in anxiety and stress-related feelings; having a sense of purpose and putting skills and expertise to good use; reduced isolation and loneliness; and improved confidence to overcome existing mental and physical health conditions.

Barriers to volunteering

Barriers that prevented people from volunteering with and beyond ABiS included limited funding for fixed-term projects which meant volunteering opportunities became unavailable, a lack of appropriate opportunities to volunteer, the time taken to identify or allocate volunteering roles, and personal issues associated with physical or mental health.

D. Overall impact of ABiS interventions

Analysis of the qualitative interviews has identified the main outcomes and impacts of ABiS interventions. Although these were designed to address social isolation and loneliness, other outcomes such as benefits for mental health, wellbeing and community involvement were also identified. Key findings are as follows:

Improving social wellbeing

ABiS interventions were found to enable participants to improve the quality of their existing personal relationships and build new social relationships through a combination of one-to-one and group activities. These activities built people's confidence to take up opportunities to increase social interaction, which in turn reduced their social isolation and loneliness.

Improving emotional and psychological wellbeing

ABiS interventions also had a positive effect on emotional and psychological aspects of wellbeing such as confidence, anxiety and stress, giving individuals a more positive outlook and sense of purpose. For some participants these were necessary steps that enabled them to take up social opportunities in the longer term.

The relationship between social, emotional and psychological wellbeing and isolation and loneliness

Reductions in loneliness and isolation were not often mentioned by participants as direct impacts of ABiS but were clearly connected to other outcomes and wider factors associated with social, emotional and psychological wellbeing. Group-based support is particularly effective at enabling improvements in social wellbeing, which in turn can lead to reductions in isolation and loneliness. However, some older people may not have the confidence to engage in group-based social activities without prior one-to-one support but the time limited nature of one-to-one interventions meant that not all ABiS participants were able to take this step and for some, group-based support may never be wanted or appropriate.

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[1] Time Builders is a community development scheme which delivers activities and services. Volunteers can earn 'credits' which can be used for participation in other activities.

E. Conclusion

The main findings of this study suggest that different types of intervention are more appropriate for different groups of older people, depending on their needs and personal circumstances. **Group-based activities** provided at a community level are effective for older people who are 'ready' to engage but need access to activities that help reduce their isolation and loneliness and open up a wider range of opportunities such as social action, civic participation and skills development. These group-based activities can be relatively low cost to set up and sustainable to deliver but need to be available across different communities to maximise their impact. Some older people may need **one-to-one therapeutic support** to address acute psychological, social and emotional barriers that have left them socially isolated and lonely. These participants may be able to move on to group-based opportunities following a period of one-to-one support but this may not be appropriate for everyone. One-to-one support is more resource intensive, and can only be provided on a time limited basis, so participants should be supported to develop personalised exit strategies to enable them to access other forms of support to ensure that the benefits can be sustained by as many people as possible.

The study has also identified a number of other key success criteria for voluntary and community sector led interventions addressing social isolation, loneliness and some of the wider social determinants of health. These include providing older people with **a range of ways to access support** with strategies for referring participants to, and receiving referrals from, other community-based initiatives and statutory provision. All interventions need to be **responsive to individual needs** and support should be provided in a way that is person-centred and flexible. **Voluntary and community sector organisations are well placed to do this** due to their values and deep connections within communities. **Volunteering has a key role to play**, both in the provision of support and as progression opportunity for people who are keen to support others. Importantly, people developing interventions should be aware of, and make provision for, **supporting older people to overcome barriers to support.**

Introduction

This is one of a series of reports 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 qualitative insights about the **experiences and outcomes of older people** who have participated in or engaged with ABiS interventions. Although **the focus of the interventions was to address social isolation and loneliness** the research has also explored a range of other outcomes and factors associated with the **social determinants of health** such as **physical and mental health, wellbeing and community involvement and participation**. It draws on qualitative data from 37 people who participated in a series of interviews and focus group discussions between November 2019 and March 2020.

1.1. What is ABiS 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 drawn from the local statutory, voluntary and private sectors, the Universities, and older people.

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 A1.1. for an overview).[2] They have also commissioned nine 'Innovation Fund' projects over the course of the programme (see table A1.2) 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[3] and provide the basis for the data analysed for this report. From July 2018 a new suite of ABiS projects were commissioned, although Wellbeing Practitioners and Start-Up were recommissioned to provide a revised version of their intervention. This report is based on qualitative interviews with beneficiaries of a cross-section of those interventions.

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[2] 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/

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

1.2. Structure of this report

The remainder of this report is structured as follows:

- Chapter 2 outlines the specific **methodology** for this element of the evaluation.

- Chapter 3 presents findings about **how older people access ABiS interventions**, including some of the barriers to access.

- Chapter 4 presents some of the **key learning about ABiS interventions**, focusing on what makes them effective and identifying some of the limitations.

- Chapter 5 discusses the **role volunteers and volunteering play** within ABiS interventions.

- Chapter 6 provides analysis of the **outcomes and impact of ABiS interventions on social isolation and loneliness** situated within an understanding of social, emotional and psychological wellbeing.

- Chapter 7 is the **conclusion** and identifies some implications from this study for voluntary and community interventions addressing isolation and loneliness.

Methodology

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2.1. Sampling

An initial sample of 100 participants was selected from the Ageing Better dataset. This sample included a range of participants in terms of:

- Programmes accessed.
- Levels of loneliness / isolation before and after participation.
- Service level (volunteer or participant).
- Gender.
- Age.
- Ethnicity.

Letters were sent out to these individuals explaining the research and inviting them to participate. An information sheet and consent form were included. Those who wished to participate returned the consent forms and we contacted them to arrange an interview. We monitored responses and sent out further targeted invitations to ensure we spoke to a range of participants. We also contacted two Start-Up projects directly to arrange interviews with their participants.

In total **37 individuals** participated in the research. This included 28 individual interviews, 3 group interviews (2:1) and a focus group (see table A2.1 for profiles of each participant).

2.2. Methods

Data collection took place from November 2019 to March 2020 and primarily consisted of face-to-face interviews. These were usually conducted in participants' own homes, but a small number were conducted elsewhere according to participants' preferences (e.g. Mind, community venues). Interviews were semi-structured and informal and usually lasted between 20 minutes and an hour. Conversations covered the following broad topics:

- How and why they became involved with ABiS funded projects.
- Experiences of ABiS projects.
- Outcomes and impacts of participating in ABiS programmes.

Due to the potentially sensitive nature of the questions, researchers took particular care to ensure that participants were protected from harm, including emphasising the voluntary nature of the research, looking out for any signs of distress, and helping them to access further support if needed.

Accessing ABiS Interventions

Summary

The ABiS evaluation has previously highlighted the ability of the programme to reach a high number of lonely and isolated older people. This qualitative research has explored these participants' experiences of accessing this support. Key findings are:

- **Reasons for accessing support**

  Many participants did not access ABiS interventions primarily to address isolation and loneliness. They often had more immediate issues that they hoped to address, of which loneliness and isolation was a result or a part of. Participants engaged with ABiS for numerous reasons including: to improve their physical and mental health; in response to an important life 'transition' such as retirement or bereavement as an opportunity to do something positive and fulfilling with their time; and to provide a break from caring responsibilities.

- **Finding out about the support available**

  Participants found out about the support available from ABiS through a combination of informal and formal pathways. *Informal* information tended to come via word mouth from friends or family. This was particularly the case for group-based activities provided in the community. *Formal* information and referral tended to occur via existing services such as the GP. This was more common for one-to-one services with a more therapeutic focus.

- **Barriers to accessing support**

  A number of barriers that prevented people from accessing ABiS support were identified. *Personal* barriers included a lack of confidence in attending group-based support, including preparedness for the transition from one-to-one to group-based activities; a lack of a diverse range of culturally appropriate activities; and a lack of awareness about the types of support available. *Structural* barriers included the limited availability of certain opportunities at a community or neighborhood level; the accessibility of those opportunities; and limited finances. The time limited nature of funding for some activities was also highlighted as factor that limited the sustainability of ABiS interventions.

Previous ABiS evaluation reports have highlighted the relative success of ABiS in reaching lonely individuals: the most recent assessment of impact on isolation, loneliness and wellbeing[4] found that the project engaged with a significant number of lonely people during the first three years of delivery. More than a quarter of the 2,865 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.

This qualitative research has explored ABiS participants' reasons for accessing support and how they found out about the different types of support that were available, along with some of the barriers and wider issues that were associated with this provision.

3.1. Reasons for accessing support

Loneliness or isolation was not often mentioned specifically by participants as the main reason for accessing support through ABiS projects. However, the loneliness and isolation that some experienced was clearly a result of or linked to other issues, usually relating to mental or physical health. A number of participants had accessed counselling at Mind through the Wellbeing Practitioners programme. Some needed this support as a result of the impact of pressures at home on their mental health. This was sometimes related to the responsibility of caring for an ill partner or parent which could increase their risk of loneliness and isolation. Jane spoke about this in relation to caring for her partner who has dementia which led to her seeking counselling through Wellbeing Practitioners:

> *'Well you are quite isolated when something like this happens to you. I'm not a lonely person as such, I do have family and friends and do things but it is an isolating thing when something happens to someone else and you are alone with it and there isn't a lot of help from the NHS or anyone, the doctor, nobody is there to help you really and eventually this is why I came here, cos there actually isn't anybody else.' (Jane)*

Others had sought help for long-term mental health issues that were impacting their lives, with loneliness and isolation resulting from complex psychological issues such as agoraphobia and trauma from abuse. This was the case for Helen who was diagnosed as *'manic depressive'* from the age of 18:

> *'I'm 67 now... so there's always been some kind of illness except for about 20 years when I've not been too bad. I were going to be transferred to [Community Mental Health Team]. I started getting ill after an accident, broke my arm, my shoulders, my nose, everything, just a small fall and I couldn't do anything... So [Mind] came out to see me and put me on this programme with this counsellor.' (Helen)*

Physical health and mobility issues were also mentioned as a reason for accessing ABiS projects. These challenges clearly contributed to loneliness and isolation for some participants. For example, Richard spoke about how his declining physical health meant that he lacked confidence in leaving the house. He also struggled to access public transport resulting in him becoming isolated:

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4   https://www.agebettersheff.co.uk/wp-content/uploads/2019/04/Evaluation-of-Age-Better-in-Sheffield-Interim-assessment-of-impact_Final-1.pdf

'I have Parkinson's and I wasn't getting out much and they sent over somebody who was a volunteer, we went out on the Thursday and I could get shopping in. I lacked a lot of self-confidence at that time cos in 2016 I had major brain surgery which was supposed to eradicate this and it hasn't.' (Richard).

Richard described how he was unable to utilise facilities within the city centre or at an out of town shopping centre due to being unable to use public transport, leading to him being confined to his local area:

'I can't really travel on the buses, I've got to have a special vehicle that'll take that so to go to [shopping centre], there was a big thing with Stagecoach, I was saying 'can't I get on Stagecoach with [my mobility scooter]?' and they said 'no, far too big' so [coordinator] sorted that out for me, the next time I went on the bus it was alright and the following time I went on the bus he said 'no far too big' so I showed them the letter and he said 'no, sorry' so I thought to hell with you.' (Richard)

A number of participants reported that a decrease in caring responsibilities within the home or a change in family or personal circumstances encouraged them to turn to ABiS funded projects, particularly if these life changes had made a negative impact on their mental health:

'Up until four years ago I was looking after my mother cos she developed cancer so up until then I've always had people to look after, I looked after my brother, his father died early, he was seven, and I looked after my mother when she was ill for many years, but now she's not here I've got no-one to look after so it seems like I don't belong anywhere'. (Philip)

These activities were also often accessed following the death of a partner or family member that they had cared for.

'Well I love music, I've always liked singing and I've been through quite a difficult few years, I got divorced and changing my job, I lost my dad, so there were things all at one time and I was just looking for different things to do so my friend suggested it and I thought I'll give it a go, you're meeting different people cos I'm not from this area, I don't have family here but I've got a few nice friends and you meet different people.' (Christine, Tuneless Choir)

For some interviewees, retirement had left them with time on their hands, and a feeling that they wanted to do something for themselves, or a need to keep themselves busy:

'When you retire I found, for the first year after retirement I was quite ill, didn't realise how tired I was and when I stopped it was really quite poorly for a year and then you think what am I going to do with my life. I spend a lot of time outdoors, I garden, I love walking, we've always camped and things like that, but I wanted something just a little bit different so this is perfect for me.' (Kate and Carol, Tuneless Choir)

People also accessed Start-Up projects as a means of escapism or an opportunity for to do something for themselves which was outside of their day-to-day responsibilities:

'I retired about four years ago because my mum was ill, I helped care for my mum until she passed away and then my mother-in-law got cancer and I cared for her for two years and then she passed away, my daughter's got ME and I look after my granddaughter, so I don't have a lot of time for me and I just thought it's about time I just did something I wanted to do and just have that little time, one night off a week where I'm not going to get called on or other people in the family can pick up emergencies and things. So it was just a bit of me time really cos I worked for

a long time, full time, in a challenging job, I just thought it was about time I did something for me.' (Kate and Carol, Tuneless Choir).

In addition, meeting new people and socialising were often mentioned as reasons for accessing and continuing to access projects, further indicating the role of ABiS projects in combating isolation and loneliness, as explained by Paula who attends the High Five group:

'It's widened our circle of friends and it's also widened the opportunities of knowing what's going on in the area.' (Paula, High Five Group)

Members of the Asian Women's group described how they attended activities to give themselves a break from caring or family responsibilities. The group provided opportunities to make friends and socialise outside of their home and close family. One participant said that she was *'staying home'* all of the time prior to joining the group but that things have now changed:

'...I will talk with people and stuff like that and then I'm deciding that I can go out and go about my own life as well, that's why I come out and make friends here.' (Mirha, Asian Women's Group)

Opportunities for older Asian women to socialise was felt to be particularly important at the current time. Historically and culturally, there is an expectation for Pakistani and other South Asian women to stay at home and look after the family, with the majority of socialising happening inside the home within family groups. While participants reported that the dynamics of socialising had changed in recent years for younger generations which saw them socialising more outside of the home, this was not the case for the older women and they also experienced fewer visitors coming to the home. This was seen as a contributing factor to the isolation of older generation women and an important reason for ensuring that Start-Ups such as this exist.

3.2. Finding out about ABiS support

Participants found out about the projects that were running as part of ABiS in a variety of ways. Most typically, people heard about Start-Up activities through word of mouth or local advertisements. This was the case for several members of the Tuneless Choir who saw the group advertised on a noticeboard leaflet. One participant mentioned that they had heard about the group from a friend and had then gone on to suggest it someone else:

'...he told me about it at the beginning of last year...said did I fancy it and I thought I'll give it a go so we've both been coming since March and then I brought a friend who was suffering with anxiety and she knew I went and asked if she could come so she started coming about November time'. (Christine, Tuneless Choir)

For other more targeted interventions through Mind, some participants accessed these through a self-referral. This was the case for Philip who had accessed Mind in the past and was already aware that they may be able to help him. He saw *'a notice on the wall about art therapy'* which appealed because he was *'interested in art'*:

'Originally I contacted Mind, I was after some counselling but there's a long waiting list for that, but I was told art therapy was a much shorter waiting list so I decided to have a go at that instead'. (Philip)

In addition, support was sometimes accessed following a visit to the GP or as a result of a visit to another health service:

'I went to doctor's cos I were really down, really low, and they introduced me at my doctor's, I just got a letter come through saying would I like to go on this [crafts] course and I said yes'. (Louise)

'[The Community Mental Health Team] gave me a number and they told me it's something for older people that are lonely. I weren't just lonely, I was starting to get depressed, but having been in hospital so many times when I were younger and so many medicines and everything, I didn't want to go back to [the mental health clinic] cos to me that were negative, it were bringing me down worrying about it. So going through Mind was something special and it worked out a lot better. I had six months, one day a week and it worked out perfect'. (Helen)

3.3. Barriers to accessing ABiS support

Some individuals experienced barriers to accessing certain forms of support. For example, some people did not feel comfortable accessing group activities. This was often down to a lack of confidence or having a preference for one-to-one support because of complex health issues that acted as a barrier to participation. For Elaine, mental health problems made joining group sessions very challenging:

'There were quite a few of us in there and we used to do an art class once a week, which I enjoyed when I got there, it were just the getting there and going in, it's the thought process and the panic attacks and stuff that goes with mental health to get you to the place that you want to go'. (Elaine)

This participant explained that when leaving the house, *'I have to plan a route to know where I'm going so I don't have panic attacks'*. Philip also struggled with attending group sessions but in his case, this was because he felt uncomfortable around other people and he simply was not used to being in a group:

'I do prefer one-to-one usually cos I don't get very much of that so I think I need more of that. The group work seems to be stressful cos without that one-to-one first I feel like I'm like a fish being thrown into cold water, it feels very strange being in a group'. (Philip)

Philip was extremely isolated in his daily life and said that in *'social situations'* including going to the shops or the library, *'I always feel at times very anxious, suddenly afraid, it just comes out of nowhere sometimes, it never goes away'*.

In contrast, participants attending the Asian Women's group welcomed the opportunity to be in a group session but faced potential cultural barriers in accessing support. They agreed unanimously that before this group began, there was a lack of opportunities locally to have social gatherings outside of the home that were considered culturally appropriate. In the main, women from the Pakistani community typically saw each other at weddings and funerals, during religious festivals or inside each other's homes. However, one participant explained during a focus group discussion that not everyone is always invited and that these occasions have *'a completely different atmosphere'* meaning the conversation would *'be completely different'*.

For women, such as those that attended the Asian Women's group, it was important to have something appropriate within their local community. The group was an opportunity to do something enjoyable outside of their domestic duties at home and socialise within a safe and trusted environment. As highlighted previously, social isolation may be more common among older Pakistani and South Asian women. They have typically experienced more '*restrictions due to family'* compared to younger generations.

As discussed later in this report, ABiS projects in local neighbourhoods were successful and many people found out about them through word-of-mouth. However, it was acknowledged that this approach may not always reach those who need it and some may not be aware of what is available:

'A lot of people don't know about these programmes and I think if they were more informed they probably would come out and join in. A lot of people do get depressed cos they think there's nothing. When I first retired you think "what can I do next?" and until you know about these things and it were just sheer luck that I found this number that started ball rolling. […] initially it's someone telling them about it or someone saying "I've started this, do you want to come and join in?" but if they don't know about it they can't join in. People have got to be informed what's going off in the area.' (Claire)

Local activities were only available in some areas and therefore were not an option for those that lived further afield. For example, Start-Up activities have tended to be focused in 'hotspot' areas identified at the start of the programme as having higher levels of isolation and loneliness. The location of activities posed access difficulties for some older people, potentially compounding feelings of loneliness and isolation. This was particularly difficult for those who were experiencing physical or mental health problems, had mobility issues and/or lacked access to transport.

Rebecca reported that despite actively seeking support from a range of providers, and being aware of ABiS projects through previous volunteering roles, she had been unable to access any support locally when she needed it following an injury:

'I tried ABiS because I knew there'd been this mentoring and the champions and so I did contact them and I was told that they didn't do the champions and mentors any more. All they were doing were providing events in the area so people could go out. It was basically to relieve social isolation and you could to coffee mornings and things and none of it was in my area cos the funding for this scheme in Gleadless Valley had come to an end last year, so there was nothing I could access apart from the coffee morning that was already going on in the library that I'd been running anyway for years.' (Rebecca)

Although the Start-Up groups we visited had thrived following initial set-up, continued investment was seen to be important for the future sustainability of the groups. One interviewee described the decline of a successful project, that she had volunteered for through Ageing Better Champions, as a result of funding and support ending after two years. Whilst they had been able to access alternative sources of funding, the withdrawal of staff and marketing support for the project had affected the project negatively with attendances dropping:

'They continued to get funding for it through social isolation fund pots. So it's still continuing but the publicity's gone and the help's gone so recently it's not been very well-attended and I was feeling very frustrated cos I was trying to get the advertising out in good time and the girl who was given the remit for doing it didn't have the time so the posters weren't printed and all this and I felt that I was basically flogging a dead horse.' (Rebecca)

This situation was a source of frustration for Rebecca and while she continued to volunteer, it led to her no longer wishing to be involved in organising '*something that's basically unsupported'*.

Financial income was a further barrier to accessing support and one volunteer highlighted that pensions may not be sufficient to cover activities. They did however, highlight a number of schemes (provided by Age UK) which offered discounted rates.

'Money is a big part of it. A lot of people are just on pension, I couldn't afford it if they didn't pay for me, they pay for me and [another volunteer] to go to the gym and for swimming, pay for our membership' (Claire)

Key learning about ABiS interventions

4

Summary

The qualitative interviews identified some key learning about ABiS interventions that should help the design and develop of similar programmes and projects in the future. Key findings are:

- **Neighbourhood approaches**

  Participants welcomed the opportunity to access interventions at a neighbourhood level, particularly where these enabled them to build relationships with other individuals or groups with whom they had shared experiences or interests. Participation was often sustained when strong social bonds were formed with other participants.

- **Tailored and flexible support**

  Some participants benefited from the tailored and flexible nature of some of the support available through ABiS. By providing people the opportunity to access support when and where they needed, and in a way that took account of their circumstances, some one-to-one interventions were able to build people's confidence to access a wider range of opportunities in the longer term.

- **Person-centred understanding of need**

  Participants in both one-to-one and group-based activities reflected on the importance of ABiS interventions taking a person-centred approach to understanding need. Adapting the way support is provided according to personal circumstance ensures people feel comfortable when accessing support and provides a platform for long term engagement with a wider range of opportunities.

- **Time limited interventions**

  A number of participants lamented the time limited nature of one-to-one interventions, as opposed to group-based activities which can be accessed on an ongoing basis. For some participants one-to-one support ended before they felt ready to move-on to other forms of support (i.e. group-based) which meant that their levels of isolation and loneliness returned to where they were prior to accessing support (and sometimes to lower levels).

The analysis of the qualitative interviews identified some important learning about ABiS interventions that should be of interest for anyone seeking to develop and provide interventions to reduce isolation and loneliness amongst older people. These include the effectiveness of neighbourhood approaches; the importance of providing tailored and flexible support and understand need from a person-centred perspective. Some issues associated with the time limited nature of some interventions were raised, highlighting the need for clarity for participants from the beginning of an intervention, effective exit and progression strategies, and referral or signposting to further support.

4.1. Neighbourhood approaches set up as a result of ABiS

ABiS activities set up in local areas appeared to be very successful where they were available. These approaches tended to work best where they were flexible and adaptable to the needs of the service users or members. The Start-Up projects are good examples of this, appearing to grow and thrive because they had been set up to meet the needs of particular groups. Across the three Start-Up groups we spoke to (the Tuneless Choir in Totley, the Asian Women's group in Burngreave and the High Five group in Woodseats) strong social bonds had clearly been formed between participants. These groups worked well because they attracted people with similar interests and things in common:

'...if you look round the room there is varying age groups, I'm maybe one of the younger ones but it doesn't matter, what you get is real camaraderie, friendship, people having a laugh, so I'd recommend whatever age you were, it's good for the soul, it's good for your mental health…' (Christine, Tuneless Choir)

Members of the High Five group and Asian Women's group spoke about how these groups had grown, inspiring other activities and initiatives based on the interests and skills of the members. Members of these groups happily invested time through volunteering and skills sharing. For some, being part of a group where they had something in common with other members gave them confidence and provided new opportunities. A good example of this is where a sewing group evolved through the Asian Women's group:

'...we did a bit of an evaluation day a few years and Aunty Afsheen was a participant for the cook house that we have…. we held a bit of an event day where people could come to us and say "I've got these skills, what can I do?" or maybe "is there any groups I can join?"...and Aunty Afsheen said "I can sew, I'm happy to run a sewing class", so it was as easy as that...and that's where the story started and it's continuing.' (Asian Women's Group, focus group)

Similarly, there was positive feedback about local neighbourhood-based initiatives such as Ageing Better Champions, where participants tended to find out about these via word of mouth and local advertising, or had been referred informally by friends, family or peers. Initiatives where volunteers are peers and have also accessed ABiS projects appeared to be particularly successful since they could relate to the experiences of participants and therefore may be better at identifying needs. For example, one Ageing Better Champions volunteer, who had initially been a participant in a local weight loss programme, described how the informal and flexible nature of support gave isolated people the confidence to join activities or groups:

'It's word of mouth really, you encourage them, if they come to the centre...if [coordinator] gets someone that's isolated, they've not been out of their homes for quite a few months, weeks, whatever she'll say 'would you like to go with Claire [and another coordinator] and they'll take you swimming or exercising or if you want to go for a walk and have a chat' or try and get them down to the lunch club to join in with other people, they can play bingo, they can do what they like. But

we generally get quite a few people that will start with us and from then on they get the confidence that they can go out and do more but it's just building that confidence up within them. We'll say if you come with us for a few weeks and see how you go and then they'll branch out and get their friends to go and it snowballs on, it's good.' (Claire)

Start-Up groups set up by local members of the community also appeared to be successful because the volunteers involved were familiar with and responded to the needs and interests of the community. This exchange between James and Paula from the High Five group illustrates this view:

'They're very community-based for a start, they're not coming in from outside so they know what is needed in the community.' (Paula, High Five Group)

'And they don't strike me as people who are going to tell people what to do or say, it's not like that, it's about offering support and opportunities.' (James, High Five Group)

'Yes, it would be a group for the group rather than somebody imposing their views if you like.' (Paula, High Five Group)

4.2. The importance of tailored and flexible support

One-to-one support

Tailored support was particularly successful in enabling individuals to access projects that helped with loneliness and isolation when there was a flexible approach taken to recognising individual needs. For instance, therapy was made available to people in their own homes where needed via the Wellbeing Practitioners projects. This was particularly valuable for people who struggled to leave their home, for example, due to physical or mental health issues. This was the case for Helen who could not get out because of an injury. Following the one-to-one therapy at home, Helen enquired about any groups she could join which could offer social interaction. She '*ended up going to two lunch clubs and knit and natter'.*

Helen admitted that she was more receptive to trying something new if someone else had suggested it and this is how her involvement in the two lunch clubs and knit and natter group came about. Before this, Helen sometimes got *'lonely and depressed'* which could impact upon her ability to mix with other people. She now felt that a lot more positive, saying:

'...it's been wonderful to be able to go out to those clubs, I've not been going anywhere for a long time'. (Helen)

Similarly, Philip also spoke about needing encouragement to try something new and he struggled to trust his own judgement when making decisions. Talking to someone else helped with this, leading to his involvement in art therapy:

'...if I...see something and go for it, usually doesn't work out so I don't use my own judgement any more, but if someone else suggests something I'm more likely to try it cos I haven't chosen it so I tend to trust it more then' (Philip).

Some participants in targeted support interventions such as one-one therapy and art therapy, successfully learned coping mechanisms to help reduce their isolation. Quite often, these were small changes that might seem insignificant:

'I do go out now but only on certain days. I take my mum to Alzheimer's centre twice a week, so I focus on those two days to stay out of the house to make that I go out. I don't particularly see anyone, I put strategies in place to, I just walk round shops aimlessly to be honest, might make a slight conversation with a person at the till or something if they speak, but it's helped me realise that I can do things…' (Elaine)

'I try not to get into a situation where I'm getting low, I keep myself busy so I'm finding that I'm in a good place now cos I don't have to have all this hassle'. (Mary)

'I try to be positive all the time, but you can't do it all the time, but every time I think of things [therapist] used to say I can sort myself out a bit more now…' (Helen)

For others such as the participants of the Asian Women's group, individuals felt encouraged to try new activities such as *'Zumba and a swimming class'* (Farheen, Asian Women's Group) which were offered within a culturally appropriate venue. There was a sense of ownership among those that volunteered within this group and this was because they had initially joined as participants. These individuals sought to provide support to others. Having a dedicated group for Asian women was fundamental to its success, providing the participants with a social and emotional outlet:

'What we say here stays here, it's confidential, that's very important. We talk about our aches and pains and this and that and sometimes even a shoulder to cry on. So that's why this is very important, about our health, families, everything, it's not just exchanging recipes and other things. Sometimes when we talk to our friends that sort of inner peace you get after you talk to somebody, you can sort of breathe, you feel much better when you go back home, so to offload. (Asian Women's Group, focus group)

Groups with a particular focus tended to provide an important support network for participants as attendees have something in common from the beginning. As mentioned previously, funding could be a barrier to the continuation of some groups and taking ownership of a group was a vital part of this. In cases where groups had built up friendships and social connections, people were motivated to keep their support network going. For example, Sara described how her group had continued despite funding coming to an end:

'I think last year the head of the group, the manager, came and told us the funding is finished or something but we didn't want to break, we just continued coming in spite of no funding or something, we just come and read our books and keep the group because it's like a little family you're visiting'. (Sara)

The reading group was an important lifeline for Sara who had suffered extreme bullying in her workplace which led to depression and isolation. She said, *'I start locking myself inside'* but after joining the group as a volunteer, she described it as *'the best thing I ever did'* (Sara).

For other Start-Ups such as the High Five group, which began in a pub and is still going, this proved to be the ideal environment for participants to extend the support network outside of the group:

'...they don't realise that once the group's set up you will find them going off for lunch in middle of week, what you started spawns other stuff that can never be quantified…' (Steven, High Five Group)

However, in other targeted programmes, the withdrawal of funding and support led to the decline or cessation of services due to practical issues, which could be damaging to those taking part (as discussed in the following sections).

4.3. Developing a person-centred understanding of need

Participants spoke about the importance of having their individual needs and requirements met when matching them with a counsellor for one-to-one support interventions. There was evidence that this put participants at ease, helping to make them feel more comfortable. This could lead to participants accessing additional support through the Peer Mentoring project or involvement in other interventions such as art therapy. In both cases, there were opportunities to form social connections and, in some instances, friendships (discussed in depth in later sections). Those that attended Start-Up groups also had opportunities to meet new people and this was sometimes more successful in meeting individual needs due to the nature and focus of the group.

The importance of feeling comfortable with the person delivering support was highlighted by Pamela who saw a counsellor because she *'wanted to get out and meet people and talk, have a little laugh'.* She explained that the counsellor '*never told me what to do, she just listened'* and Pamela praised her for being courteous. While Pamela was starting to struggle again with depression since her counselling ended, she felt the counsellor was well suited to her needs and felt much more positive after each session.

Jane who also accessed counselling, stressed the importance of having the right person deliver support:

> *'I think the most important thing is the person who I saw, she was very good and that's what mattered, if it had been someone I couldn't relate to or engage with I might have felt differently, I don't suppose I would have come, I wouldn't have kept coming if it wasn't helping. So the person was very important...and it felt very safe. It was a good experience actually'. (Jane)*

In addition, Sandra requested specifically to have a female counsellor for her sessions; an integral factor since she had experienced domestic violence in the past which had left her *'petrified of men'.* The counselling sessions enabled Sandra to talk about the difficulties she had experienced in the past but also allowed her some time away from her full-time job as a live-in carer. She did not like to be on her own but enjoyed helping others and wanted opportunities to meet new people. Following the counselling, Sandra became a Peer Mentor, attended a vintage cafe and was looking for additional volunteering opportunities.

There was also evidence of the support workers at group sessions looking out for participants' wellbeing and Elaine explained how being socially isolated had impacted her appearance and personal hygiene:

> *'I turned up once and [support worker] just said to me, I were very unkempt and she just put her arm round me and said 'are you ok?' and it made me think I probably need to have a shower and brush my hair. She wasn't doing it for that reason but I realised then that I must have looked really terrible for her to just take me to one side and say 'are you all right?'. She did it with everybody in a way but not in the way to make you upset'. (Elaine)*

Elaine had a long history of psychological problems and no longer felt able to talk to friends and family. Following her counselling and art therapy, she described feeling

'unburdened'. The interventions that Elaine accessed enabled her to start going out more and spending more quality time with her family.

While the counselling delivered by Mind was invaluable and could be tailored around certain requirements, there was sometimes a long wait for this intervention to start. For example, Mary waited six months for her counselling to start:

> *'I know there's a huge waiting list, but when you're at a state of not knowing where to turn to, with your health being affected by it, you really need to see somebody within a month, not that time, it was awful'. (Mary)*

Similar to other participants, once the counselling started, Mary found it very beneficial. However, she was left feeling like she needed some more support and this was partly due to her husband dying a few weeks before her counselling came to an end:

> *'I had nobody else to talk to, but if he [counsellor] could have only perhaps suggested something, I don't know what, or moved me towards somebody who could help as well, because I looked forward to that Saturday one hour and the rest of the time I was sort of on my own'. (Mary)*

Philip was also told about the long waiting list for counselling but was offered art therapy as an alternative because he was told there was a much shorter waiting list. He specified that he did not want to do this in a group session and so he was seen on a one-to-one basis instead. Another participant, Jane said that she had to wait *'about 10 weeks'* but she felt able to do this, explaining:

> *'...my problem wasn't going to go away and I wasn't suicidal… I knew I could wait so it was alright'. (Jane)*

It was apparent therefore, that the urgency placed upon accessing support varied among participants and individual circumstances must be considered. The accounts provided show that offering a suitable alternative support intervention where possible may help to mitigate against the long wait period for counselling, which is in high demand.

For those who accessed the Peer Mentors project, it was equally as important to understand individual needs. Matching participants with the right mentor could result in friendships being formed once the intervention came to an end. This was the case for Helen who had kept in regular contact with her former Peer Mentor saying *'she's a lovely friend now'.* The Peer Mentors project played an integral role in reducing Helen's loneliness and isolation and the continuation of this relationship which turned into a friendship, gave her the opportunity to reciprocate the support.

From a volunteer perspective, Karen spoke about the importance of knowing how to support people with mental health issues and that for her, this meant she had been able to build friendships with former participants. Karen felt angry however, that the peer mentoring was time limited, stating that providers are *'...stopping the funding for things that are important in people's lives'.* Karen was an advocate of helping people with disabilities and mental health, and had peer mentored several participants.

It was important that Peer Mentors connected with mentees but Karen explained that this was not always possible. In one instance, a female participant who was said to have a very complex family background, contacted Mind to say that she had decided not to continue with the sessions. As such, not every experience was a positive one and Richard who was matched with a Peer Mentor spoke about several problems that he experienced as a participant of this project. This ranged from volunteers failing to turn up, to personality clashes.

'I had a lady that used to come and see me and she drove me to distraction, she was always talking about, she was out of work obviously and every Thursday I saw it and it was all about her benefits and I thought I don't need this, every week and she'd just repeat herself over and over and I thought I can't cope with this anymore.' (Richard)

Richard stressed the importance of being matched to someone he could get on with and have a conversation and that it was about more than just being placed with someone who had the time to volunteer. Once Richard was matched with someone more suitable, he really benefited from the project:

'I don't feel as imprisoned as I used to… once I got over all of that they did send me someone else, a young volunteer, cos I was having problems with my, he was giving me computer lessons, I am used to computers, I used to be in the police and I had to come out cos of this, I couldn't even handle a desk job, so he gave me skills on that that I use today, but he was the last one I had'. (Richard)

From a different perspective, those attending some of the Start-Up groups found them to be a comfortable environment and this assisted with building social connections and making the groups sustainable. The approach to these groups were flexible and as such, participants got a lot out of them, feeling a sense of belonging. The Asian Women's group which started out as a group focused on cooking and healthy eating had evolved over the years, being tailored according to interests:

'...we have exercise and after exercise what we do is the ladies cook a healthy, vegetarian meal and eat together, we put all the big tables together...so they can socialise as well and exchange recipes, talk about health, talk about education, it's up to them what they want to talk about. [Pakistani] Women stay inside, they look forward to coming to this because isolation... they look forward to it and everybody meets everybody and if someone's not come, I wonder if they're alright, they might go and visit them. So, it's a lot of things in one group'. (Zainab, Asian Women's Group)

'...we can talk to each other and ask them what shall I change to make this group better then they told [coordinator] and we can change it, like cook different things next week then we make a plan and change like that'. (Mirha, Asian Women's Group)

4.4.   Issues with time limited interventions

Most targeted support accessed through ABiS was time limited and in stark contrast to group-based projects such as those supported through Start-Up. Several participants suffered as a result of their support ending. This was the case for Pamela who joined an arts-related group that was run by Mind following a recommendation from her one-to-one counselling sessions. She spoke positively about the group and that it provided an opportunity to socialise with others as well as giving her a reason to leave the house. She looked forward to going to the group and made friends. Unfortunately, Pamela's support was time limited and both the counselling and the art group that she attended came to an end the same week, leaving Pamela with nothing:

'I am getting now again where I really don't want to leave the house but that gave me a focus, going there, I'd got to get up for something, I have to get washed and changed, where some days if nobody's coming I'll stop in my pyjamas all day cos I can't see any point in getting ready'. (Pamela)

This highlights a need for longer-term and continued support. Clarity from delivery partners with participants about the length of the intervention, and effective exit and progression strategies, including referral or signposting to further support, is important.

Joining a group where there is a supportive network gave some participants a purpose and Pamela's experience shows how damaging it can be to suddenly be left without support. Pamela did not like asking for help and expressed that it made her feel *'degraded'* after so many years of being independent. She said, *'going to Mind just gave me that outlet and I could talk to people about how I was feeling and it was good'*.

A similar experience was shared by Philip who, despite speaking very highly of the support he received, experienced negative consequences once his intervention ended:

> *'I've gone back to being isolated as I was before cos there's been no follow up, nothing to go on from that'.*

> *'...it does feel like I've been used and cos they can't use me anymore, cos of the funding I've been thrown away, that's it, it feels like that, I don't matter. But I'm used to that in many ways, I've had plenty of experience but it would be nice to be able to get involved in something again. (Philip)*

Philip's loneliness and isolation were more extreme than some participants because he had struggled with depression for a long time explaining, *'I don't think I've ever thought I've belonged anywhere'.* As such, those participants with a deep history of mental health problems and social isolation were the most vulnerable to negative impacts following support interventions being withdrawn or coming to an end. There were many benefits to be gained through the interventions assessed as part of the ABiS projects but unfortunately, some were unable to sustain these in the longer term. This meant that for some, the positive results experienced during support intervention were later lost, demonstrating a need for continued support. This is perhaps inevitable for some participants in a programme like ABiS where the focus is to 'test and learn' about which types of interventions and strategies are effective at alleviating social isolation and loneliness for people in a range of different circumstance. However, future programmes that seek to reduce social isolation and loneliness should make sure that different interventions are joined-up, and participants are supported to develop personalised exit and progression strategies, so that the benefits of the programme are sustained by as many people as possible.

5

Volunteers and volunteering within ABiS interventions

Summary

The qualitative interviews provided some valuable insights into the role of volunteers and volunteering within ABiS interventions. Key findings are:

- **Role of volunteers setting up new groups**

    Volunteers can set up and maintain groups and activities at a neighbourhood-level with a small amount of support to get started. These groups can be self-sustaining and lead to further 'spin-off' groups, meaning opportunities can be available for a wider number of people.

- **Opportunities to volunteer**

    There were numerous examples of participants in ABiS projects who became volunteers in that project or other activities.

- **Reasons for volunteering**

    People's reasons for volunteering with ABiS included wanting to 'give something back', having something to provide a sense of purpose, a desire to support older people who might be lonely and/or isolated, and earning 'credit' through the associated 'Time Builders' scheme.

- **Benefits of volunteering**

    The benefits of being a volunteer within ABiS included reduced anxiety and stress-related feelings, having a sense of purpose and putting skills and expertise to good use, reduced isolation and loneliness, and improved confidence to overcome existing mental and physical health conditions.

- **Barriers to volunteering**

    Barriers that prevented people from volunteering with and beyond ABiS included limited funding for fixed-term projects which meant volunteering opportunities became unavailable, lack of appropriate opportunities to volunteer, the time taken to identify or allocate volunteering roles, and personal issues associated with physical or mental health.

The qualitative research identified some important findings about the role of volunteers and volunteering in addressing isolation and loneliness. These include the role volunteers play in supporting ABiS projects and their participants, the opportunities to volunteer through ABiS, people's reasons for volunteering, the benefits of volunteering, and some of the barriers to volunteering.

5.1. The role of volunteers in setting up new groups

Some projects and groups were entirely created and maintained by volunteers. For the Start-Up groups, the initial fund of £200 to set up the group was really valuable and was often used to promote the group in the local area through leafleting or to purchase supplies needed for the group. As described below, these groups relied on a volunteer willing to set them up from the beginning:

> *'I rang the number, they said we've got all these pots of £200 so I said what about letting me having 50 quid and we'll get 500 leaflets printed and we stuck them round the area. I was asking people what is it we want to do and there was a lot of ideas floating round but the main problem was where do we meet…' (Steven, High Five Group)*

Volunteers are also instrumental in maintaining and developing groups. A number of new activities had been set up by volunteers of the Start-Up groups who took ownership of the group. Having started out as participants, they were keen to share their interests and skills with others in the group and give something back. For example, a number of 'spin-off' groups emerged from the High Five group, including a patchwork group and a choir, and others were planned, including wheelchair aerobics and building connections with the local school. The importance of volunteers was also evident in the success of Ageing Better Champions projects, such as in Claire's local area where she and another volunteer in particular dedicated significant time and effort to supporting lonely and isolated people.

5.2. Opportunities for becoming a volunteer

There were numerous examples where participants in ABiS projects became volunteers. For example, Claire described how she had initially accessed weight loss and physical activity courses where she became friends with another participant. Involvement in these courses subsequently led to her becoming a volunteer for Ageing Better Champions:

> *'From there we went on several other courses together... I love swimming and I involved her in swimming, so then we started involving other people in swimming and going to gym...and we encouraged other people to join in with us and it grew from there. Then we started with SOAR, at Shiregreen neighbourhood centre, we started a lunch club there which everybody loves, that's grown from being 10 people to about 25 people that go now.' (Claire)*

5.3. Reasons for volunteering

Respondents described a number of reasons for wanting to volunteer for ABiS projects. Some felt that they wanted to *'give something back'* (Sandra) having received support themselves, whilst others reported that they had decided to volunteer to give them a sense of purpose and to give them something to focus on. For example, some had retired or were currently unemployed and were looking for something to do:

> *'Because I'd retired and there's only so much shopping, so much housework you can do, you have to do something more.' (Claire)*

'I was unemployed and I just wanted to find something to do really and might be useful for others as well.' (Mark)

One volunteer described how she empathised with people who felt lonely and isolated, acting as an advocate of the ABiS programme:

'I can understand how people of all ages feel lonely, depressed and need somewhere to go and talk to someone and if a community hall is open you don't need loads of money, the building is already there, all you need is a team of willing volunteers to go in and spend some time there, people can go and sit and chat with them, just like you would with your friends, to me that is what ABiS is, it's a sense of community, like the old tribal system where the elders used to gather around the campfire, there needs to be a camp fire somewhere in each community that people can congregate at and feel part of something' (Rebecca)

As alluded to above, volunteering opportunities via Start-Up groups and Ageing Better Champions could emerge organically as the result of participants suggesting new activities and offering to share skills with others. This was the case for members of the Asian Women's group who set up their own sessions to share their skills with others such as the sewing group mentioned previously. For some volunteers within this group, credit was earned through the associated 'Time Builders' scheme which enabled volunteers to participate in other things such as days out, theatre trips and leisure activities.

5.4. Benefits of volunteering

Participants felt that there were a number of benefits relating to volunteering. Some described their volunteering experiences as a *'two-way thing'* (Sandra) offering mutual benefits to them as well as the people they were working with:

'I think we're calmer people, not as anxious I think […] We've got to learn about each other, she's learning about me now cos she's talking freely now, she's not reserved at all now.' (Karen)

'It's not just giving to someone else, it's what they give to you on their achievements that they've got their confidence so they're able to go out more into community themselves, so you think "I've helped that person" and you get that satisfaction from that.' (Claire)

Some also reported that volunteering gave them a sense of purpose which could help to reduce feelings of loneliness and isolation experienced following retirement or when unemployed:

'Just time on my hands and to do something useful to others as well as myself, it also got me mixing with other people which I need to do cos unemployed people can get isolated as well.' (Mark)

Others described how volunteering had given them confidence and helped them to cope with other issues that they may be experiencing such as physical or mental health problems:

'It was a very good experience and it kept me busy, I forgot the past and I kept going. And cos it's only a few hours, cos I have chronic pain here, if I don't take pain killers I'll be in agony so that kept me going by not just sitting at home and thinking about my pain and when I got into the Age Well volunteering it was good cos I started to build my confidence in reading and talking' (Sara)

Volunteering was a positive experience when people were able to utilise their skills and interests since they were more likely to get on well with the people they were working with and enjoy the experience:

'I've always been a carer, I used to manage a care home, so I think you've got to carry that on, you've got to look after people, that's me, I like to look after people. That was a good opportunity to branch out and take people under my wing and bring them out. I really enjoy it.' (Claire)

5.5. Barriers to volunteering

Limited funding for fixed-term projects could have negative impacts on both volunteers who may wish to continue volunteering, and participants who may experience negative impacts of support being withdrawn. Some participants expressed frustration at not being able to volunteer despite being willing to, due to a lack of funding:

'They're saying they're supporting these people and there's money for these people, where is it? Mind in Sheffield haven't got it, they've taken away the funding. My coordinator who I used to work with, she used to work full time, she works two days now I think.' (Karen)

Others had made attempts to become volunteers, completing applications and training, but expressed frustration at poor communication and a lack of actual volunteering opportunities.

'I applied at the end of 2018 and found out that volunteers can work there on the farm Thursday morning so I applied for that by email but the chap never got back to me afterwards, to be honest I didn't follow it up.' (Mark)

In particular, volunteering opportunities that involved being placed with someone to provide one-to-one support appeared to move slowly which was a further source of frustration for some:

'I was looking forward to working with someone, having a client, and there was two things, either the mentors or the champions and I was happy to do either and in the whole time I was involved with the project I was never given anyone to work with on this one to one basis, which I found very disappointing and after I'd gone through all this training I felt that it had been a waste of time, both theirs and mine, but there you go.' (Rebecca)

'It took 10 months really before we were placed with anybody so there was a big gap and you just weren't doing anything, just ring in occasionally to say have you found something. They've got to find someone to place you with.' (Mark)

Volunteering was clearly a rewarding experience, but some participants reported that whilst they would like to be able to volunteer, barriers such as mental or physical health prevented them from being able to:

'At the time they did ask me if I wanted to help with other things but my mind wasn't ready for it, but my sister-in-law did, she met people for coffees and things like that but I didn't feel ready for that. The group thing were marvellous but I didn't want to go out on my own and do it.' (Pamela)

'I can't [volunteer] cos I've got too many physical problems or else I would have done. I said if I feel all right but I can hardly walk so there's no way I could get to help but otherwise I would have done'. (Helen)

Overall impact of ABiS interventions

Summary

Analysis of the qualitative interviews have identified the main outcomes and impacts of ABiS interventions. Although these were designed to address social isolation and loneliness, other outcomes such as benefits for mental health, wellbeing and community involvement were also identified. Key findings are:

- **Improving social wellbeing**

  ABiS interventions were found to enable participants to improve the quality of their *existing personal relationships* and *build new social relationships* through a combination of one-to-one and group activities. These activities built people's confidence to take up opportunities to increase social interaction, which in turn reduced their social isolation and loneliness.

- **Improving emotional and psychological wellbeing**

  ABiS interventions also had a positive effect on emotional and psychological aspects of wellbeing such as confidence, anxiety and stress, which gave them a more positive outlook and sense of purpose. For some participants these were necessary steps that enabled them to take up social opportunities in the longer term.

- **The relationship between social, emotional and psychological wellbeing and isolation and loneliness**

  Reductions in loneliness and isolation were not often mentioned by participants as direct impacts of ABiS but were clearly connected to other outcomes and wider factors associated with social, emotional and psychological wellbeing. Group-based activities, both formal and informal, are particularly effective at enabling improvements in social wellbeing, which in turn can lead to reductions in isolation and loneliness. However, some older people may not have the confidence to engage in group situations without one-to-one support and the time limited nature of one-to-one interventions meant that not all ABiS participants were able to take this step.

This section draws together the evidence from the qualitative interviews to discuss the overall impact of ABiS interventions. As mentioned earlier, although ABiS interventions were designed to address isolation and loneliness, these are intrinsically connected to a wider range of outcomes and factors such as mental health, wellbeing and community involvement. Whilst these different factors – often referred to in terms of the social determinants of health or the salutogenic model of health[5] - cannot be completely disentangled, our analysis has been able to distil these into two components of impact that both contribute to and are affected by reductions in isolation and loneliness:

- Improving social wellbeing.
- Improving emotional and psychological wellbeing.

Each of these types of impact is discussed in turn in the sections that follow.

6.1. Improving social wellbeing

Social wellbeing is associated with positive social functioning through a combination of a range of factors:

- **Social acceptance:** holding positive attitudes towards, acknowledging, and accepting human differences.
- **Social actualisation:** believing people, groups and society have potential and can evolve or grow positively.
- **Social contribution:** seeing daily activities as useful to and valued by society and others.
- **Social coherence:** paying an interest in society and social life, and finding them meaningful and intelligible.
- **Social integration:** having a sense of belonging to, and finding comfort and support from, a community.

Through our analysis we have been able to identify a number of ways in which ABiS interventions help to improve social wellbeing by reducing participants' isolation and loneliness.

Enabling better quality existing relationships

Different support/interventions had different impacts on how people thought about their social connections. Start-Up groups that were set up with a common purpose were particularly effective in this regard. For example, some of those attending the Asian Women's Group knew each other as friends and neighbours before joining the group while others were only acquaintances. The group brought benefits to the members through providing an alternative setting to the home for social interaction. A dedicated group for women provided a forum for them to talk about things they could not discuss at home in front of others. The group enabled the women to be less isolated indoors, improved their relationships and extended their support networks outside of family, providing contact with others on a more regular basis. This is illustrated by the following exchange during a focus group discussion with the women:

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[5] See: Provencher, H. and Keyes, C. (2011) Complete mental health recovery: bridging mental illness with positive mental health. *Journal of Public Mental Health*, Vo 10 No 1, pp 57–69.

'I think culturally it's different isn't it, cos it's not in our culture to sit like this, particularly I think for this generation I think it's different. Going to somebody's house there's other people around, if you're friends there's some things that can't be discussed privately […] But here it's much more a confidential space.'

'Plus the other thing is if you go to somebody's house, like I might go [to someone's house] round the corner but there won't be the rest of these here, the whole group, so that's the difference.'

'There's a whole trust thing going on here.'

'Exactly, what we say here stays here, it's confidential, that's very important. We talk about our aches and pains and this and that and sometimes even a shoulder to cry on. So that's why this is very important, about our health, families, everything, it's not just exchanging recipes and other things. Sometimes when we talk to our friends that sort of inner peace you get after you talk to somebody, you can sort of breathe, you feel much better when you go back home, so to offload.'

'We're neighbours and friends, but this gives us more time with each other and to do things together with more time, we do activities and sometimes we might even go on trips together'.

(Asian Women's Focus Group)

In addition, many of those attending the Tuneless Choir found the activity of singing enjoyable and having a common interest provided an opportunity for people who already knew each other to do something together that they both enjoyed, with one couple highlighting, *'It's something we do together, we don't do many things together.'* (Beverly, Tuneless Choir).

Some participants explained that the benefits of the ABiS projects resulted in them feeling more able to interact and socialise with family and friends outside of the programme:

'I'm not lonely now, I was, cos I made myself lonely staying in but sometimes you do these things and don't realise you're doing them to yourself, you make excuses not to go out and meet people so since that I've been going out, I've done more than I've ever done in years past so it's been wonderful.' (Helen)

Characteristics of effective approaches to building better quality existing relationships

Different approaches were valuable for different people. As discussed earlier, for some, initial engagement in groups sessions/activities (e.g. those outside of neighbourhood approaches) could be difficult, particularly if mental health acted as a barrier. However, increased social interaction with others over time could help people feel more positive and this in turn could make it easier to engage in group sessions. A combination of support such as one-to-one counselling and group activities, could be effective for providing more confidence and opportunities around social interaction. For example, one participant explained how she and her Peer Mentor had talked through ideas of social activities she may enjoy, encouraging her to have the confidence to try them:

'Sometimes when you think about things you don't bother through your ideas, but when you talk to somebody and...they don't say "yes, that's a good idea" but they say it in a round-about way, "if it's good for you you ought to try it", which I did and I ended up going to two lunch clubs and knit and natter, I was stuck in house and

I never went anywhere so she, in her way, helped me sort my thing out to get me out of house again.' (Helen)

The Peer Mentors project had positive impacts in terms of offering participants someone to talk to who was detached from the issues they were going through. This differed from talking to a family member or a friend who may not understand the impact of mental health:

'So having someone to talk to and discuss things, you can't talk to family, I've never been able to since I were 18, they don't understand your mental health problems and I know it says on television to talk about it but people don't understand and to talk to somebody that's knowledgeable or that's seen this before is a great help to everybody.' (Helen)

'People just don't understand you, me daughter, "pull yourself together" and this attitude. When you're with people who understand you, you feel normal cos they know exactly how you feel and what's going on, so they are good' (Louise)

For some, counselling sessions were effective at helping them to process and cope with difficult and upsetting situations they were experiencing at home such as caring for a partner:

'I felt good that I'd been able to talk to somebody about what had happened in the week because there was always something and at that time he [husband] wasn't well in the home and...then he fell and was in hospital, then he died, so it was a big thing for me to have somebody to talk to.' (Mary)

Getting support with long standing mental health issues was also effective at improving existing relationships. Talking to someone in a therapy session freed up space to be able do things with family/friends, which some had avoided previously because they did not want to burden others with their problems. Accessing support could also alert family or friends to an issue and this could make them more understanding, leading to them making an effort to see them more, talk on the phone and encourage them to leave the house.

'I go out every Tuesday with my cousin and my sister-in-law, we go to bingo once a week or cos I've got a car she'll say 'I'm doing some baking, are you coming down for a cup of tea, come on, get ready, come down' and she helps me that way. So, if I didn't have the support from them two people I probably would never leave the home'. (Pamela)

Enabling new relationships

Some participants had formed new friendships via one-to-one support approaches, which extended beyond the length of the programme. Helen described how she and her Peer Mentor still continue to meet up each week and had formed a friendship, which had become more mutual, with both sides sharing problems and offering support:

'We just continued, same day, same coffee, same going to charity shops and that, it's only for an hour and half but she's stayed friends with me, we stayed friends and I always said to her 'you can dump me now if you've had enough of me' she said 'oh no I want to come and see you' so that's how it worked out and she's a lovely friend now. She did well for me cos she got me out of house cos I were wanting to stay in all the time so that were really good though I was scared about it.' (Helen)

Similarly, Kate and Carol (members of the Tuneless Choir Start-Up group) described forming new friendships, socialising during the group activities, and sometimes outside of these:

'We've made friends with a small group of people very well but we've got to know a lot of other people that we can chat to, but the three, four, five of us that have really made friends, we all have similar interests other than singing, we're all crafters, we all knit, crochet, paint, we all are creative people.'

'Yes we've been pub crawling for a year nearly, going to different pubs every other Monday when we're not here. We did find seeing people here, you get a 15 minute break which isn't very long to chat to lots of people and get to know them, so we started coming here earlier before the session starts, then a quick break and then on the alternate Mondays we go out to the pub, but we just found a pub where we're even singing every week now in the pub, it's a jamming session.'

Members of the Tuneless Choir also reported that the group gave them the chance to socialise with others. One participant described the choir as *'friendly'* and *'welcoming'* and felt that it had helped her to become less lonely:

'You get a chance to go and sing at events, they're always looking for us to volunteer to do things or that weekend they've just been on sounds fantastic, I was going to go but none of my friends wanted to go so someone said you should just have come with us, so it's nice, it's quite friendly. The lady I'm sitting with, I only met her tonight and she's only been coming since last week, she lives in the same area as me so it's just nice to catch up with other people. I think you get to a stage and you can feel a bit lonely and you've got to try and get out, you've got to push yourself and get out and meet different people.' (Christine, Tuneless Choir)

Members of the Asian Women's group also described how it had given them the opportunity to make new connections, and the regularity of the group meant that contact was maintained:

'I've got neighbours as friends but especially in the winter you hardly see anybody so here you see the friends regularly every week and you make new friends by coming here and socialising.' (Zainab, Asian Women's Group)

Relationships that were formed during organised groups meant that people had more of a support network and were able to ask for help if they needed it outside of the group. This was particularly the case for neighbourhood approaches, such as this example from the High Five Start-Up group:

'We had a torrential downpour here and Sheila who's got MS, it swept through her garage and ruined her [electric wheelchair] battery […] She rang me and I said "I'm not into electrics or mechanics" but we've got Bill who is who's a member of the group and Tim is the husband of the other woman with MS who probably knows all about wheelchairs, so they went out and sorted her out, got her a new battery and that is just a very small thing.' (Steven, High Five Group)

Members of the Asian Women's group also described looking out for each other more as a result of the connections formed during the group:

'Women come here, they look forward to it and everybody meets everybody and if someone's not come, I wonder if they're alright, they might go and visit them.' (Zainab, Asian Women's Group)

The groups provided participants with common ground through the focused activities they offered, making it easier for them to get to know each other gradually and develop

friendships. This was particularly valuable for those who may not have the opportunity to meet people elsewhere, such as older Asian women. One participant agreed that it was *'easy'* to make friends through this group and that there were no other opportunities to meet other women.

However, sometimes group activities did not result in developing new connections with others due to differing views, personalities or ages of participants:

'The people I have to say wouldn't be my mates, a lot of them are, to be frank, racist or set in their ways […] I feel younger than they are, they seem to want to be, I can't really explain, I just feel a bit fish out of water.' (Caroline)

Characteristics of effective approaches to enabling new connections

Different approaches worked well for different people. Some, like Sara, had become isolated after experiencing bullying at work and suffering with mental illness as a result of this. Sara found that attending group sessions was very beneficial for her, giving her a sense of community and mutual support that she had missed since moving to the UK from Africa:

'It's like a community, everybody, when they know you, they treat you like their family […] this is what I was brought up with in Africa, we have a community centre for children around the area but it's missionaries and you can go there and play football, swings and all that stuff, go to church and sing, art and craft, everything is there. When I came to UK I was looking for a community centre like that and I got Zest, so it's a community thing […] the community spirit, I admire it, when you go there and see someone who knows you and I'm known, I exist in the world, things like that.' (Sara)

Attending groups, either as a participant or as a volunteer, was often described as giving people a sense of purpose and a reason to go out which could help overcome barriers that mental health problems could create:

'I'm always chatty but when you're depressed and you don't go out and mix with people you lose your voice, you don't know what to say but now I've kept it up I want to keep it up, I look after old ladies, I'm an old lady myself but I look after them at lunch club, help them with their coats and everything and everybody's lovely to each other.' (Helen)

Some volunteers found that simply getting people out of the house and doing an activity together facilitated conversations, leading to benefits for participants through offering a listening ear. Volunteers could then signpost individuals to other services if appropriate:

'This is why we said if weather's fit just take people for a walk round park, as long as people are talking to you while you're having a walk, they tell you their problems or why they started like this or why they've been isolated and it gets people getting rid of their problems, they're sharing their problems with you so they're not as bad for them. I think a problem shared is a problem halved and I think they feel better for having someone to talk to, even if they're just walking round, but they're getting that exercise as well.' (Claire)

For some, sharing their experiences with others was very beneficial. They felt able to be open about how they were feeling without worrying about being a burden (as they may do with family members). They were also able to provide support for others who were having similar experiences which was valuable:

'I suppose the fact that I was with other people and I could say how I felt without, with your relatives and friends you feel that you're going on and people feel fed up with you, you tend not to do it too much cos you think this is boring really, but when you're in a group or you're with someone you've gone to see specifically you can actually be boring if you like, or whatever, and it feels ok, it's acceptable cos you do your share of listening as well, it's a two way thing.' (Claire)

6.2. Emotional and psychological wellbeing impacts

Emotional and psychological wellbeing [6] are closely linked but can be broadly characterised as follows. Emotional wellbeing (hedonia):

- **Positive affect:** cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.

- **Avowed quality of life:** mostly or highly satisfied with life overall, or in domains of life.

Psychological wellbeing (positive psychological functioning):

- **Self-acceptance:** holds positive attitudes toward self, acknowledges, likes most parts of personality.

- **Personal growth:** seeks challenge, has insight into own potential, feels a sense of continued development.

- **Purpose in life:** finds own life has a direction and meaning.

- **Environmental mastery:** exercises ability to select, manage and mould personal environs to suit needs.

- **Autonomy:** is guided by own, socially accepted standards and values.

- **Positive relations with others:** has, or can form, warm, trusting personal relationships.

Participants referenced many other positive impacts of accessing support through ABiS that broadly fall into the categories of emotional or psychological wellbeing.

Relaxation or stress relief was commonly mentioned as a benefit of ABiS projects, with participants pointing out that having someone to talk to or doing an activity could have a calming effect and help with managing other aspects of life.

'Yeah I do feel different, it relieves stress, I can kind of switch off, just lose yourself in the music.' (Christine, Tuneless Choir)

'It was very, very relaxing for that hour and there were loads of craft materials and you could literally forget everything and just do anything and you just relaxed for that hour.' (Elaine)

These benefits often extended beyond the programme meaning that people felt ***better able to cope with other stresses or difficulties*** in their lives. For example, Jane described how going to counselling had helped her to be more patient with her partner who had dementia:

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[6] See again: Provencher, H. and Keyes, C. (2011) Complete mental health recovery: bridging mental illness with positive mental health. *Journal of Public Mental Health*, Vo 10 No 1, pp 57–69.

'I probably would have lost my temper more often and probably got more impatient more often. I do now, I'm not saying I don't, but I think it helps, you're more contained, you don't explode as often, cos when somebody doesn't remember anything anymore it is very, very hard.' (Jane)

Pamela also noticed a ***sense of calm*** after attending counselling, although did struggle with depression again once the counselling sessions had come to an end:

'When I first stopped going I felt calmer and different in myself but as the weeks went on and I realised I wasn't going back then I just gradually got back to my depression.' (Pamela)

Participants attending group sessions, particularly the Start-Up groups, often reported that the ***groups made them happy and that they really looked forward to attending***. Again, this was often linked to being a distraction from other life stresses:

'When you come here you forget what's going on. When you come here you see you're not the only one with whatever problem, there's others, and for that time you can forget, have a good joke and a laugh, share recipes and it makes a lot of difference.' (Zainab, Asian Women's Group)

'It makes me feel happy when I sing so I think the whole thing about it just makes you feel good […] it's just "have fun and enjoy it and have a laugh". They said all they did all weekend [at a performance with other choirs] was laugh, there's nothing better for you than that. (Christine, Tuneless Choir).

As discussed, the ***mental health benefits*** of ABiS projects were also frequently mentioned by participants. While counselling was directly aimed to improve mental health, group activities were often reported to have this impact too. This was linked to getting out of the house more and doing something they enjoyed:

'I always felt better when I came away because you were doing something that you wanted to do and you enjoyed instead of trying to do things that you know you should be doing but you can't manage it as in household cooking, cleaning, caring, it's such an effort to do, even self-care.' (Elaine)

Linked to this, participants frequently mentioned that ABiS activities allowed them to have ***time for themselves or do something for themselves***, which may have been difficult previously due to caring commitments:

'I'm happier, I sing more again, I might start saying no a few more times. I did find that I put a lot of effort in before I went away for the weekend to make sure my daughter was alright and if she wasn't who was going to pick up my granddaughter and there are still things that worry me about not being around, but I've got a small family but a supportive family so they can pick up the pieces for each other sometimes without always relying on me.' (Kate and Carol, Tuneless Choir).

For some, support from ABiS projects had given them ***confidence*** to go out, with someone else or independently. For example, Richard suffered with Post Traumatic Stress Disorder (PTSD) and Parkinson's, but Peer Mentoring had helped to rebuild his confidence:

'I must admit when we went into the village for the coffee mornings and so on that gave me confidence to go out and do it on my own so that was something positive that came out of it all.' (Richard)

For others, having a specific reason to leave the house such as through attending a group or activity, gave them the confidence to do so:

'One of the women who's disabled lives alone and the last time she came in her wheelchair about a mile, I sat next to her and she said to me 'it's great this, I love my independence'' (James, High Five Group)

6.3. Understanding the relationship between social, emotional and psychological wellbeing and isolation and loneliness

As previously discussed, reductions in loneliness and isolation were not often mentioned by participants as direct impacts of the projects but were clearly connected to other outcomes and wider factors that participants referred to. Our analysis suggests that the way that ABiS interventions contribute to social, emotional and psychological wellbeing is a particularly important part of this process.

We have found that ABiS interventions contribute to social wellbeing by supporting participants to improve their existing relationships and build new ones, contributing to a greater sense of belonging within those social groups. In many ways social wellbeing is the flipside of social isolation and loneliness in that is describes a state in which an individual has access to, and feels positive about, their social contacts and relationships. Group-based support and opportunities at a community level, such as those provided through Start-Up, appear to be particularly effective at enabling long term improvements in social wellbeing. These improvements in social wellbeing, often characterised by reductions in social isolation and loneliness, can provide a platform for improvements emotional and psychological wellbeing. By improving their social relationships ABiS participants became happier, less stressed, more relaxed and were able to approach life with a greater sense of purpose.

However, this qualitative research has also found that some older people who are socially isolated and lonely may not have the confidence to engage in group-based social activities without prior one-to-one support. For these participants, it was necessary to focus on improving their emotional and psychological wellbeing before their social wellbeing could improve (and their isolation and loneliness reduce). Where ABiS participants were able to access one-to-one therapeutic interventions such as Wellbeing Practitioners, this provided a vital first step in this regard and some participants with low levels of emotional and psychological wellbeing were able to progress to more group-based activities. However, the time limited nature of the programme, coupled with the complex needs and deeply entrenched issues facing some participants, meant that not all ABiS participants were able to take this step and for some, group-based support may never be appropriate, and therefore progress should be understood in the context of individual's needs and circumstances. Future programmes seeking to reduce social isolation and loneliness should consider how different interventions are joined-up, and participants supported to develop personalised exit strategies and plans for accessing other forms of appropriate support, so that the benefits can be sustained by as many people as possible.

Conclusion: implications for voluntary and community interventions addressing isolation and loneliness

This report has presented in-depth qualitative insights about the experiences and outcomes of older people who have participated in or engaged with ABiS interventions since 2015. Although the focus of these interventions was social isolation and loneliness, the research also explored a range of other outcomes and factors associated with the social determinants of health such as physical and mental health, wellbeing and community involvement and participation.

The main findings of this study suggest that different types of intervention are more appropriate for different groups of older people, depending on their needs and personal circumstances:

- **Group-based activities** provided at a community level are effective for older people who are 'ready' to engage but need access to activities that help reduce their isolation and loneliness and open up a wider range of opportunities such as social action, civic participation and skills development. These group-based activities can be relatively low cost to set up and sustainable to deliver, but need to be available at sufficient scale across different communities to reach enough people to maximise their impact.

- Some older people may need **one-to-one therapeutic support** to address acute psychological, social and emotional barriers that have left them socially isolated and lonely. These participants may be able to move on to group-based opportunities following a period of one-to-one support but this may not be appropriate for everyone. One-to-one support is more resource intensive, and can only be provided on a time limited basis. Therefore, participants should be supported to develop personalised exit strategies to enable them to access other forms of support and ensure that the benefits can be sustained by as many people as possible.

The study has also identified a number of other key success criteria for voluntary and community sector-led interventions addressing social isolation, loneliness and some of the wider social determinants of health:

- Providing older people with a range of ways to access support - formal and informal – is vital. People developing interventions should make sure they have

- strategies for referring participants to, and receiving referrals from, other community-based initiatives such as social prescribing, as well as statutory provision.

- All interventions – whether group-based or one-to-one – need to be responsive to individual needs and support should be provided in a way that is person-centred and flexible. Voluntary and community sector organisations are well placed to do this due to their values and deep connections within communities.

- Volunteering has a key role to play, both in the provision of support for isolated and lonely people, and as a progression opportunity for people who are keen to support others.

- People developing interventions should be aware of, and make provision to, support older people to overcome, barriers to support, which can be personal and/or structural.

Appendix 1: Overview of ABiS interventions

Table A1.1: Summary of ABiS 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 A1.2: Summary of ABiS 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, and develop new connections through events that bring people together and celebrate the diversity of the community.	Local people aged 50 and over and their neighbours, plus community and local services.	2017/2018
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

Appendix 2: Overview of interview participants

Table A2.1: Participant profiles

Participant (pseudonym)	Gender	Method	Projects accessed	Service level
Sara	Female	Interview	Ageing Better Champions	Participant
Louise	Female	Interview	Ageing Better Champions	Participant
Mark	Male	Interview	Ageing Better Champions	Participant
Claire	Female	Interview	Ageing Better Champions	Volunteer
Patricia	Female	Interview	Ageing Better Champions	Participant
Rebecca	Female	Interview	Ageing Better Champions; Peer Mentoring	Volunteer
Karen	Female	Interview	Peer Mentoring	Volunteering
Rachel	Female	Interview	Peer Mentoring	Participant
Asian Women's Focus Group	All female	Focus Group	Start-Up	Participants
Sameera, Asian Women's Focus Group	Female	Interview	Start-Up	Coordinator
Afsheen, Asian Women's Focus Group	Female	Interview	Start-Up	Participant
Zainab, Asian Women's Group	Female	Interview	Start-Up	Participant
Nisha, Asian Women's Group	Female	Interview	Start-Up	Participant
Mirha, Asian Women's Group	Female	Interview	Start-Up	Participant

Participant (pseudonym)	Gender	Method	Projects accessed	Service level
Farheen, Asian Women's Group	Female	Interview	Start-Up	Participant
Beverly and Jim, Tuneless Choir	Female and Male	Group Interview	Start-Up	Participants
Kate and Carol, Tuneless Choir	Female and Female	Group Interview	Start-Up	Participants
Christine, Tuneless Choir	Female	Interview	Start-Up	Participant
Janet, Tuneless Choir	Female	Interview	Start-Up	Participant
Paul, Tuneless Choir	Male	Interview	Start-Up	Volunteer; Participant
Adam, Tuneless Choir	Male	Interview	Start-Up	Participant
Steven, High Five Group	Male	Interview	Start-Up	Volunteer; Participant
James and Paula, High Five Group	Male and Female	Group Interview	Start-Up	Participants
Caroline	Female	Interview	Wellbeing Practitioners	Participant
Mary	Female	Interview	Wellbeing Practitioners	Participant
Elaine	Female	Interview	Wellbeing Practitioners	Participant
Jane	Female	Interview	Wellbeing Practitioners	Participant
Pamela	Female	Interview	Wellbeing Practitioners	Participant
Richard	Male	Interview	Wellbeing Practitioners; Intergenerational Skills Swap	Participant
Helen	Female	Interview	Wellbeing Practitioners; Peer Mentoring	Participant
Sandra	Female	Interview	Wellbeing Practitioners; Peer Mentoring	Participant; Volunteer
Philip	Male	Interview	Wellbeing Practitioners; Peer Mentoring	Participant