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Evaluation of Age Better in Sheffield

Second annual report: early evidence about outcomes

October 2017

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Executive Summary

Age Better in Sheffield (ABiS) is a six year £6 million investment by the Big Lottery Fund to **reduce isolation and loneliness amongst older people** in the city. It is being led by South Yorkshire Housing Association (SYHA) and delivered in partnership with the voluntary sector, public sector, and older people across the City. This report provides some early evidence of the outcomes experienced by ABiS participants, focussing on the first two years of the project (April 2015[1]-March 2017).

It discusses what we have learnt so far about the progress of the project, providing some initial answers to a number of key questions

Who has participated in Age Better in Sheffield?

The project has reached a wide range of people from across the City. Overall, 1,348 people engaged with at least one of the project's commissioned services during the first two years of delivery. The most commonly accessed service was the Well-being Practitioners, which accounted for more than two-fifths of participants (41 per cent), followed by Age Better Champions (23 per cent), Access Ambassadors (11 per cent) and Peer Mentoring (9 per cent). Some of the key characteristics of these participants were:

- 88 per cent were aged 50 or older. This included 57 per cent who were 51-70 and 31 per cent who were aged older than 70.
- The project was accessed by more women than men: 70 per cent of participants were female and only 29 per cent were male.
- 16 per cent of participants were from non-White British ethnic groups compared to Sheffield as a whole where only seven per cent of the population aged over 50 is of BAME origin.
- 61 per cent reported having a disability and 11 per cent had caring responsibilities.
- 53 per cent of participants lived alone and the highest numbers of participants were from Southey, Manor Castle and Gleadless Valley.

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

During the first two years of service provision the project engaged with a largely lonely group of people. More than a quarter of participants (26 per cent) were classified amongst the 'most lonely' according to the De Jong Gierveld Loneliness Scale whilst almost three-fifths (60 per cent) reported high levels of loneliness on this scale. This is much higher than amongst the wider population of older people in 'hot spot' areas being targeted across the City.

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

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

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

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

The early signs are positive: there is evidence that levels of loneliness have reduced for many participants six months after an initial ABiS intervention. There was a 12 percentage point reduction in number of 'lonely' participants and a 4.5 percentage point reduction in the number of 'most lonely' participants. Overall, 43 per cent of participants were less lonely after six months and only 21 per cent were more lonely. Levels of 'emotional' loneliness[2] reduced by a greater amount than levels of 'social' loneliness[3].

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

The picture here is more mixed: whilst overall levels of mental well-being had improved after six months there were not equivalent improvements in health related quality of life. Two-thirds of ABiS participants (66 per cent) reported improved mental well-being and only a quarter (25 per cent) reported a reduction; but equivalent proportions reported an increase (31 per cent) and a decrease (32 per cent) in health related quality of life.

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

It is too soon say with any certainty what impact Age Better in Sheffield has had on the improvements in outcomes such as loneliness, isolation and mental well-being; or what types of intervention are associated with different and better outcomes. Similarly, we cannot yet explain why the improvements in isolation, loneliness and mental well-being have not translated into improvements in health related quality of life.

Understanding outcome change will be a focus of future evaluation analysis and reporting: as more detailed quantitative and qualitative data becomes available we will be able to develop a more in depth and focussed understanding of outcomes and impact that can be used to shape the future delivery of the project and inform discussions about the legacy and future commissioning of ABiS interventions.

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

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

1 Introduction

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

The purpose of this report is to discuss some of the early evidence about the outcomes associated with ABiS interventions. Its focus is the first two years of the project (April 2015-March 2017) and it covers the following:

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

Evaluation methodology

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

- Quantitative data is being collected through a survey of older people accessing services provided by the ABiS Delivery Partners. A survey is completed when people first access a service and then at regular intervals throughout their engagement with the project.[4]
- Qualitative data on participant's experience of ABiS interventions is being collected by a team of peer researchers who have received training and support from the CRESR Evaluation Team.

This report focusses on analysis of the quantitative evaluation data. A report discussing the qualitative findings, including input from the peer-researchers, will be produced later in the year.

What is Age Better in Sheffield?

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

[4] The questionnaire has been designed to provide data for the National Evaluation of Ageing Better Common Measurement Framework (CMF)

In 2015 ABiS commissioned four local Delivery Partners to provide seven types of interventions based on the principles of the 'five ways to well-being'.[5] By the end of March 2017, 1,348 people had been involved in these interventions and provided basic information on their personal characteristics. Within this group 635 people had accessed these services and completed a baseline survey. Of these, 202 people had completed both a baseline survey as the start of the intervention and at least one follow-up survey.

Table 1.1: Summary of Age Better interventions and Delivery Partners

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

[5] 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/

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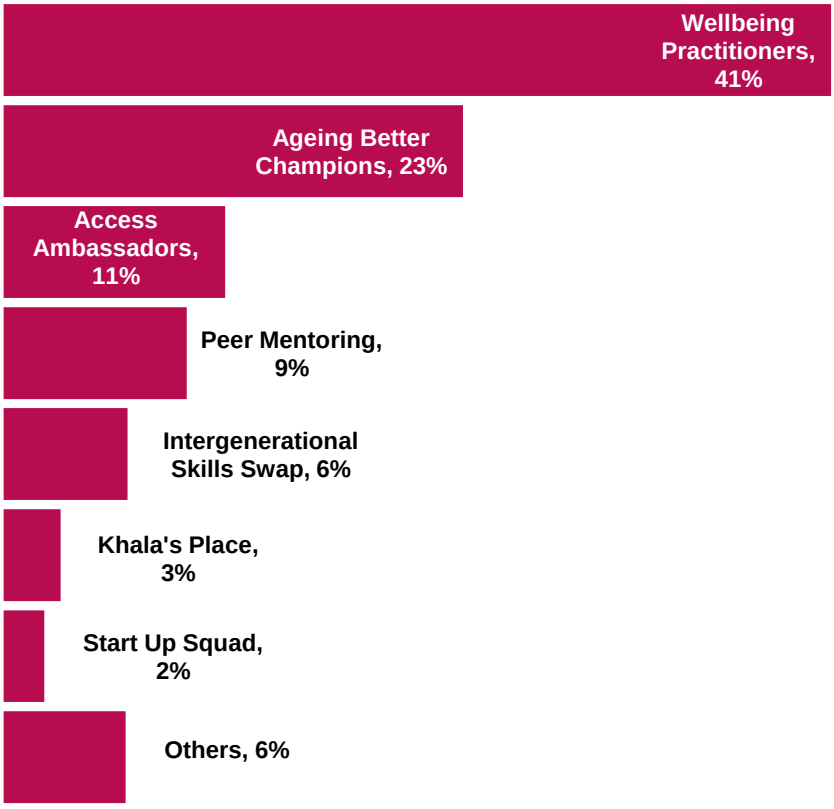
Who has participated in Age Better in Sheffield?

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

Which services have people participated in?

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

Figure 2.1: Proportion of participants engaging in each ABiS service



In which areas do participants live?

The highest numbers of participants were from Southey. The services also had high numbers of users from the 'hot spot' target areas of Manor Castle and Gleadless Valley.

Table 2.1: Number of participants in each area

What is the age profile of participants?

The vast majority of participants - 88 per cent - were aged 50 or older. This included 32 per cent who were 51-60, 25 per cent who were 61-70, 14 per cent who were 71-80 and 17 per cent who were older than 80.

What is the gender balance of participants?

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

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

Sixteen per cent of participants were from non-White British ethnic groups (a further three per cent did not specify). The most common BAME group was Asian or Asian British – Pakistan (eight per cent) followed by Black or Black British – Caribbean (two per cent). In Sheffield as a whole only seven per cent of the population aged over 50 is of BAME origin which suggests that BAME groups are significantly over-represented amongst Age Better in Sheffield participants. This is important, as the wider evidence base suggests that the uptake of community level health and social care services by people from BAME communities is typically very low, and that

people from BAME communities face a number of barriers to accessing these types of services[6].

What proportion of participants have a disability?

Just over half of participants - 61 per cent - reported having a disability at the time of the baseline interview. Of these nearly half - 49 per cent - had mobility problems, around two-fifths (38 per cent) had mental health problems, one in eight (12 per cent) had hearing problems, five per cent had visual problems and three per cent had a learning disability.

What proportion of participants are carers?

Around one in ten participants - 11 per cent - considered themselves to be carers. In most cases this was for a family member.

What proportion of participants live alone?

Just over half of participants - 53 per cent - lived alone so might be considered 'most at risk' of isolation and loneliness at the time of the baseline survey. At this point, 21 per cent lived with a spouse or partners, 18 per cent with family but only one per cent in residential accommodation.

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

3 Outcomes

The questionnaire included a series of outcome measures against which the progress of ABiS can be evaluated. The three central outcomes are:

- Loneliness
- Mental well-being
- Health

At this stage in the evaluation process it is possible to use these measures to understand the circumstances of ABiS participants when they first engaged with the project (baseline) and explore how this had changed after six months.

Baseline circumstances

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

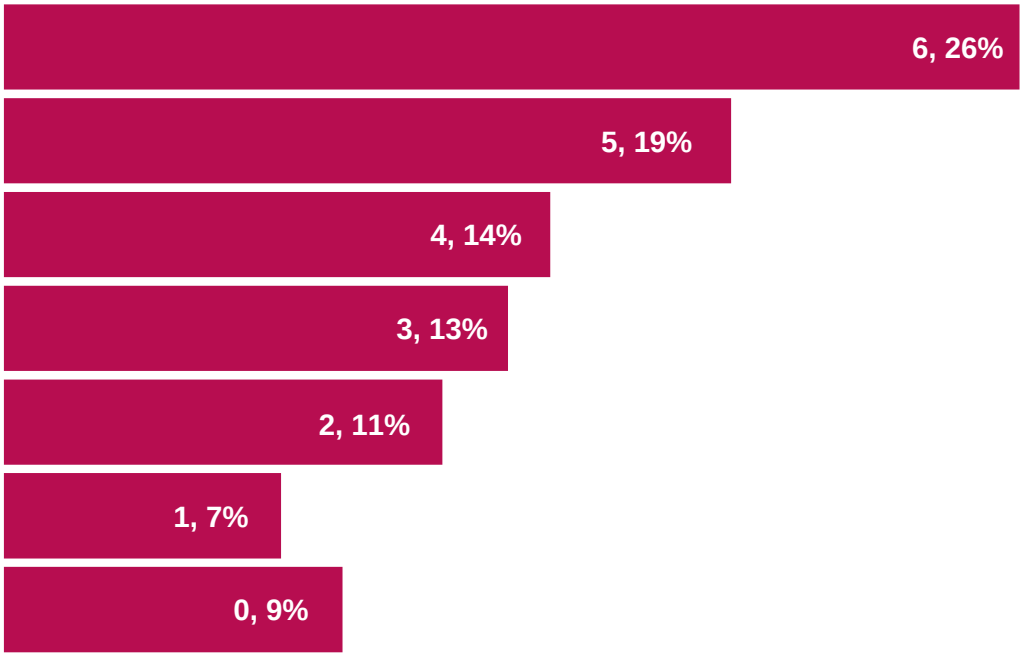
Is Age Better in Sheffield reaching the loneliest and most isolated people in the City?

The loneliness of ABiS participants is being measured through the De Jong Gierveld 6-Item Loneliness Scale[7]. Their responses to the baseline survey suggested that they are a largely lonely participant group: 60 per cent provided a score of four or higher and 26 per cent were in the in 'most lonely' category (six). An overview of responses is provided in figure 3.1

These responses can be compared to those of participant's in the National Evaluation's 'Impact Survey' which was undertaken to establish a series of national and local baselines against which to measure the progress of the programme according to key outcomes. In Sheffield, the survey was conducted with 444 people aged 63 and over living in the 'hot spot areas of Beauchief and Greenhill, Burngreave, Firth Park, and Woodhouse between October 2015 and June 2016. One of the outcome measures used in the survey is the De Jong Gierveld Loneliness Scale. In the baseline survey in Sheffield only 21 per cent provided a score of four or higher, with only five percent providing a score of six and classified as the 'most lonely'. This indicates that **loneliness was far more prevalent amongst ABiS participants** than in the wider target Sheffield population, and suggests that **the project is reaching a high proportion of the most lonely people in the City**.

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

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



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

The mental well-being of ABiS participants is being measured through the Short Warwick Edinburgh Mental Well-being Scale (SWEMWB) [8] . An overview of responses is provided in figure 3.2 which indicates that participants' overall levels of mental well-being are lower than in the general population: the average SWEMWBS score of ABiS participants in the baseline survey was 19.4 compared to 23.6 (the highest score possible is 35) in the general population (Health Survey for England, 2011). Overall, 77 per cent of ABiS participants provided a SWEMWBS score of less than 23 in the baseline survey.

How healthy are the participants in Age Better in Sheffield?

The health related quality of life of ABiS participants is being measured through EQ-5D. An overview of responses is provided in figure 3.3, which suggests that their overall health is lower than in the general population: the average EQ-5D score of ABiS participants in the baseline survey was 0.509 compared to 0.786 in the general population aged 55-64. Overall, 79 per cent of participants provided a baseline EQ-5D score of 0.75 or less.

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

Figure 3.2: Overview of SWEMWBS responses for ABiS participants

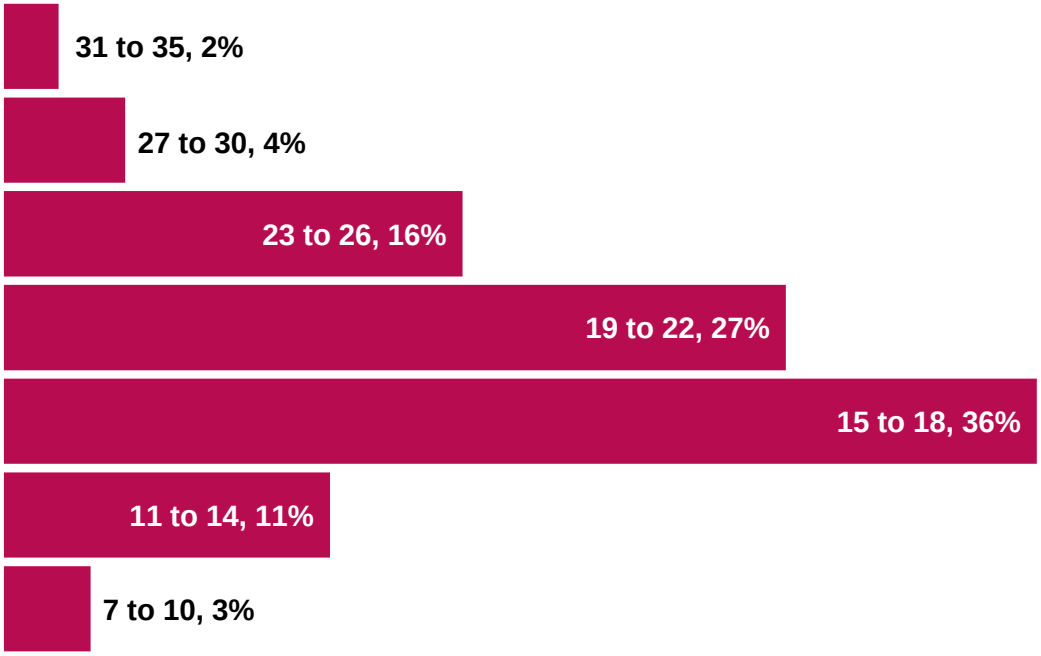
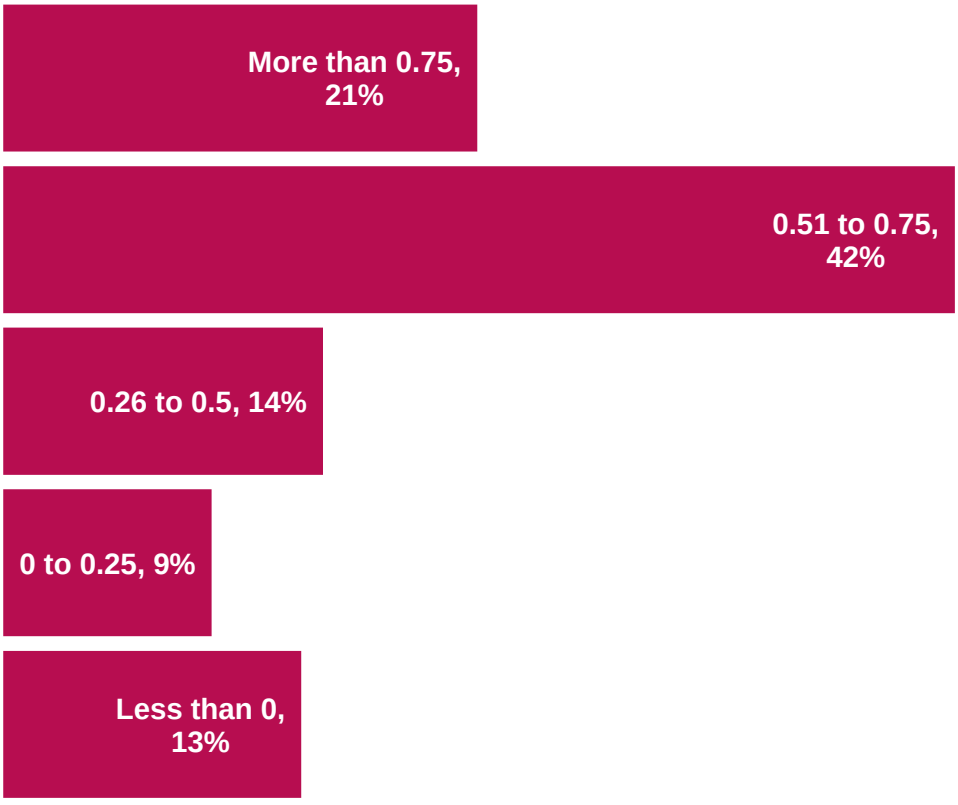


Figure 3.3: Overview of EQ-5D responses for ABiS participants

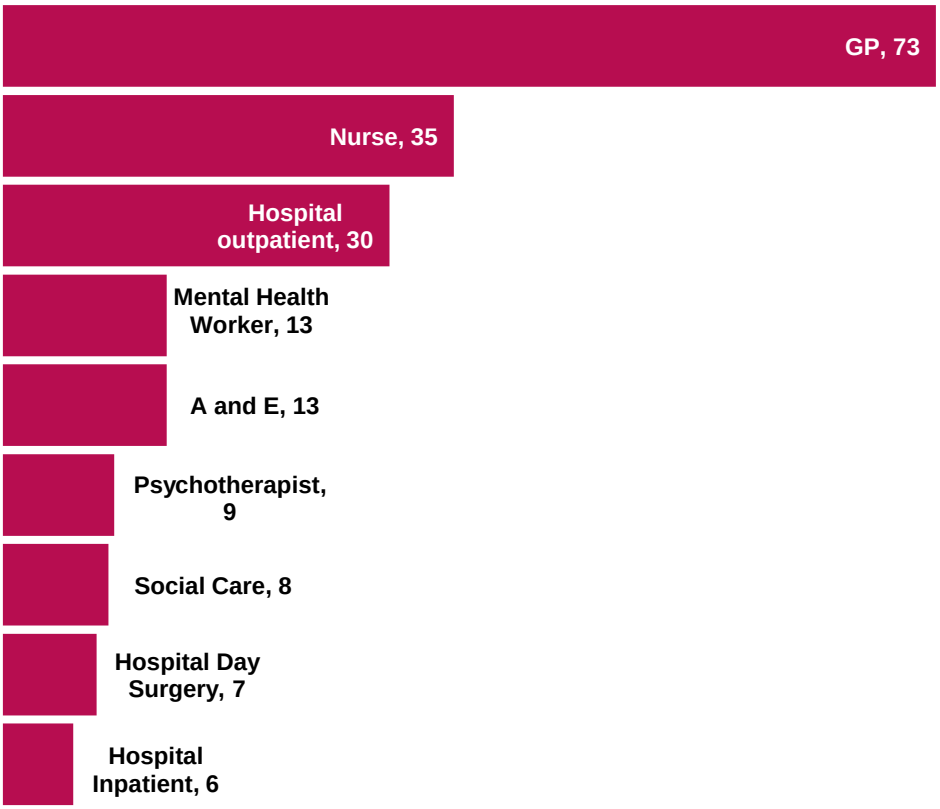


How much use do participants in Age Better in Sheffield make of health and care services?

ABiS participants were asked to recall the number of times they had accessed key health and care services in the past three months. Their responses show that most were not high users of primary or social care apart from the GP: 73 per cent had visited their GP at least once but very few had used other types of services. Use of

secondary care amongst ABiS participants was also low: only 13 per cent attended Accident and Emergency and only six per cent had an inpatient stay in the three months before engaging with the project.

Figure 3.4: Overview of participants' use of health and care services (percentage of participants at least one attendance)



Outcome Change

Now that ABiS has been up and running for two years it is possible to use the survey data to begin exploring outcome change for participants. The analysis presented in this section draws on baseline and follow-up survey responses for 202 participants to analyse outcome change six months following their first involvement with one of the ABiS interventions.

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

There is evidence that levels of loneliness in ABiS participants had reduced in the first six months following the intervention: overall, almost four-fifths of participants (79 per cent) reported loneliness levels that were the same or lower (Figure 3.5).

This translates into a 12 percentage point reduction in the number of 'lonely' participants (score of 4 or higher) and a 4.5 percentage point reduction in the number of participants in the 'most lonely' category (score of 6). Within this there are signs that levels of 'emotional' loneliness[9] reduced by a greater amount than levels of 'social' loneliness[10]: There was a 10 percentage point reduction in the number of

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

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

participants who were the most 'emotionally lonely' and only a three percentage point reduction in no of participants who were most 'socially lonely'.

Figure 3.5: Change in De Jong Gierveld 6-Item Loneliness Scale responses for ABiS participants between wave 1 and wave 2

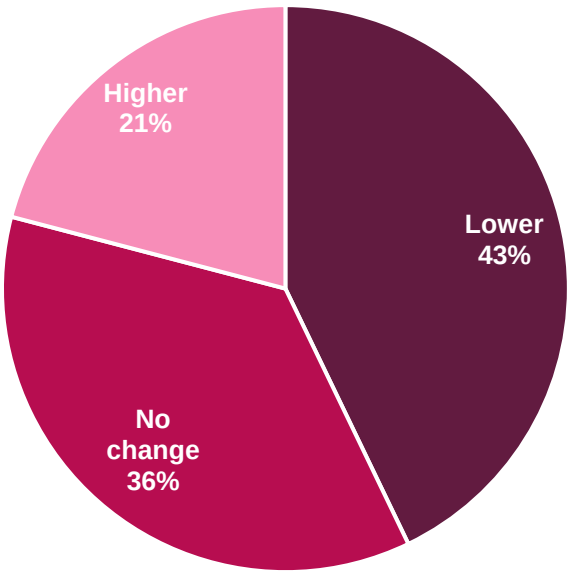
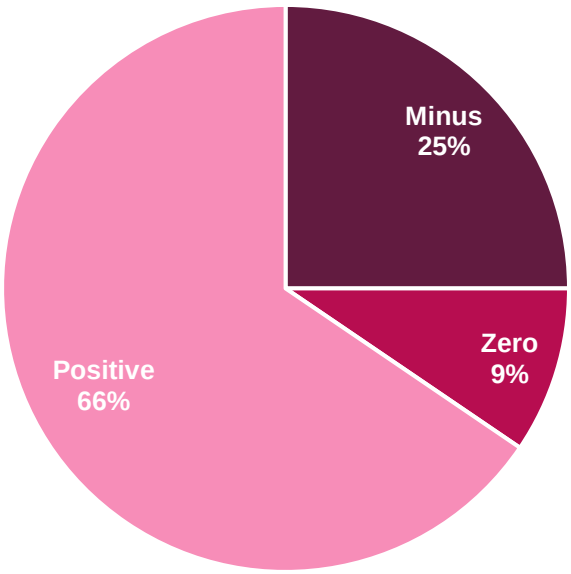


Figure 3.6: Change in SWEMWBS responses for ABiS participants between wave 1 and wave 2



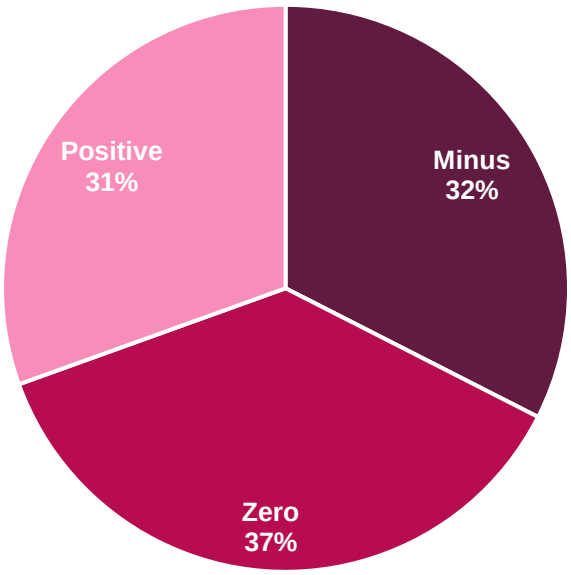
What changes have there been to the mental well-being of participants?

There is also evidence that the mental well-being of ABiS participants had improved in the first six months following the intervention: two-thirds of ABiS participants (66 per cent) reported higher levels of mental wellbeing according to the SWEMBWS scale in wave 2 (see Figure 3.6).This translates into an increase in the average SWEMBWS score from 18.9 at baseline to 21.2 at follow-up amongst participants who completed both waves of the survey.

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

In contrast to loneliness and mental well-being, there was no clear pattern of change in the health related quality of life of participants in the first six months following the intervention (see Figure 3.7): around one-third who reported better health, another third reported worse health and slightly more than a third who were about the same. This meant there was no overall change in the mean EQ5D score for those who completed both the baseline and follow-up survey.

Figure 3.7: Change in EQ5D score for ABiS participants between wave 1 and wave 2



4 Conclusion and next steps

This concluding section summarises the key findings from the first year of the evaluation and outlines next steps in terms of data analysis.

Key findings

Although it is too early to draw any firm conclusions from this evaluation report about the success of Age Better in Sheffield, the early signs are positive. There are a number of key findings in terms of the types of participants engaging in the project and the emerging evidence about short-term outcome change:

- ABiS has reached more than 1,300 people in the first year of delivery, including almost 90 per cent who were aged over 50 and almost a third who were aged over 70.
- A significant proportion of ABiS participants - 60 per cent - can be classed as 'lonely', with more than a quarter amongst the 'most lonely'.
- ABiS has reached more women than men: 70 per cent of participants were female and only 29 per cent were male.
- ABiS has made good progress in engaging BAME communities: although only 16 per cent of participants were from non-White British ethnic groups this compares positively to Sheffield as a whole, where only seven per cent of over 50s are of BAME origin.
- Participants in ABiS tend to report lower levels of health and well-being than the general population but this does not translate into high levels of health and care service use: apart from their GP, a large majority of participants had not engaged with primary or secondary care on a regular basis before becoming involved with the project.
- In terms of outcomes, significant numbers of ABiS participants have experienced reductions in social isolation and loneliness and improved mental well-being, with improvements more likely for both outcomes than deterioration. Although there have not been equivalent improvements in health related quality of life at this point, these are likely to take more time to materialise and can be affected by a wide range of external factors associated with ageing.

Next steps for data analysis

A long term objective of the local evaluation of ABiS is to understand the relationship between outcomes and impact and different types of ABiS intervention. For this second evaluation report it is too early to make an assessment about participants' distance travelled in these areas as insufficient time had elapsed following the start of ABiS interventions for sufficient follow-up data to have been collected. However, understanding participant journeys and distance travelled will be a main focus of subsequent annual evaluation activity.