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The Neighbourhood Links Project

Final Evaluation Report
April 2014

For Torridge
Voluntary Services

Helen Donnellan &
Professor George Giarchi

School of Health Professions,
Faculty of Health & Human Sciences,
Plymouth University

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EXECUTIVE SUMMARY

The Executive Summary provides a very condensed record of the principal aspects of the Neighbourhood Links (NL) study, its findings and conclusions. The full text which follows the summary provides more data and a wider, more comprehensive discussion of the issues that have emerged.

SUMMARY FINDINGS

While a raft of challenges undoubtedly remains, there is good evidence throughout the evaluation that NL has successfully established itself in the Torridge district of North Devon through an on-going and positive programme of activities aimed at raising the project's presence and profile and developing high levels of confidence and trust amongst older people in its staff, its volunteers and its services.

With a more 'professional' image, the project is now well placed to target stronger and more focussed partnership arrangements with other key agencies and organisations in the locality especially through links with primary and secondary health professionals and also those working for local authorities in social care and social work settings. Its potential to become the primary source of information and sign-posting for older people throughout the district has been well-established and both staff and volunteers indicated their commitment to continue, long term, to meet this area of need.

Despite a decreasing trend in volunteering nationally, NL has actively retained a vibrant bank of enthusiastic and committed volunteers, offering a wide range of knowledge, skills and expertise to support individual service users as well as active involvement in managing administrative tasks, delivering services and activities. Recognising hitherto 'hidden talents' and offering on-going opportunities for further development in new areas of interest and capability is a particularly positive outcome of the supportive relationships developed between skilled co-ordinators and volunteers.

On the one hand, it is perhaps a tribute to the levels of 'bonding capital' which exist in the local communities in Torridge that most volunteers and service users learned about NL and its activities through 'word of mouth' and informal social networks while on the other hand such well-established communities sometimes demonstrated high levels of resistance to change which could only be ameliorate through the slow accumulation of greater stocks of confidence and mutual trust.

Direct contact with service users was a key motivator and source of satisfaction for volunteers and staff alike so that boundaries, coping and support mechanisms are important resources that need to be continually revised and revisited to ensure that all those involved in project activities are well-supported and practicing safely. This was an area in the early stages of development for volunteers and was the subject of on-going information and training days with a view to establishing more transparent and accessible processes and procedures.

One of the project's overarching aims was to reduce loneliness and isolation. The importance of social belonging and connectedness is reflected in the survey data which showed that 2 in 3 of those rating their quality of life as very good reported never feeling isolated. Interestingly, limitations in the activities of daily living rather than age per se had a significant impact on ratings of overall well-being and of loneliness and isolation

Importantly, the survey data showed an improvement in overall life enjoyment with NL membership and a substantial increase in participation in hobby groups, social and leisure activities. Responses revealed some significant relationships between their overall enjoyment of life – reduced anxiety, loneliness, isolation and improved social well-being – and participants' experiences of NL activities and services.

There were high levels of satisfaction with NL, not only in the way that the organisation is staffed and managed but also with the ease with which registration can be arranged and perhaps most importantly, the relevance of the project and its services to the needs of older people in Torridge.

RECOMMENDATIONS

Such a wide range of positive impacts has given rise to a set of recommendations aimed at ensuring the long-term viability of NL and its community hubs from which service users and volunteers alike have found reward and increased opportunities to experience full, healthy and happy lives.

Recommendation 1: *Making central co-ordination sustainable*
To consult widely with all members and stakeholders about the introduction of membership fees and charges and what will be required in terms of central co-ordination, office base and paid staff to achieve long-term sustainability of NL services and activities.

Recommendation 2: *Creating opportunities for talking and listening*
To continue to offer and increase the range of opportunities for 'talking and listening', particularly where anxiety and depression are included in the presenting problems, in which older people are enabled to build at least one confiding relationship in a variety of ways that are of reciprocal benefit to the emotional well-being of both service users and volunteers. It has been noted that this service might usefully be extended to incorporate those living in sheltered and residential accommodation.

Recommendation 3: *Building the strength and breadth of social networks*
To continue to develop a range of activities focussing on promoting the strength and breadth of social networks, including a 'buddy system' to encourage attendance at new activities, with greater emphasis on the needs of:

- the older population, aged 80 years or over;
- men;
- those living in residential care settings;
- computer literacy at both introductory and advanced levels.

Recommendation 4: *Identifying named contacts to increase referrals*
To increase the level of referrals, taking a stronger 'case finding stance' by broadening and strengthening the range of multi-agency partnerships and establishing a more formal network of named individual contacts within relevant agencies, organisations and groups with special reference to GP practices and community hospital and health systems, social services departments, parish, district and county councils and faith groups.

Recommendation 5: *Supporting, training and developing volunteers*
To consider ways in which opportunities for volunteering might be extended to include younger people and to find ways in which opportunities can be made available for volunteers to receive regular peer support which recognises the emotional impact of some contacts and to further embed monitoring and feedback systems to ensure appropriate support and sustained commitment to the role.

Recommendation 6: *Developing a compendium of local sources and resources*
To consider the information and sign-posting needs of communities to make best use of existing provision, reducing risks of duplication and exploring ways in which for example a 'one stop shop' could be developed. It may be helpful to note that libraries were consistently mentioned as a key local resource for information-sharing.

1.0   INTRODUCTION

1.1   Background to the Study

In July 2013, Plymouth University was commissioned by TorrAGE to undertake a final evaluation study of the Neighbourhood Links Project, building on an interim study undertaken in the previous year, which had made a series of eight recommendations for on-going project development, (Donnellan & Giarchi, 2012). Well-being has been defined as feeling good and being healthy in mind and body (Berenson, 2006; Bazalgette et al, 2012) and the final evaluation study aimed to identify the key elements of the Neighbourhood Links (NL) project that have contributed to improvements in the quality of life and well-being of older residents, aged 60 plus, in Torridge, North Devon, reducing loneliness and improving social integration, thereby increasing opportunities for older people to experience full, healthy and happy lives.

Raising the quality and extent of social relationships, engagement and participation in social and civic society have been key objectives of British government policy for over a decade and more recently there has been renewed interest in the social world or the social context on the experience of ageing and later life. Loneliness is one state that is frequently used as a marker of social exclusion although three rather different interpretations are commonly involved:

- Being alone, referring to time spent alone

- Living alone, providing a factual report of household arrangements

- Social isolation, indicating the degree or level of integration with individuals and groups in a person's social environment

For the purposes of this report, loneliness is understood as an individual subjective evaluation of an individual's overall level of social interaction. It describes a deficit between the actual and desired quality and quantity of social engagement. Interpreted in this way as a subjective experience, if an individual feels lonely, then they are lonely. It is however important to acknowledge that loneliness can be derived from internal characteristics, temperament, individual mind-set and personality as well as developed from responses to changes in an individual's situation, their external circumstances or the social environment in which they find themselves. Loneliness has been linked to the availability of a confiding relationship (Victor et al, 2005), suggesting that it is not necessarily the number of relationships but their quality that is most significant.

Loneliness and isolation among older people has a serious detrimental effect on individual physical and mental health but also increases the use of health and social

care services, so that budget constraints and the increasing demand on services of an ageing population is undoubtedly an increasing cause for concern.

Health policies in the UK have increasingly focussed on shifting care away from hospitals and into community settings (RCP, 2012). The transformation of services in this way, moving commissioning away from treatment-based services to a prevention and maintenance agenda has been a core strategy of the 'Care Closer to Home' project implemented in North Devon as part of new working relationships proposed and currently being widely consulted on by the Northern, Eastern and Western Devon Clinical Commissioning Group (2014).   The emphasis of much recent work to reduce loneliness and isolation amongst older people has been part of an effort to increase community capacity and resilience, promoting individual independence and enabling a more person-centred approach to support and service provision. People become part of the solution as communities begin to look after each other, extending volunteering, where people are assisted to take on a new role and are recognised and valued. The motivation of the voluntary effort to help others from the bottom up has been a critical factor. The publication of a recent report by the Mental Health Foundation, (McCulloch, 2012) reminds us of the benefits of local altruism that feels good; it leads to a sense of belonging and helps to maintain good health. These positives also underpin our findings and those of previous research over the years.

Being older and retired has been described as 'prime time' to be creative and involved in community projects and enterprises (Manheim, 1959; Freedman, 1999; Moody, 2002; Nazroo and Matthews, 2012). Older retired people internationally indicate that they are very busy; such as is exemplified in the reports, *Healthy Ageing; a Challenge for Europe* (Berenson, 2006) and *Ageing Across Europe* (Bazalgette et al 2012). Just as there is a 'work ethic' before retirement, there is also a 'busy ethic' afterwards for large numbers of dedicated older volunteers and carers (Ekerst, 1986), motivated and inspired by concern for others (Kitwood,1990) and altruism (McCulloch, 2012).   As our report will demonstrate, older volunteers have expertise that has been acquired over many pre-retirement years. They have held jobs, built social networks and usually reared families. Older people are social capital, which local agencies can profitably draw upon. Deservedly, older volunteers are recognised as experts and they play a crucial pivotal role most especially in rural settings in reaching out to the isolated and the lonely elderly, many of whom are increasingly suffering from chronic illnesses and disabilities. .

As researchers, we have been mindful of these factors as we collate the data from the study questionnaires, interviews and focus groups and have sought to examine not only the quantity and quality of services provided by the NL project but also the way participants have felt as a result of their involvement.

2.0 STUDY DESIGN

2.1   Aims and Outcomes

The five key outcomes identified in the evaluation brief were addressed within the study as follows:

	Key Outcomes	Evidence sources
(i)	Improved physical, social and psychological wellbeing of older people	Service users – Survey & Interviews
(ii)	Reduced loneliness and improved social integration	Service users – Survey & Interviews Volunteers – Focus groups
(iii)	Improved awareness of and engagement with the needs of particularly vulnerable older people in local communities	Volunteers – Focus groups Delivery staff - interviews
(iv)	Increased responsiveness of service providers to the needs of 'hard to reach' people	Service users – Survey & Interviews Delivery staff - interviews
(v)	Increase in opportunities for older people to experience full, healthy and happy lives	Service users – Survey & Interviews Volunteers – Focus groups Delivery staff - interviews

2.2   Methods

The study used a mix of methods to obtain both quantitative and qualitative data. Consideration from a number of perspectives provided the opportunity to compare and contrast the findings and to corroborate and enhance their validity.

2.3   Participants

Participants in three categories were invited to join the final evaluation study as follows:

- **Service users**
- **Volunteers**
- **Delivery staff**

All participants were provided with an individual information sheet. Agreement to take part in the study was assumed for those who chose to return postal survey forms and confirmed in a signed and countersigned consent form for those choosing to take part in interview and focus group sessions.

2.4   Process

Service Users

All those registered with NL as at July 2013 were regarded as service users for the purposes of the evaluation study and 874 registrants were invited by letter to take part in an initial postal survey. At the same time, they were also offered separately the opportunity to take part in one of five focus group sessions in locally accessible venues in Holsworthy, Bideford and Appledore.

Completed questionnaires were returned by 147 participants (17% response rate) and from 43 expressions of interest, 17 service users took part in a total of five focus group sessions in November 2013.

Project Volunteers

The views of project volunteers were gathered by invitation to attend one of three focus groups in locally accessible locations in Holsworthy, Bideford and Appledore. A total of 73 registered volunteers were sent individual letters of invitation by post and following 13 expressions of interest (18% response rate), 6 volunteers took part in two groups held in November 2013.

It should be noted that a specific budget to meet travel expenses including taxi fares for those without appropriate transport was made available to facilitate attendance by all those wishing to participate in the evaluation's focus groups.

An interview and focus group topic guide was used to gather in-depth perceptions and opinions of services needed, offered and delivered from the perspective of each participant.   Sessions lasted between 1 ½ to 2 hours and with the permission of all those taking part, each session was recorded and transcribed for the purposes of analysis.

Although low, response rates were considered to be in line with those normally expected from an uninvited postal survey and were sufficiently robust to support the statistical analyses and subsequent conclusions reported in Sections 4 and 6. Assumptions, limitations and mitigations are set out in Section 7.

Delivery Staff

Three members of the management/delivery staff took part in individual interviews, one face-to-face and two by telephone, each lasting between 45 – 55 minutes, between November 2013 and April 2014.

3.0   DATA COLLECTION

It is important to note that it was not the intention to collect personal data in any of the study activities. All records were anonymised, using a sequential research

reference number, and responses were forwarded direct to the evaluation team at Plymouth University. Plymouth University researchers used appropriately encrypted laptop or personal computers which were also password protected for the collection, analysis and storage of all data.

3.1   Ethical Considerations

As part of the standard procedures within Plymouth University and to provide validation of the evaluation team's commitment to the principles of equality of opportunity, anti-oppressive practice and the right to confidentiality of those involved at all levels in the study, the proposal was reviewed and approved by the university's Faculty of Health Human Ethics Sub-Committee.

3.2   Informed consent

Full informed consent from all participants to their involvement in the study was sought through the provision of an information sheet and opportunities to ask questions and seek further advice from either the university research team or the project development worker before deciding whether to take part or not. Individual informed consent was confirmed in a signed /countersigned consent form immediately prior to participation in a focus group or interview

3.3   Confidentiality

The Centre for Health & Social Care Innovation is fully compliant with all requirements of the Information Commissioner's Office. In accordance with good research practice, the research team recognised the data protection principles set out in the Data Protection Act 1989, and operated within the spirit of the law:

- Using data only for the purposes originally specified
- Collecting accurately only that which is actually needed
- Retaining data no longer than is necessary
- Keeping data securely in a locked cabinet and on specified computers only with encryption and password protection on computer-held records
- Prohibiting distribution of any data to other organisations.

3.4   Data Analysis

Quantitative data was coded and analysed using the Statistical Package for the Social Sciences (SPSS). Digital recordings from focus groups and interviews were transcribed for initial collation and coding, using NVIVO, a specialist qualitative analysis computer programme. Initial categories were sorted, compared and refined as data sets were built up. Emerging trends and themes were extracted and have informed the findings and recommendations for inclusion in this report.

4.0 FINDINGS

This report brings together all of the themes which have emerged from analysis of both quantitative data as well as the more qualitative material drawn from individual comments and opinions in the interview and focus groups. Extracts in quotation marks throughout this section of the report are direct quotations taken from interview and focus group transcriptions, exactly as they were spoken by each participant and reported without alteration or amendment for grammatical correctness.

The findings are reported from three perspectives in the following sections:
- Project delivery
- Volunteers
- Service users

4.1 Project delivery

The information reported in this section relates to the themes and issues which emerged from interviews with three members of the project delivery and management team, which took place between November 2013 and April 2014.

Staffing and the office base

The project is being delivered by a development worker and volunteer coordinator together with a part-time administrator. Volunteers provide help with some general office duties on a regular, weekly basis. All paid staff are based in the shop adapted for office use in Torrington. The identifiable office base had played an important part in establishing a recognisable presence in the community to promote trust, confidence and engagement with potential volunteers as well as service users, expressed as follows:

> "And I can't quite put my finger on it …. The fact that we're based in Torrington, the fact that we get a lot of Torrington referrals and we get a lot of Torrington volunteers. There's something about actually having an office base there …. The volunteers like to come in and see us …. And they can pop in and discuss if they've been out to see a service user and they weren't very well or something was wrong…"

Managing change

The stakeholder management committee, which had been key to the pre-proposal planning and development stages of the project, was no longer meeting in formal sessions within 18 months of project implementation. As a result of maternity leave and a career change for two other key members of staff, a number of new appointments had been made during the course of the project. The potentially negative impact of the loss of continuity in front line delivery was recognised although the different perspectives and new enthusiasms and energy of new staff was also valued as follows:

"I think from my point of view, the changes of staffing have been difficult because you do feel like you lose momentum, which is natural, but then those that have come in, like you say, have brought different things and new energy so that's been good as well"

Uncertainty provoked by the approaching end of the current funding stream had hindered development to some extent, especially where the expectations of service users needed to be managed, as the extracts below suggest:

"Yes it is hard to make future plans ….. and more important for me is that I don't want to put service users in the position where they are used to having a service. And I think that's the sad thing about it, that we encourage people to take part in a service, to have the service, and then when the funding finishes it's gone."

"The last year of a project brings real anxiety. Staff realise funding is coming to an end ….. but we've got a funding application in and we're waiting to see but we just don't know and it's as simple as that."

At inception, NL hubs had been designed to be locality-based, free-standing legal entities led by volunteers in official roles - chair, secretary, treasurer. As the project evolved this requirement had been amended to facilitate greater flexibility and a range of approaches to service delivery illustrated by the following comments:

"My thought with the hubs idea is that in principle it's a brilliant idea but in practice, it doesn't work. They are too reliant on our support."

"I personally think that the legal entity side of things takes away the emphasis on a community hub."

Development work became focussed on networking and providing the 'glue' between communities that wanted a formalised hub while at the same time providing support and management infrastructure where people wanted to volunteer on a more individual basis.

Promoting and developing the service

A new marketing strategy aimed at increasing registrations had been implemented to emphasise that 'voluntary sector' is not a synonym for 'amateur', expressed in the following extracts:

"Just because we're the voluntary sector doesn't mean we are not professional. If we are professional in everything we do and look professional then people expect the best service and they're more likely to want to attend your events and more likely to want to volunteer because they see the support that is available."

"I think those are the things we need to work on, to give an assurance to the statutory agencies that we run a very tight ship and that we are part of the offer and

not just an extra … an addition, just something to refer on to … we can be part of the whole package."

Developing the NL and TorrAGE 'brand' included a project logo and re-designed information leaflets, posters and portable banners which, despite initial opposition from some staff and volunteers, delivered three-fold benefits:

- the presence and profile of the project was raised across the district through the development of a readily recognisable and trusted logo;
- re-designed information leaflets creating a more professional image which attracted paid-for advertising to offset up to 80% of the costs of leaflet production;
- new partnerships were established with advertisers, for example, the local fire service, who were keen to promote their safety messages to exactly the population registered with NL.

Working with volunteers
Participants made reference to referrals for services from a range of other professionals including doctors, occupational therapists and social services' complex care teams. Some concerns were raised about the level of need of some service users referred by these outside agencies. This posed challenges in managing the drive to respond positively, to provide a prompt and reliable service whilst also protecting volunteers from exposure to inappropriate roles and tasks, expressed as follows:

> "And then we have to assess whether that is right for a volunteer and what our volunteers are volunteering to do. And that's a challenge in its own right, in managing that referral because we are now finding that before the service became as widely known as it is now, it was very easy to assess. Now we have to assess every referral that comes in before we allocate it to a volunteer to really make sure that it's appropriate."

Arrangements for the support and supervision of volunteers were in the early stages of development. Although training and skills development was viewed as an important part of the support offered to volunteers, inputs needed to be framed in terms of 'information days' as reluctance to attend had been encountered because volunteers often did not see any necessity for training for their role beyond the learning garnered from their education and a wealth of life experiences. Similarly a monthly review process had been recently introduced which had not always been well-received. However, arrangements for more formalised recognition of the befriending role were already under way, reported as follows:

> "If I had time again ….I just think that we need to do a more comprehensive training and support package for volunteers just going forward …… we've just applied to the Mentoring and Befriending Association to accredit the befriending part of the project

so that where an older person is befriended then I can be certain that the service we are delivering meets that national, benchmark standard"

To meet increasing demand especially for befriending services, a more pro-active, planned approach to volunteer recruitment had been adopted but the difficulties of maintaining the interest of registered and trained volunteers, waiting to offer their help, were not inconsiderable. Managing expectations from the start as well as keeping in touch by regular, monthly telephone contact, offering training and information sessions and involving volunteers alongside service users in as many social activities as possible were all highlighted as useful strategies.

Engaging service users

A clear sense of the existence of a permeable boundary between being a volunteer and being a service user emerged from the interviews, illustrated by the following extract:

> "We also find that the definition of a service user and a volunteer, are they two of the same? A volunteer who wants to do befriending, well you normally find that they want to do it because they are lonely themselves, bored at home and they want to meet somebody. So I think they are two of the same thing really."

A particular feature of NL services given particular emphasis was the personal introduction of each service user to a selected volunteer by the development worker or volunteer coordinator which although resource hungry, was key to the project's service delivery standards:

> "You've then got to organise the introduction meeting which we accompany them to and that's absolutely essential especially with vulnerable people. That's a special part of our service, they know us because if someone just went knocking on the door who wasn't known then that would be a problem."

The difficulties of engaging men as either service users or volunteers were highlighted. One solution currently being explored was to offer more activity sessions as it was felt that men were less likely to want to '*openly admit that they are lonely*' and more likely to do an activity, share skills or a pastime together, although interestingly, a monthly lunch club was one of the most popular events for men:

> "But they [men] aren't really likely to go out on their own to see a film or go out for a meal. We do get men going but they come with their wives. There isn't many what I'd call single, maybe widowers that would come out. They're more likely to do something more masculine orientated like the fishing"

Social activities were those that appeared to bring the widest range of benefits for service users and where NL was uniquely placed to offer its greatest contribution, expressed as follows:

> "It's very difficult to measure on where the best output should be. Personally for the people that I've come across its the social side that is more important because it's lots of different things without people really realising it. If somebody goes out for example to Tai Chi class, it benefits them because they're not on their own, they're going out, they're meeting people and you've also got the health benefits, hoping to avoid trips and falls because they are better at keeping their balance. The real advantage that I see is that you can pay somebody to do the functional tasks - shopping, cooking, gardening - but can you pay somebody to introduce you to a new social circle?"

Asked about unmet need and areas for future service development, interviewees identified further home-based support to promote independent living as follows:

> "What I think we could look at going forward is, because we've sort of got the social activities and the community development work that we've done but it's promoting their independence and their independent living so I think there is a role for TorrAGE if we think about it, actually supporting people in their own homes better and actually enabling them to stay in their own homes longer."

Asked about sustainability beyond August 2014, the introduction of a membership fee had been considered as follows:

> "If you look at the model of how we can expand and develop, there is no harm in copying what others do, don't reinvent the wheel and if we look at what other support agencies are doing, I think the majority of them around 80% of them do charge a fee."

However, there was a feeling that fees might be more readily accepted if applied in the first instance to each direct service, whilst retaining registration and distribution of information leaflets and the newsletter free of charge to members.

4.2   Volunteer focus groups

The management monitoring data recorded through the *'Timebanks'* database identified 135 registered volunteers. All of those registered and actively involved in delivering an NL service or activity as at November 2013 (N=73) were invited by post to take part in one of two focus group meetings held in Torrington and Appledore. A specific budget was made available to meet travel costs including taxi fares for those without appropriate transport in order to facilitate participation in the evaluation for all those who expressed an interest in doing so. Of the 13 expressions of interest received (18%), a total of 6 project volunteers took part in the study.

Joining NL

Most participants in the focus groups appeared to have learned about NL by 'word of mouth' from personal social networks or from advertising in local newspapers or parish magazines.

> "Well my experience was I was new to the area and didn't know anybody and I first saw about it in The Crier which is the local magazine that goes around"

> "I don't know, I just got involved through friends really and just people I knew, you know."

Motivations and rewards

Asked about their motivations, participants frequently spoke about retirement as 'the trigger' when they had time available to them in which they wanted to remain active, learn new things, make new friends and a positive contribution to their communities.

> "Well I'm retired so it's because I was looking for something selfishly to fill my retirement days and keep my noggin going because I've always worked with my head. That's why I got involved - selfishly."

> "Now I've retired here, in many ways I'm still quite an isolate and I've found that being a volunteer has helped me because I feel I've made friends."

Rewards were many, captured rather eloquently by the following two comments from volunteer befrienders:

> "A high point? I think the chap I visit now, he's 91 and he was very wary initially, understandably, you know, a strange chap comes, but after about three or four visits he just relaxed and he called me by my first name."

> "…. because that's another thing: if I can make them laugh, then I feel I've achieved something that day."

Participants acknowledged the interconnections between their roles as volunteers, providing services, and as possible service recipients, as well as the personal rewards encapsulated in the epithet '*doing good, does you good'* as illustrated in the following comments:

> "So I joined [as a service user] and read through all the information sheet. And then they asked if I wanted people to visit me, things like that. And I said 'No thank you. I want to *do* that!'. And so now I do the telephone talking, once a week"

> "….. because it makes you feel good, but also to be of positive assistance to somebody. It doesn't happen all the time, sometimes you try your hardest and achieve nothing so that's where the only reward then is how you felt you've made the effort."

During discussions, some concern was expressed at the likely negative impact of the increasing age at which retirement begins on the willingness and/or ability of retirees to come forward to take on volunteering roles in the future.

Roles, tasks and commitments

There was wide recognition that volunteering was a broad canvas that provided ample room for contributions from a range of different skills, sometimes drawing on and validating knowledge and expertise accrued from a life-time of experiences in a particular setting or offering opportunities for new and different challenges. Participants also welcomed the chance to develop further once in the role of volunteer when a skilled co-ordinator was able to identify hidden talents and abilities:

> "But because we were coming somewhere totally different where we didn't know anybody it seemed quite a good thing to get into, I'd hope my past experience might help in a way, a little bit."

> "And also the volunteers don't always want to do what they're good at, you know, they want to do something that's a bit of a change."

> "And not just the initial [role], because when you're a volunteer and you've been involved for some time you can, sort of, develop further. And so for that co-ordinator to be able to see that perhaps, "Oh, you've got different potential as well," and to tap into that as time goes by, you know, it takes people time to find their feet and to develop other interests that they can help with really. It's an on-going, it's on-going…"

It quickly became apparent that participants had multiple interests, 'wore many hats' and frequently offered their help to a range of other local organisations in addition to NL such as a transport/ driving scheme, memory café and hospice. The range of tasks undertaken for NL was no less diverse including practical help such as dog walking, shopping and 'back office tasks' including computer support and database input; social activities such as coffee mornings, film club, seated exercise classes, coach trips and outings; and emotional support including befriending both visiting and regular telephone contact. The need for 'quick response one offs' or 'shorter blocks of more intensive help' was highlighted as a gap which one participant felt NL had not been able to address adequately:

> "So there's lots of jobs like that and that's what fetched me in because I know there was a need but sadly I feel that TorrAGE obviously aren't interested in volunteers who are willing to do one offs"

Training and support

The volunteers in this group did not identify any specific requirement for training before starting to deliver services or activities, with most feeling competent to undertake the tasks required of them using problem-solving skills and a 'common sense' approach.

There was however a sense in which willingness and enthusiasm might lead them across boundaries into inappropriate areas where they might inadvertently place themselves and/or service users at risk and while some felt able to cope well, others reported that they needed help to manage the expectations of themselves and service users to keep the level of their commitment within reasonable and acceptable boundaries. For example, the high demand for gardening services had sometimes outstripped volunteers' abilities to deliver.

> "You can be called up an awful lot as a volunteer, you need sufficient so that people aren't overloaded and put off by the experience, which is something I found, you know, with the gardeners. But they'd say, ""Oh, can't you just squeeze in another one?" Sort of thing, and then it's "Actually, I just need this to stop because it's become too much." So it is keeping that balance with volunteers, isn't it?"

For one befriender, visiting had strayed into areas that represented unwelcome feelings of over-involvement such as organising someone to do a house move or undertaking maintenance tasks. At times, volunteers felt that the scale and scope of befriending had not always been clearly defined and they needed help.

> "Yes, and it's building those boundaries isn't it, and being able to define those so that you don't get drawn into things that are inappropriate or beyond what you had wanted to do"

> "And I think people can just carry on going in and in and in for years. And I wasn't sure, and I just, I just feel that sometimes it's not structured enough. I know voluntary organisations and volunteers don't like the idea of structure … but I just felt it was all a bit vague, and still feel it's all a bit vague, to be honest, the whole thing."

The role of the volunteer co-ordinator was identified as crucial in maintaining an appropriate balance, assisting with identifying tasks, matching volunteers with service users, managing tensions and providing support. For one befriender, this 'loop of three' provided a valued communication system:

> "First of all [the coordinator] talked to him on his own and she also talked to me and then we went together to visit and I thought that was done well, just a loop of three. And I would tell [the coordinator] from time to time how things were going and one wrote these short - well just filled in a form about when you visited and anything you know, unusual, so she saw those every month. So that - you know, there was good contact."

A mixed picture emerged from group discussions of their further training and support needs.   All had been interviewed and undertaken criminal records bureau (CRB) checks but for some in this group, these requirements were perceived as intrusive and a potential block to becoming registered as a volunteer.

"And there are big hurdles: because I balked against that. I don't know if you know what we have to go through, but to be able to visit we have to go through a police check, we have to provide our birth certificate, our passport, our driving licence, a current utility bill; I can't remember what else. Two years ago I was a victim of identity fraud, so I was really, really frightened about doing this."

Volunteers had all received a copy of the NL volunteer handbook and most had been issued with a photo identity card. There appeared to be few opportunities to meet together yet support and feedback as part of a valued delivery team were highlighted as key elements in maintaining motivation:

"I know one other, but I just happen to know him. I don't know how many befriending volunteers there are."

"No we don't get together as a group. No, that's a good point. Because it would be interesting to share experiences."

The impact of gaps in communication systems was well–illustrated by one volunteer as follows:

"When I came back [from holiday] there was no answer and it took me quite a long time to find out what had happened and it was quite a shock to find that you know, to feel excluded and that nobody had told me. I don't see an easy solution to that problem but the effect on me was disappointment, not hugely because I could see that anything might have happened. But I felt I had a friend, you know, we had made contact."

An office with longer opening hours and good full-time administration were considered very important in providing volunteers with a central point of contact and a sense of security and confidence in their role, providing back-up and bearing formal accountability.

"And that person has to be fully paid so that they can co-ordinate it so that people aren't missed or things aren't forgotten and things. And they're there all the time so they can be phoned up and everything. Otherwise it just doesn't work"

"The office I think it needs to be open all the time, don't you, to keep the profile up because if people ring and don't get a response, they'll say, 'Oh, I rang and there was nobody there.'"

"It has to be pulled together. But I think it's quite a skill as well because you can't tell your volunteers off and if you're relying on so many volunteers you've got to be putting energy and enthusiasm into those volunteers to keep them on board. But that costs money, doesn't it?"

Sustainability

All of the volunteers wanted to see their services continue to be self-supporting when the initial 'Big Lottery' funding ended but there were varying degrees of optimism about how the challenges to achieving the transformation could be managed.

> "Co-ordination is the backbone of the organisation and it needs to be there. I cannot think that the type of organisation we're talking about would survive without it really. It wouldn't, would it, really?"

All of the volunteers agreed that a minimum level of funding would be required for long-term sustainability, to support at least some paid staff in a central location, to provide overarching strategic direction and cohesion as well as co-ordination and final accountability to ensure safety and protection for volunteers.

> "You can't have a volunteer running things, it doesn't really work, you know, you have to have somebody who actually underpins it, if you like, you know"

> "There is talk of having a volunteer in charge of the thing isn't there? Well ….. that would never work in a million years …. it just wouldn't."

When asked about changes and improvements, volunteers made several suggestions for new developments:

- a local directory – to be up-dated regularly - to act as a central reference point and signpost to all the clubs, groups and activities relevant for older people in order to match services to need and to reduce duplication;
- a 'buddy' system to 'break the ice' for new service users, providing someone to accompany them on their initial visit to a new activity, group or club;
- an 'emergency response service' in cases of unplanned hospital admissions, accidents or short-term disablement, to care for pets, look after keys and open up on discharge from hospital;
- a system of formal recognition for volunteers, *'that's almost like NVQ'*, which might increase volunteer numbers by making it attractive, as a development opportunity, to younger unemployed people;
- activities and training to encourage computer literacy and the greater use of IT – iPads, e-mail, Skype – to deal with lack of skills and common concerns, so that more older people can be comfortable with IT to link them not only to family members but also to each other;

The NL service was highly valued by the majority of participants, with its future direction summed up by one volunteer as follows:

> "NL is a very good organisation and more people need to know about it. But they also need more people volunteering to help to give the service they want to. Yes."

4.3 Service Users – Focus Groups

In-depth perceptions and opinions of service users were gathered from discussions in five focus group sessions with a total of 17 self-identified participants.

Finding Neighbourhood Links

Service users were able to identify a wide range of different sources of information about NL including the office shop window, leaflets and a newsletter, as well as adverts in local newspapers and magazines. Interestingly, despite an assumption that information is publicly available through the internet, only one participant reported finding out through this medium. Some felt that the office shop window was more successful at promoting opportunities for volunteers rather than advertising the services and activities in which people could take part, and others acknowledged the limitations of the newsletter to promote new registrations because it '*goes to people who already know'*. Despite the reservations about how the window was used, there was reference throughout the focus group discussions to the importance of a physical office base, illustrated by the following comment:

> "But NL is just so important …. It's right in the middle of town … it's on street level … it's accessible … and people are now getting to know about it all the time."

There was unanimous agreement amongst the focus group participants that more needed to be done to inform older people about what was available for them and for this group, there was little doubt that 'word of mouth' and face to face contact was the key conduit through which to engage a wider group of people.

> " A lot more people need to know what they are, who they are and what they, literally what they can do for them"

> "It needs to be spoken about."

> "I think it's 'word of mouth' does a good job."

> "And I mean it's been a boon having [the office] where you've been able to walk in off the street, sort of thing. But it doesn't matter how many pieces of paper, how many posters you put up, the only way to get word around is face to face"

> "And it doesn't sell itself very well from the windows point of view. It's got all these adverts for volunteers wanted here, there and everywhere but it doesn't say what we can give you"

Members of the group made reference to a recently-delivered promotional week in which special activities, events and excursions had been arranged to demonstrate in a very practical way, the kinds of things that were on offer. Service users also felt that the promotion of activities had been most successful when paid staff, who were familiar with the people and the local patch, could be 'out and about' making direct links with individuals but also with other local organisations that might act as sources of referral especially from the health arena, such as doctors' surgeries, district nurses, and local district or cottage hospitals. Interestingly, local libraries were

consistently mentioned as places that might play a part in improving information-sharing:

> "And make a particular link with library staff. They're very good about answering things that are going on in their towns aren't they? And if they knew about NL and could recommend it to somebody who was asking."

Communication and IT

There was extensive discussion about the use of IT and the internet as a means of communication and participants reflected a variety of experiences:

> "That's all dark to me …. I don't know anything about that."

> "Once you've got your head around it … well I want to know so and so and all you do is type in the name of the book or film or whatever, and it's all there. And I think once you're used to that, you think it's magic! You've got a library at your fingertips"

A primary trigger for service users was often the distribution of children and grandchildren around the world and whilst acknowledging the financial resources needed to buy equipment and get set up, iPads and Skype were a valued means of keeping in touch.

> "And of course the other thing is that our four children are scattered all over the world and it's the only way I keep in touch with them."
> "And I know it includes finance and training people but the introduction of things like the iPads and the tablets are starting to make it easier for the older population."

Age was not necessarily a barrier and some aspired to training beyond introductory level but this was identified as a current gap in local provision:

> "Well, my husband did the introductory course about 6 years ago and he's never looked back, and he's 88. And basically he's still learning all the time!"

> "So I feel that people of my generation lack this technical electronic competence and I was disappointed that it didn't develop any further."

There was recognition that information, shopping and banking on line were becoming almost unavoidable and while some had taken the plunge, others were anxious about identity theft and other problems given a high profile in national media stories.

> "I was going to say so many things are becoming necessary to be on the computer now."

> "… but that's not right, because you're forced into it whether you want to be on it or not. And I don't"

> "Computing yes, he tried computing, the biggest fear that he had as an older person was spam emails and all the articles you read in the press about everybody's after

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your money, if you hit the wrong key somebody's going to empty your bank account. So that's why they won't do it, not because they don't realise it is a means of communication."

Despite the availability of training and free, bookable sessions in several local libraries, not all service users were willing to abandon pen and paper and help was needed:

"There's a lot of people need help with learning computers."

Using services

Motivations to register with NL were various but were often associated with establishing or re-establishing social connections after a house move to be near adult children or a change of circumstances such as bereavement or transfer of a partner into long-term care or simply an attempt to remain connected to others where people lived out of town, in isolated, rural locations:

"It's the only thing that keeps us alive, of course. Because we don't see anybody from one day's end to the next, except the postman. He always has a cheerful word and goes on his way …. and we don't see anybody until he comes the next day. So we have made a point of joining something like this, in order to meet people. We need the company."

Focus group participants identified a wide range of services which they either knew about or were actively participating in. These were frequently linked with practical help such as shopping, gardening and dog-walking; or aimed at improving health such as swimming groups, exercise and Tai Chi classes; or addressing emotional aspects of well-being through home visits or regular telephone calls. However, the area of greatest interest for all participants had been on improving social aspects of well-being, with activities ranging from coffee mornings, tea dances, and film club to regular excursions and lunches – all offering opportunities to meet and talk with other people.

"They might want to call it a reading society or something you know, but actually what they want to do is sit down and drink coffee and talk to one another."

Service users frequently reported that the activity itself was less important than the focus it provided to encourage them to 'make the effort' to get out and about, to talk to others and most importantly, to laugh together, all of which was cited as 'a bit of a problem solver', taking the pressure off where difficulties threatened to overwhelm them or where comfort could be found in sharing concerns with others in similar situations.

"And [in a craft group] like your fingers are busy so you're concentrating on what you're doing but you're talking. And I've found this before that it was a bit of a

problem-solver you know. You'd just chatter and then the worry about an operation solved itself in a way. It just took the pressure off"

"You think 'Oh, I can't be bothered', isn't it? And yet then once you've got yourself ready and gone, it's nice. You've enjoyed yourself".

"And really the best part about it has always been the fact you have a laugh out of it."

"That's right. And yes, and people with similar problems, it also helps you to make light of them."

Barriers

Getting started was difficult although health rather than age was identified as the key limiting factor in terms of participation. Although service users often reported strong neighbour networks, they also reported a reluctance 'to impose'. Some felt that taking greater personal responsibility 'to get involved' was a key attribute:

"This is a learning curve and we're all guilty of not picking up on this. We have got to learn to accept help because we all need support and all need help. But it's not easy asking for help."

"I think to be perfectly honest, I think if you want to get on with people in the community it's up to you to make the effort, not wait for them to come to you. And that makes such a difference."

Participants variously described their Devon communities as 'very inward looking and self-sufficient' which exacerbated the hesitancy many experienced in asking for help. Many relied on family but this left those with family at a distance or lacking close family ties with few choices but to 'manage alone'. Neighbours were sometimes a helpful resource and this appeared to be the case more often in village than town settings.

"I think your point is made well – that the communities tend to be introspective, inward-looking, rather than presuming that aid will come from somewhere else."

"I think you'll find, I mean thinking of our village, there probably isn't many people in the village would need any help because the village tends to look after people."

Having taken the initial step to register, people still needed reminding and to be prompted to join in. A personal connection with a 'buddy' was helpful to maintain motivation and to act as a guide through a first meeting because as one participant remarked:

'…. it's never easy presenting yourself at a meeting you've never been to before."

"Yes … and bless her …. I don't quite know what connection she has with NL but there's a lady who takes the trouble to phone us the night before to say 'Are you coming?' which I think is lovely"

The difficulties of engaging men had been noted in many activity groups. The focus group participants felt that men were more task-focussed and therefore not necessarily interested in social activities *per se* and might perhaps need more encouragement to take part:

> "Men are not sociably minded. I'm sorry but they're not as sociably minded as women"

> "You don't have any problem getting them to play darts. Or go shooting or hunting. They've got to have things they like doing. Instead of saying we're going to have a social coffee morning, they won't go to that!"

> "Well, sometimes they need a big shove into something that it's patently obvious they enjoy doing once they get there you know!"

Male partners were not always understanding and supportive of the need for a social circle beyond the couple and feelings of social isolation became especially heightened where spouses were caring for conditions such as dementia or Alzheimer's disease:

> "I mean, I don't get involved in any of the activities in the community. Basically, that's because my husband's always been a loner… he won't go to quiz nights, he won't go to social nights, you know, and therefore …. And therefore, I mean, my community is just my road and my family."

> "No. I've been… I've been told to register as a carer and I decided I didn't want to be registered as a carer. I'm not a carer … I'm a sort of keeper really!"

> "Yes … and I am officially his carer and therefore I've never got five minutes in the world to spend on anything else, except running around after him!"

There was a feeling amongst some service users that the apparent priority given to making services free to all users was mistaken. Some spoke about excellent taster sessions delivered in comfortable, accessible venues – for example an exercise group and a tea dance - and the disappointment that ensued when follow-up sessions took place in less salubrious surroundings, simply because they were available at no cost. Service users expressed a willingness and ability to pay for some activities and wanted to be more widely consulted on this issue:

> "So instead of the venue that everybody had enjoyed [for the taster session] because it was light and airy with a good floor and all the rest of it - I know it's expensive but nobody ever asked you how much you were willing to pay. Nobody ever asks you what would you be willing to pay if we run it here. They don't do that, they just assume you won't and then go for the cheapest option."

> "So I think there's quite a few pensioners around who have got the financial means. What they haven't got is the companionship, especially if they've moved into the area"

"No, I think it's a good idea to have a small charge at least. I don't think it should be free because I think people appreciate it more if they've put a few pounds in."

The lack of transport was a frequent theme in the focus group discussions which often prevented participation in events. Physical disabilities that frequently accompanied an ageing population, especially the ability to negotiate hilly terrain which characterises much of North Devon, were often cited as barriers to taking part in clubs, groups and activities.

"Yes, because my husband doesn't drive now obviously [due to health problems], I never did because he - that was his province, the car."

"Transport is a must, you know. There's a good service if you call a bus every two hours a good service."

"And if you wanted to go to something in the evening time, unless you've got a friend that can willingly drive you … maybe something quite interesting … you may want to go but how?"

"Yes. This is the thing you see, it's like the history group, I would go to that but and this lady from NL, she would take me up there to save me walking up the hill, but she's the secretary and I've got to make my own way back, which means to say then in the winter and when it's dark you know…."

Satisfactions and improvements

Service users readily recognised the financial constraints of a project like NL and the limits imposed by the quantity, quality and range of people coming forward as volunteers.

There was almost unanimous agreement about the need for an organisation like NL and service users were able to identify a number of areas in which they felt improvements could be made to the way in which the project was managed:

- to increase marketing and promotional activities, raising the profile, awareness and knowledge for those looking to take part in services as well as other organisations wanting to refer into the activities and services provided by NL, so that fewer people could say '*well, we've never heard of you';*
- rather than trying to provide everything, to develop more signposts across the district to co-ordinate resources and direct people to relevant providers and services that already exist – for example Age Concern, Salvation Army, church and faith-based groups, Citizen's Advice Bureau, Torrington Together; Senior Voice, Senior Citizens' club.
- to encourage wider community involvement by engaging younger people as volunteers. Service users felt 'community' should reflect the mutual inter-dependence of the generations '*with the community involved in older people and older people helping the rest of the community.*'

There were many suggests for additional direct services including arts and crafts groups; more advanced computer training; invited lectures from experts in art, literature and culture; and extending the sports and leisure groups to include for example yoga, golf and fishing.   A suggestion which received wide approval in all the groups was an emergency service particularly to care for pets in cases of falls, accidents or unplanned hospital admissions which might also extend to 'after care' in the early weeks of discharge to provide a 'welcome home', and short-term involvement to encourage confidence and a return to usual activities, especially physical mobility.

There was little doubt about the satisfaction of those who had taken part in services, illustrated by the following comments:

> "I was so delighted, that's the reason I've come today and it wasn't easy [by public transport] to get here."

> "And they have provided so many inlets to NL with the films and lunches and the memory café, that we have taken part in a lot of things. And we've been very grateful to them"

> "We had a Christmas dinner yesterday …… and it was gorgeous!"

> "I think they're doing a grand job … and just keep doing it!"

4.4   Service Users - Survey Questionnaires

Quantitative data was gathered using an anonymous questionnaire circulated by post in August 2013 to all those registered with NL (N=874). A total of 147 completed responses was received from self-identified participants in the period 8th August – 15th October 2013 representing an overall response rate of 17%.

Statistical significance tests, using Spearman's rho (r_s) calculations, have been used to evaluate some of the responses where appropriate and further details of the statistical data which appear in the next few paragraphs and their interpretation is included at Appendix A.

General characteristics of those using NL services
The general characteristics of those who chose to take part in the service user survey are summarised in Figure 1 below.

Participants in this study were all white/British, reflecting the lack of ethnic diversity across the Torridge area. Comparing with the general population of Torridge, the study sample contains a higher proportion of women and those aged over 80 years, suggesting that NL has been particularly successful in attracting 'the older old', known to be especially vulnerable to loneliness and isolation. Nearly half of male survey respondents were aged over 80 years compared to 36% of women.   The

majority of participants in the study are women (78%), and those who are retired (87%), living alone (62%), in a town setting (60%), which for over a third (38%) had been home for more than 20 years. One in three (39%) reported home internet access, and although there was no difference on this measure between men and women, the larger proportion (73%) was aged under 80 years.   Only a very small minority of participants (1%) were living in residential accommodation.

Figure 1: Comparison of general characteristics of study service user participants, project management data and district population data

| General characteristics of service users		Study sample n=147	Project Total N=1029[1]	District data POPPI[2]
Gender	**Female**	**78%**	**74%**	**53%**
	Male	**22%**	**26%**	**47%**
Age	**60 – 79 years**	**59%**	**52%**	**71%**
	80+ years	**36%**	**43%**	**29%**
Ethnicity	**White (inc. British, Irish, Other)**	**100%**	**-**	**99%**
Disability	**Self-identified disability**	**69%**	**-**	**42%**
	Mobility impairment	**59%**	**-**	**18%**
Transport	**Access to own transport**	**55%**	**-**	**28%**
Caring responsibilities	**Providing unpaid care to another**	**16%**	**-**	**10%**
Faith group	**Membership of a faith group**	**42%**	**-**	**73%**
House occupancy	**Living alone**	**62%**	**-**	**35%**
	Living with partner/spouse/other	**31%**	**-**	**-**
Dwelling location	**City/Town**	**60%**	**-**	
	Village	**31%**		
	Hamlet/Lone Dwelling	**9%**		
Length of residency	**Less than 10 years**	**32%**	**-**	**-**
	10 – 19 years	**31%**		
	20+ years	**37%**		
Employment status	**Retired**	**87%**	**-**	**-**
	Employed	**5%**		
	Unemployed – looking for work	**1%**		
	Unable to work – ill-health	**5%**		
Financial resources	**Struggling**	**17%**	**-**	**-**
	Managing	**36%**		
	Comfortable	**38%**		
Home internet access		**39%**	**-**	**-**
Health - GP Visits in last 6 months	**None**	**13%**	**-**	**-**
	Up to 4	**65%**		
	5 or more	**22%**		

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[1] Total NL members from project monitoring data as at 20/03/2014

[2] *Data provided by Projecting Older People Population Information System (2012), Institute of Public Care, Oxford Brookes University available at*
http://www.poppi.org.uk/index.php?&PHPSESSID=8g1dj9v4fceq9jb17bqt76gkj7&areaID=8446&np=1

Finding and registering with NL

When asked about sources of information or referral that triggered registration with NL, service users identified a wide range of contacts, summarised in Figure 2 below. The largest proportion had been informed by word of mouth through local family, neighbour or social networks and 1 in 5 informed through local leafleting, media and advertising.

Figure 2: Sources of information
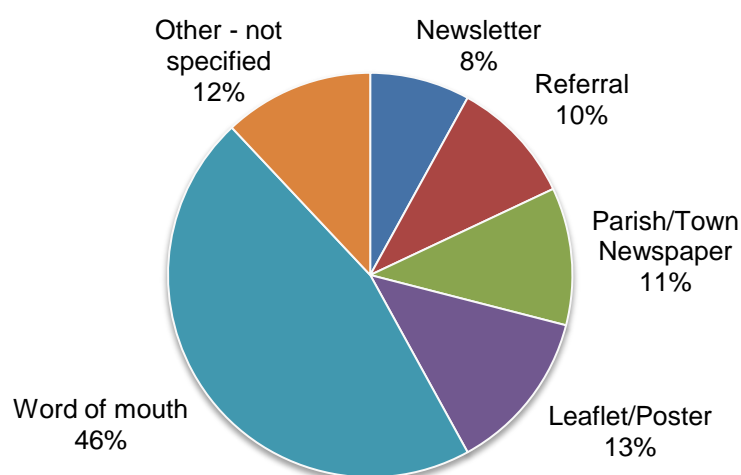
It is important to note the low level (10%) of referrals to NL from other organisations in this sample.

Exploring the sources of referrals a little further, a range of different types of people referring into the NL service were identified as shown in Figure 3. Although personal relationships still form the primary resource, the data suggest growing links with health professionals since the interim report but a stubbornly low level of referrals from social services showing only a 2% increase since 2012.

Figure 3: Sources of referrals

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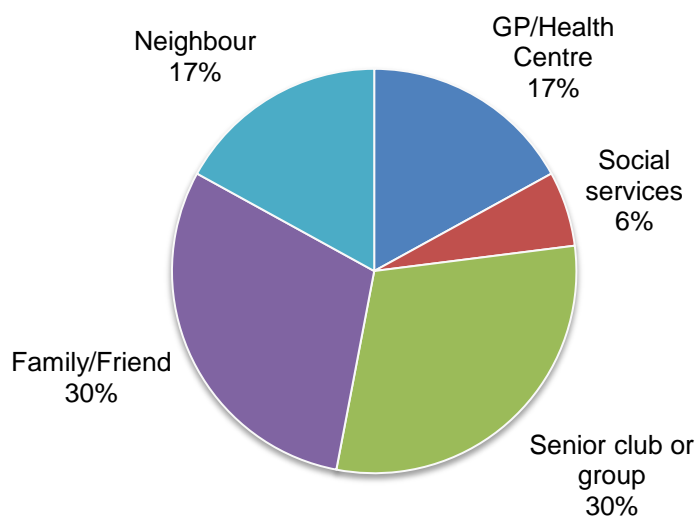
Although 1 in 3 respondents was unsure about the length of time they had been registered with the project, a quarter were new participants in their first year of support from the project as show in Figure 4 with the largest proportion (39%) in the second year of registration, suggesting an active and successful on-going recruitment and retention process.

Figure 4: Length of registration of service users in years
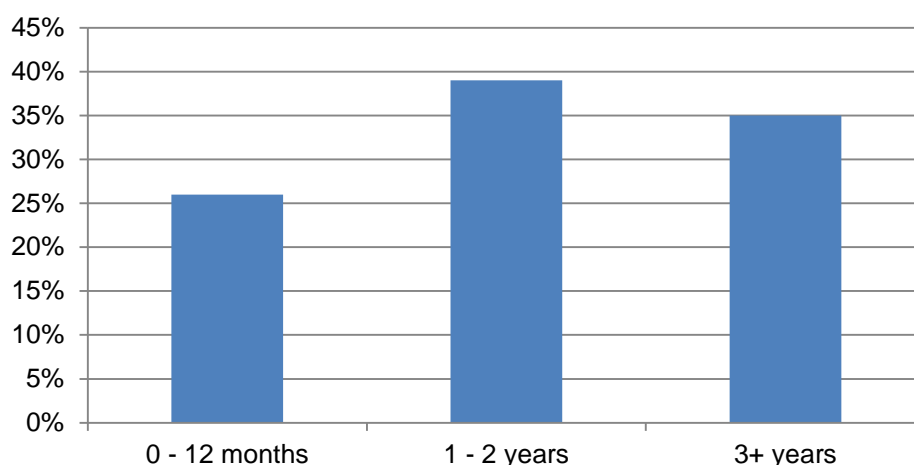
Finance, transport and social integration
Over one-third (39%) of this sample of service users reported that they were financially 'comfortable', although 1 in 6 admitted to 'struggling to get by'. Perhaps it is not surprising to note that as financial resources decreased, quality of life ratings decreased (r_s=.2, p=<.05, n=145) and feelings of isolation increased (r_s=.19, p=<.05, n=143). Both of these relationships were statistically significant. Survey responses seem to indicate that this sample of participants has access to more financial resources than is the case for the general population of pensionable age in Torridge where 68% are receiving the state pension only and 32% are in receipt of at least one other state benefit (POPPI, 2012). There is a social stigma and often reluctance, particularly amongst older people, to admit to a lack of financial resources and the prevalence of financial difficulties per se may therefore have been underreported.

Most participants (55%) reported having access to a private car even if not necessarily driving themselves but access to independent transport was a source of dissatisfaction for a sizeable minority (36%). Access to a private car had a significant relationship with quality of life ratings (r_s=.25, p=<.01, n=140), suggesting that transport is an important area for the targeting of help to some older people. A small proportion (11%) mentioned making use of transport services aimed at older people such as 'Ring and Ride' or Red Cross hospital transport.

Asked about the quality of a number of aspects of their lives, a very high proportion (82%) reported that they felt safe in their communities yet 1 in 6 very often or always felt isolated and 1 in 3 reported that they rarely or never participated in local

activities. In terms of their physical health, a high proportion (69%) identified a disability with most (59%) having mobility problems. Nearly half of respondents (47%) had visited their GP practice 3 times or more in the previous six months, with a fifth (22%) attending on five or more occasions suggesting that GP practices may be key sites for referral of older people to NL services and for the distribution of information and promotional materials.

There were high levels of satisfaction with the help and support from family (68%), friends (72%) and neighbours (69%) which is perhaps not surprising given a long-standing and stable population in the sample, with 2 in 3 living at their current address for 10 years or more.

Quality of life
Participants were asked to self-rate their quality of life using a five-point scale from very poor to very good and responses have been examined in relation to a range of individual characteristics:

- Importantly, as illustrated in Figure 5 below the length of time that service users had participated in NL activities appeared to influence judgement with 2 in 3 reporting 'good' quality of life after three or more years' of NL membership;

Figure 5 : Length of registration and participants' quality of life (QoL) rating
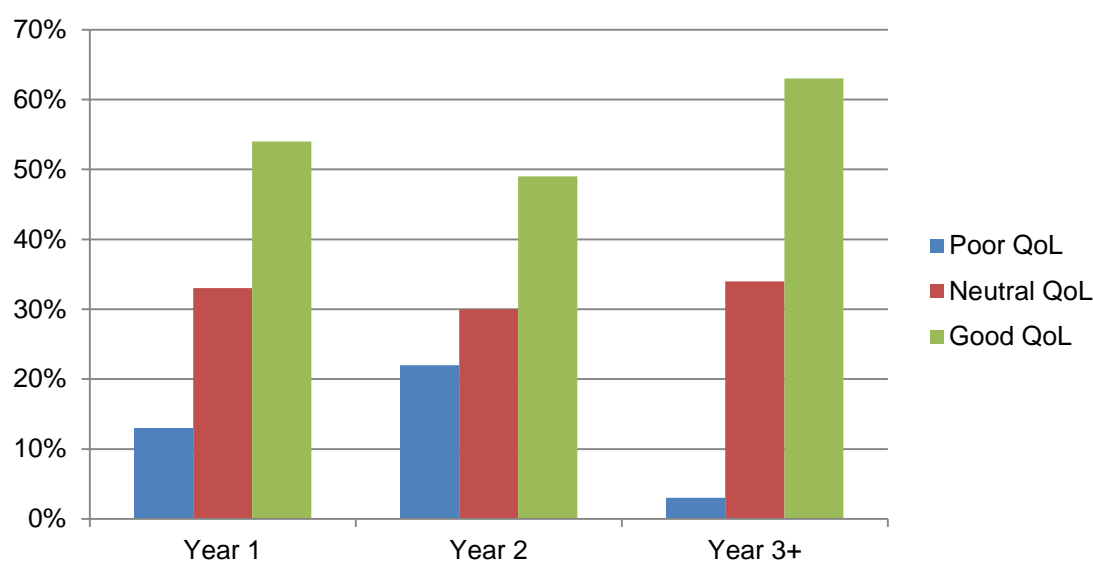

- Nearly three-quarters (72%) reported that they '[very often or always' relied on medication to function in daily living yet 1 in 2 of these respondents rated their quality of life as 'good/very good' compared to 1 in 5 of this group rating it 'poor/very poor';

- Age appeared to exert some influence. For example, those aged over 80 years were less likely to rate their quality of life as poor but were more likely to feel

isolated and less likely to participate in community activities than those under 80 years old;

- Social belonging and 'connectedness' appeared to influence judgement with 2 in 3 of those rating their quality of life as 'very good' reporting that they 'never' felt isolated. A substantial proportion of the study sample (42%) were members of a faith community. These respondents were significantly more likely to take part in their local communities (r_s=.37, *p=<.01*, n=143) and three times as likely to report overall quality of life as 'very good' than their non-faith counterparts;

- The reported frequency of isolation or loneliness amongst services users was strongly related to respondents' views of their own lives: the percentage of respondents who reported a very positive view of their quality of life was highest for those who never felt lonely (62%) and lowest for those who reported always feeling lonely (25%);

- All of those rating their quality of life poor reported a self-identified disability compared to just 39% of those rating quality of life as very good. These data indicate that limitations in the activities of daily living have a significant impact on ratings of overall well-being (r_s=.25, *p=<.01*, n=143) as well as isolation and loneliness (r_s=.18, *p=<.05*, n=143);

Overall life enjoyment measured on a three-point scale (better, same, worse) also showed an upward trend from 22% in their first year to 27% giving the highest, most positive rating in the third year following registration with NL.

**Figure 6: Length of registration and rating of overall life enjoyment**
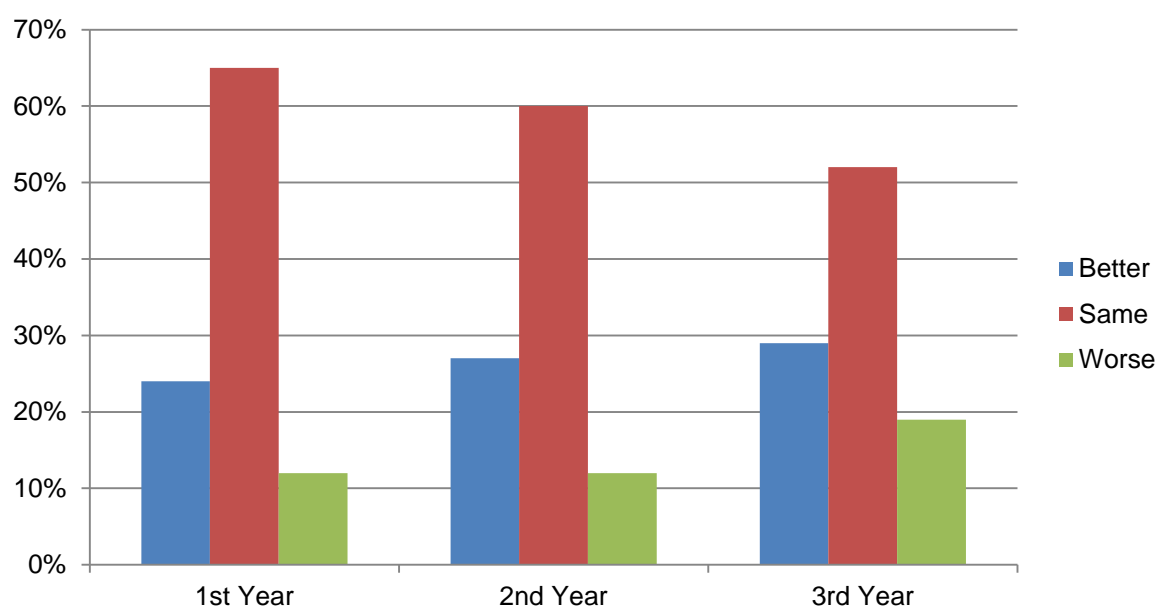
Service use

It is interesting to note from the project management data that of the men actively receiving services the vast majority (82%) were in receipt of befriending compared with just 47% of women making use of the same service.

Just under half of the study sample (48%) was in receipt of some sort of services before registering with NL and the type and range of activities involving participants both before and after registration with NL is reported in Figure 7 below.

Figure 7: Service use before and after registration

■ As a result of registration with NL   ■ Before registration with NL
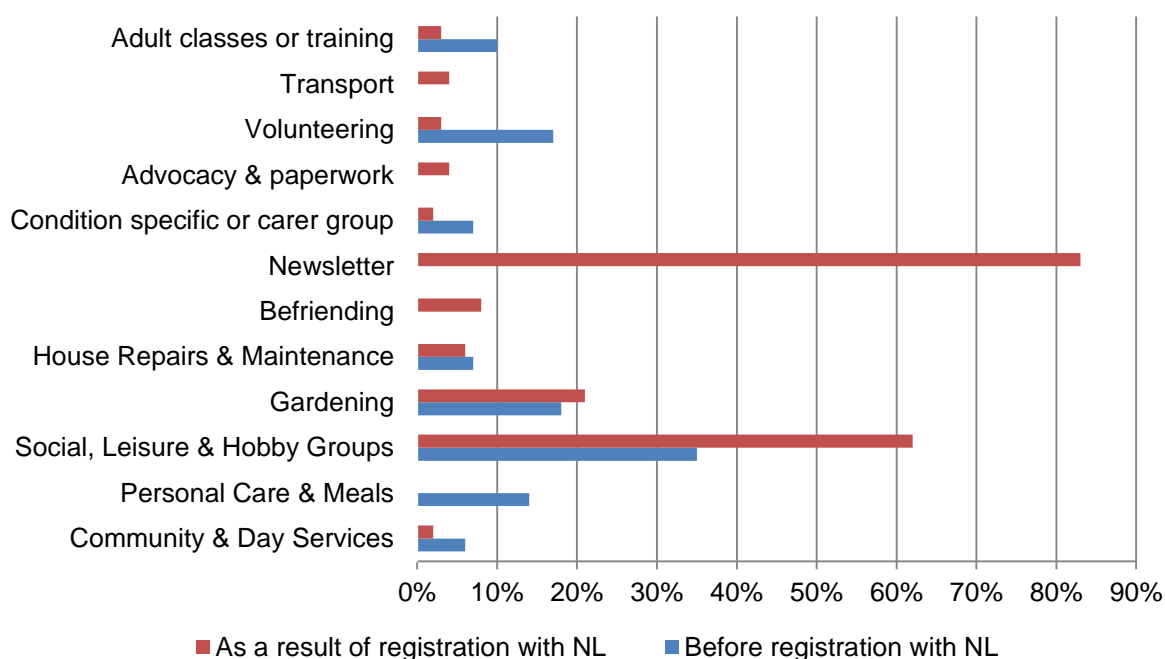
These data suggest that NL has been successful in delivering a number of new direct services such as a newsletter delivered to over 85% of the sample, raising awareness and providing sign-posting, information and advice to all registrants regardless of whether they are actively using another service or not, as well as advocacy, for example assisting others to meet an identified need (e.g. a village-based memory café) and helping individuals with forms and paperwork. The data also suggests that NL has substantially increased interest in hobby groups, social and leisure activities which rose from 35% participation before NL registration to 62% after joining the project.

Satisfaction with NL

Asked their opinion of a number of pre-selected statements about the NL services, its management and delivery, participants were overwhelmingly positive. The proportion of respondents giving the highest scores – either agreeing or strongly agreeing – with each statement is reported in Figure 8.

**Figure 8: Service users' appraisal of Neighbourhood Links**
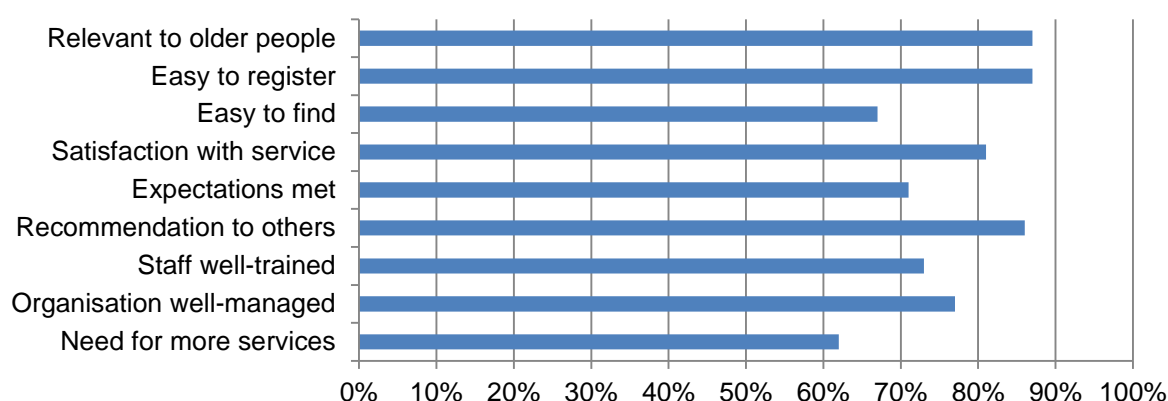
The data suggest a high level of satisfaction with NL from the vast majority of service users, not only in the way that the organisation is staffed and managed but also with the ease with which registration can be arranged and perhaps most importantly, the relevance of the project and its services to the needs of older people in the Torridge district of North Devon.

Impacts

The survey questionnaire explored participants' self-reported perceptions of their social and emotional well-being and overall quality of life and their responses revealed some significant relationships between their overall enjoyment of life – reduced anxiety, loneliness, isolation and improved social well-being - and their experiences of NL activities and services.

Although it did not represent a large effect, the relationship between length of association with NL and reports of recognisable positive impacts on overall well-being was statistically significant (r_s=.19, *p=<.01*, n=134) and these key improvements are illustrated in Figure 9.

Figure 9: Improvements in three measures of well-being before and after NL services
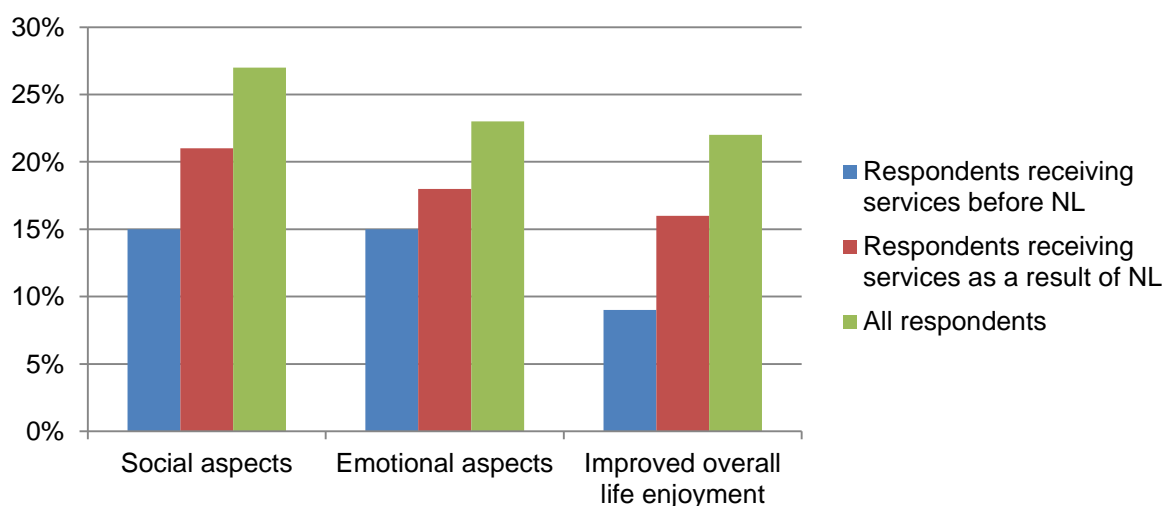
For those who recognised positive impacts of the NL services, improvements in both social (r_s=.21, *p=<.05*, n=134) and emotional aspects (r_s=.20, *p=<.05*, n=133) of well-being had small but significant effects

Women were more likely than men to rate social well-being as improved after joining NL but interestingly, a higher proportion of men (23%) reported improved emotional well-being compared with just 15% of women, which may perhaps be related to the benefits of befriending visits, where 75% of men rated their overall enjoyment of life as better.

Participating in local activities which increased from 35% to 62% of participants as a result of NL registration, had several significant positive impacts, including a large effect on improving quality of life ratings (r_s=.46, *p=<.01*, n=141) illustrated in Figure 10.

Figure 10: Quality of life ratings before and after receiving NL services
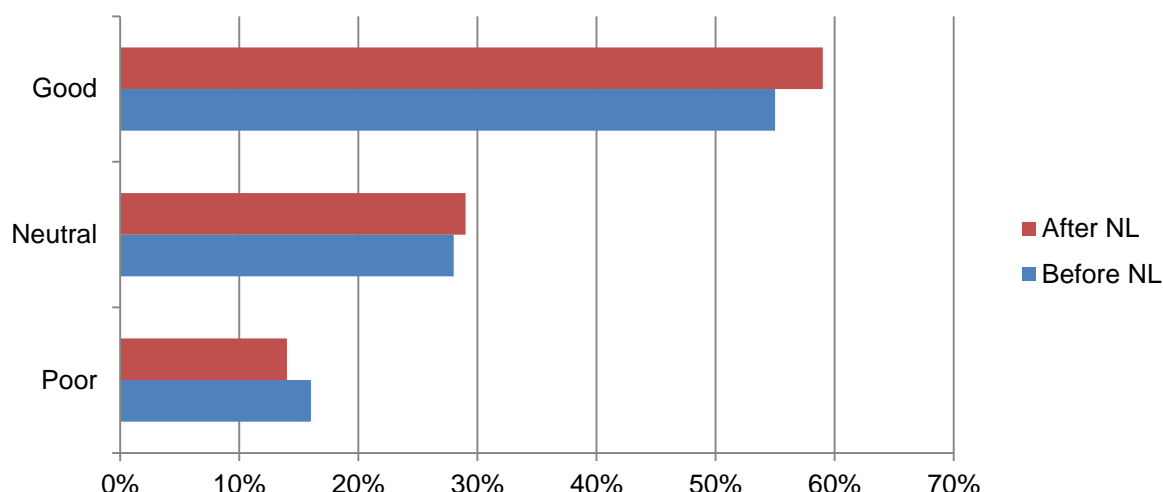
Participation in NL activities also had a highly significant relationship with reduced levels of anxiety (r_s= -.26, *p=<.01*, n=145), reduced feelings of loneliness and isolation (r_s= -.36, *p=<.01*, n=143) as well as improvement in aspects of social well-being (r_s=.28, *p=<.01*, n=138).

Highly significant relationships were also found between individual ratings of overall life enjoyment and receipt of a range of specific services including the following:

- regular befriending involving visits - although not telephone calls, (r_s=.24, *p=<.01*, n=121);
- help with gardening, (r_s=.19, *p=<.05*, n=121);
- participating in leisure activities such as sports, hobby or interest groups, (r_s=.23, *p=<.05*, n=121).
- taking part in social activities such as film, coffee or friendship groups (r_s=.23, *p=<.05*, n=121).

5.0 DISCUSSION

Some discussion of the findings is set out in this section in relation to four key themes which emerged from the study data as follows:

- Developing communities
- Developing social networks
- Developing wider networks
- Developing the brand and sustainability

As the UK population is getting older and living longer, it is to be expected that more people will need care and support services in the future.   This comes at a time when the UK and Europe is experiencing difficult financial circumstances in which funding for care and support is likely to be constrained, and remain that way, for a number of years to come. Indeed, the Department of Health in England has projected that there will be a funding gap in social care alone of £6 billion in England by 2027. Today, no matter what age or what type of disability they have, people want to live independent, socially inclusive lives. They want to participate and contribute, and have a say in designing their own care and support in a way that best meets their needs, rather than trying to fit themselves into existing services which has become known as the 'personalisation' agenda. However, it is unlikely that these changes in attitude and increased expectations can be met entirely within the current system and the funding available to it. There is increasing evidence to suggest that preventative services can produce savings in hospitals by preventing unnecessary admissions (Purdy, 2010), and ways to rebalance funding between health and social care will be needed in order to ensure that savings made in hospitals are reinvested in preventative social care to ensure maximum benefit and it is within this complex legal, procedural and organisational environment that the work of the NL project has taken place.

Developing communities

A primary objective of the NL project was to reduce loneliness and improve social integration. Research has shown that community connections that extend across place, interests and identity are largely untapped resources that can promote well-being and address social exclusion (Morris & Gilchrist, 2010). NL is a community-based initiative developing relationships, supports and services in the community designed to meet the needs of individual older people.   Definitions of communities or neighbourhoods may range from a few streets or blocks close to people's homes to wider districts incorporating access to transport links, civic amenities and so on. While communities defined in this way by geography were the basis of the 'hubs' initially envisaged by the NL project, the social networks and relationships contained within them have more recently been recognised as key elements, and there appears to have been a stronger emphasis on the promotion and support for less formal community groupings than originally suggested by 'hubs'. It is well recognised that the 'social convoy' of family members, friends, acquaintances and even strangers which collectively moves through life with each individual provides a

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network of relationships that offers a 'protective buffer' or cushion against challenging life events (Stassen Berger, 2001). Where people know each other in a range of roles – such as parents, neighbours, co-workers, friends and family members – networks are said to be dense and it is these relationships that are by far the most frequently mentioned aspects that contribute to well-being for older people (WRVS, 2011), strongly reflected in the opinions gathered from all evaluation participants, regardless of their role in the project. Yet we know that many people are increasingly living alone with 'single-stranded ties', only knowing each other in one single or specialised role. The evaluation has provided strong evidence of the ability of NL to reach out successfully to those perhaps most vulnerable to isolation and loneliness with 2 in 3 of NL service user registrants living alone, compared to just 1 in 3 in the general population of Torridge (POPPI, 2012). However, research has also indicated that people living in care homes are often likely to be depressed and amongst the most socially excluded, with those without the support of family or friends especially at risk of 'becoming invisible' (R&RA, 2010). The very small proportion of NL respondents (1%) in this situation may represent an area for the development of stronger links and future development for befriending, visiting and 'talking and listening' services.

Disengagement or detachment from social activities in older age has been described in four domains (ELSA, 2013):

- Civic participation – for example volunteering or formal groups
- Leisure activities – for example social or sports clubs
- Cultural engagement – for example, film, theatre or art galleries
- Social networks – for example regular contact with friends and family

Research has shown that men are more likely to become detached from all but leisure activities whilst this is the area of highest detachment for women (Jivraj, 2013). These findings are supported by the evaluation data.   As some of the focus group participants surmised, men are reportedly more task-focussed, preferring to come together to 'do' something – sports, cards, listening to a lecture – rather than joining up for 'coffee and a chat'. Conversely, social networks have been shown to be particularly important to women and the primary focus of NL on the provision of social activities has reaped rewards in attracting a very high proportion of women (78%) into its membership. Single, older adults aged 80+ years are more likely to be detached from three or more of the domains above and again, there is evidence that NL has performed extremely well in engaging a high proportion (62%) of single, lone-dwellers as well as more service users aged over 80+ years (36%) compared to 29% of the general population of Torridge in this age category. Financial resources have also been shown by the ELSA (2013) project to play an important part in civic, leisure and cultural engagement which lends strength to the commitment of NL to provide services which are free of charge or at the lowest possible cost to all participants. However, this approach may well become harder to sustain in the face

of changes to overall project funding but a middle course making a 'suggested contribution' for some services might offer a pragmatic way forward.

It is recognised that older people are particularly susceptible to major life events that reduce their connectedness to relationships and social networks, for example withdrawal from paid work, death of a spouse and other close family or friends as well as the onset of chronic illness or disability (Skills for Care, 2010; SCIE, 2012). A second primary objective of the NL project was to increase the density of these social relationships which have been described as two types of 'neighbourliness' (Mann, 1954). On the one hand, *manifest neighbourliness* involves overt forms of social relationships such as mutual visiting at home and outings for leisure and recreation while on the other, *latent neighbourliness* is characterised by favourable attitudes which result in positive action when a need arises in times of emergency or crisis. While the primary focus of the NL project activity is clearly the building of manifest neighbourliness, a good foundation of latent neighbourliness did appear to be present when focus group participants discussed the quality of their communities and where 2 in 3 survey respondents expressed high levels of satisfaction with relationships with neighbours and friends. Conversely, the density of social networks at times appeared to operate against the establishment of new networks frustrating the aspirations of project staff who found resistance to change in very settled communities, where self-reliance and a history of coping passed down through the generations did not initially welcome new partnerships. It must be expected however that the exchange of help between residents in a community will typically evolve only as a slow process, starting with minor transactions requiring only little trust because little risk is involved. Only when information is widely available and mutual trust is more firmly established will there be a gradual increase in mutual support (Bulmer, 1986).

Although an overall target had been set at inception of the project for the establishment of 15 local hubs, development had proceeded in more diverse ways than originally envisaged with a greater focus on delivering and more latterly co-ordinating a range of direct services. The project team had rejected a rigid 'one size fits all' approach and had responded with respect and sensitivity to different contexts across the locality, supporting formalised hubs where these had taken root, for example Holsworthy Help, but also building on experiences from two of the most successful early 'hubs' which had focussed not on a geographical area but on the delivery of specific direct services - gardening and telephone befriending - across the whole district. Evidence supports this flexible approach. Differences in the starting point between neighbourhoods in terms of institutional resources, particularly the availability of free or paid-for venues, a community hall for meetings, patterns of social organisation, perceptions of community safety, the availability of transport and the overall quality of the physical environment all impact on the rate at which people are able to develop trusting relationships as the basis for active engagement with new ideas and developments in their communities (Pierson, 2008). At the same

time, ideas of neighbourhood and community have also attracted increasing political significance through the government's 'big society' policy, which has continued to exert an influence as many people particularly in rural locations turn to civil society as a positive force for social change at a time when trust in other key institutions appears to be declining (Civil Exchange, 2013). The proportion of elderly households in England who are receiving home care from social services has halved since 1994 as available resources become more exclusively focussed on those deemed most in need with a corresponding trend away from socially-oriented support. This highlights the important gap in provision that NL is increasingly able to address, drawing on community resources, and extending the evidence-base for the direction taken by the project in prioritising services and activities aimed at enhancing social support and well-being (The Poverty Site, 2013).

Developing social networks
Deteriorating health, the onset of disabilities and bereavement pose some of the greatest threats to mental health and well-being amongst older people (Banks et al, 2006; Cornwall and Waite, 2009; Foresight, 2010). Loss of mobility can harm emotional well-being through its social impact, for example leading to fewer opportunities and/or lack of confidence to venture out, less contact with family and friends which in turn may increase feelings of isolation and withdrawal in a clear pathway to depression. Loneliness impacts negatively on physical health, affecting the immune and cardio-vascular systems and has been shown to carry a higher risk than lifelong smoking (Cacioppo, 2014). In addition, a recent study reported a double risk of Alzheimer's disease amongst those who were lonely compared to those with good social ties and it is no surprise that loneliness is closely associated with depression which in turn has been shown to increase with age (Age UK, 2011; BBCR4, 2014). It is important to note that the study data confirm these findings, with the analysis revealing a highly significant relationship between respondents' access to social activities and the rating given to their quality of life as well as the negative impact of physical disability on feelings of isolation.

Combating loneliness is a key NL objective and given that a high proportion of project participants are living alone (62%) and nearly 2 in 3 have identified mobility impairment as a primary disability, the study data strongly suggest that NL has been very successful in identifying those with weak social networks and those most at risk of isolation. It is pleasing to note that the proportion of those engaging in social, leisure and hobby groups which are aimed at tackling loneliness rose from 35% before joining NL to 62% as a result of NL membership. However, the data also show that the vast majority (83%) of those service users currently taking part in social activities are female and that those aged 85 years and over are also less likely to be involved. It may be that social activities that more readily address the specific needs of men and the barriers to access for older age groups may be usefully targeted for future development.

Although debate continues over the prevalence of mental health problems among older people, there is increasing evidence that depressive symptoms increase with age manifesting themselves as poor emotional well-being or reduced life satisfaction (McCormick et al, 2009; Windle et al, 2011). A significant degree of under-reporting of mental health problems among older people has been suggested (Allen, 2008) and recent reports have highlighted the 'normalising' of depression by some health care professionals, the small proportion of older people with depression who discuss their symptoms with their GP and the much reduced chance for older people of being offered talking therapies (Chew-Graham and Burroughs, 2004; UK Inquiry into Mental Health and Well-being in Later Life, 2007). Perhaps one of the greatest strengths of the NL project lies in its ability to provide this 'missing link' for older people, giving almost instant access to support which is free of consequences, by offering a 'listening ear' either through its home visiting services or through regular telephone befriending. In fact it has been shown that the support of volunteers who are relatively healthy older people is particularly helpful in diminishing depression in older service users, whilst at the same time significantly bolstering the sense of well-being of the elder volunteers themselves. Importantly, literature has also shown that the involvement of volunteers in befriending can act as a preventive strategy and delay the need for more expensive services (Wheeler et al, 1998; Musick and Wilson, 2003; Borgonovi, 2008; Paylor, 2011). The relationship established in the 'talking and listening' dyad between the giver and the receiver is a key component in motivating and sustaining the engagement of both volunteers and service users in the NL befriending activities and all those involved recognised these fluid boundaries, inter-dependencies and mutual benefits encapsulated in the epithet, 'doing good does you good' (McCulloch, 2012)

Asked about local activities, the majority of participants in the evaluation referred to direct services and certainly those with highest take-up included befriending and social and leisure activities. There was little mention of information provision and sign-posting as a discrete activity per se although the quarterly newsletter distributed from the central office certainly addresses some of these needs. However, there appeared to be no up-to-date local service and activity directory or information bank through which to offer a 'one-stop shop' for service users in their neighbourhood. There was frequent reference to the very large number of different projects, groups and activities on offer across the whole district with confusion expressed about the different funding streams supporting them and concern that duplication was almost inevitable. The perceived lack of co-ordination at district level also led some participants to the conclusion that sometimes those in need simply 'fell through the gaps' between the competing organisations. In these circumstances, there may be an opportunity to research and produce a local directory with the dual purpose of meeting the need for information provision and sign-posting for service users whilst also marketing NL, raising the profile and presence of the organisation in the community. Activity of this sort might also be a useful adjunct to the further work

which will always be required to uncover changing needs, gaps in current provision and what new services might usefully be developed.

Developing wider networks

Neighbourhood Links has grown very successfully from the foundation established in Torrington by its predecessor organisation, TorrAGE and four geographically-defined 'hubs' have been established with formalized arrangements for a local volunteer management committee, each of which has its own distinct characteristics, making optimum use of personnel and community resources.   In tandem, a wide range of centrally-coordinated direct services – primarily befriending and social activities - have been developed and delivered by groups or 'hubs' of volunteers on a district-wide basis, with significant positive impacts on overall life enjoyment (See Figure 11, p. 39).

One of the key concerns raised by all those involved in the evaluation study was balancing the recruitment of service users, especially the most vulnerable and potentially 'hard to reach' with the quantity and quality of volunteers able to fill the plethora of roles and tasks required to organise, plan and deliver services.   The number of registered volunteers appeared to have remained fairly stable over the course of the NL project in Torridge whereas it has been shown that in the broader context across England as a whole volunteering has recently declined, with individuals least likely to come forward in areas of most deprivation (Poverty Site, 2013). The retention of a planned 'bank' of volunteers was identified as a particular difficulty as it was recognised that many may drift away if their offers of help are not taken up sufficiently swiftly. Social capital is an important concept underpinning the community-based approach of NL and in this context, has two meanings. Firstly, there is social capital as 'bonding capital' comprising the networks and relationships of trust between those within communities. Secondly, there is social capital as 'bridging capital' relating to the networks and inter-relationships between neighbourhoods, communities and external agencies and resources (White, 2002). The evaluation has revealed good evidence for the promotion and development of increasing levels of bonding capital, strengthening the density of relationships within and between project staff, volunteers, and service users. However, work on developing stocks of bridging capital remains at an early stage. Although self-referral to the project by service users is strong, there is scope to expand referrals from outside sources to NL in order to target under-represented groups – for example men and those aged over 80 years – to increase registrations and service take-up by those most vulnerable and at risk of isolation and loneliness. Suggestions from those taking part in the evaluation included strengthening links with parish and town councils as well as with the range of health professionals working in community settings such as district nurses and community psychiatric nurses. There appears to be a particularly worrying and enduring gap in the level of referrals received from social services, other than the complex care teams which frequently deal with high dependency cases which may not always be appropriate for

volunteer support. Previous work with informal family carers has shown that the GP surgery is often an important and trusted source of information and onward referral for patients (Donnellan et al 2011) and given that the majority of current service users (56%) had visited their GP practice at least three times in the previous six months, there may be advantages in taking a more proactive 'case finding' stance, perhaps seeking for example to establish named contacts in each surgery and with discharge teams in local community hospitals to raise the profile of the project and encourage referrals. NL services may be most effective when they are explicitly part of a pathway targeted at those older people who straddle the eligibility boundaries and may not have access to on-going statutory provision of social care support and at those experiencing significant life events for example a bereavement, the onset of disability or becoming a carer (DH, 2008). It may be at this point that the 'immediate response' and 'shorter, more intensive' practical support suggested in the volunteer focus groups could find a place. As highlighted earlier in this report, for some, faith groups also play an important part in community cohesion (McCormick et al, 2009) and establishing regular contact with the full range of local faith communities may provide a further conduit through which service user uptake may be enhanced. It will be an essential on-going task to increase the focus on strengthening links with other projects, organisations and service providers, building information networks and co-operation with professionals and others involved in the delivery of services for older people on a district-wide basis in order to maximize the breadth and depth of reach of the NL service.

Developing the brand and sustainability
Focus group participants frequently commented on the individuality of each local context and a 'one size fits all' approach was strongly eschewed. While difference can function as a strength, it also poses risks in terms of diluting project vision, presence and profile. Although individual relationships were undoubtedly flourishing in specific locations and contexts, the lack of a more strategic, recognisable organisational identity had emerged which triggered the implementation of a branding exercise, to establish 'the visual voice' of NL, replacing disparate promotional materials with a consistent, recognisable design in all forms of media and creating a brand drawn from the associations and perceptions of the service in people's minds to present NL as a distinctive, reliable and most importantly trusted organisation, encapsulated in a readily recognisable logo. The impact of this aspect of development was clearly at an early stage given the frequency with which participants in the evaluation referred to the need for more promotion, more information and a higher profile for what NL has to offer.

In building the organisational brand, it will be important to provide lots of opportunities for volunteers and staff to meet with each other on a regular basis, to maintain a common purpose. Research suggests that the engagement, commitment and motivation of volunteers is best maintained when they are offered multiple, flexible opportunities to contribute in areas which feed into their individual interests

and wishes and where there is an adequate level of training and support (Paylor, 2011). There is good evidence in the evaluation for the deployment of volunteers in a variety of roles that both match their skills and meet their wishes but there is scope to develop opportunities in which they are enabled to come together for training and greater peer support. Mechanisms for the provision of monitoring and feedback still appear to be at an early stage.

High value and reliance was placed by volunteers and service users alike on the paid project staff for on-going support, guidance and advice, particularly in the co-ordination of the befriending service. Volunteers regarded a central point of contact as important in providing them with a sense of security and confidence in their role, to provide back-up and to bear formal responsibility in cases of emergency or doubt where referral for example to another agency or specialist service might be required. The willingness of volunteers to be involved in delivering activities was clear but considerable concerns were raised in the evaluation that all of the functions of the paid staff, particularly in relation to bearing final responsibility and accountability for managing services could not be transferred wholly to volunteers and further work with partners will clearly be required to establish which elements of the paid work may be needed and how income streams might be generated to ensure continuity after the end of the pilot scheme funding, including canvassing opinions about the implementation of membership fees and activity and service charges.

A primary threat to the sustainability of any community project is the tendency to rely on a small nucleus of volunteers whose individual enthusiasm and commitment, often arising from deeply held faith or social values, sustains the early development which can be threatened when people move away, withdraw or are unable to continue through ill-health or the onset of disability which is likely to happen more frequently where volunteers are drawn almost exclusively from older people. In fact, just such a loss of a key volunteer had resulted in a temporary suspension of the hitherto successful gardening service. A steady programme of recruitment, welcoming to new members and nurturing a range of volunteers who are able to offer IT, management, office and secretarial skills will be needed to ensure that tasks are shared and the operational load is spread across as wide a group as possible so that others are ready to step in, already familiar with processes and procedures, when losses and resignations occur.

6.0   RECOMMENDATIONS

Findings and themes emerging from the study have been brought together to produce six broad recommendations. Some are practical recommendations to improve existing processes and procedures or suggestions to meet gaps which have been identified. Taken together the findings and recommendations are intended to stimulate discussion, inform and influence the way in which partners in the NL project can work together to establish a sustainable service to improve the lives of older people in Torridge.

Recommendation 1: *Making central co-ordination sustainable*
To consult widely with all members and stakeholders about the introduction of membership fees and charges and what will be required in terms of central co-ordination, office base and paid staff to achieve long-term sustainability of NL services and activities.

Recommendation 2: *Creating opportunities for talking and listening*
To continue to offer and increase the range of opportunities for 'talking and listening', particularly where anxiety and depression are included in the presenting problems, in which older people are enabled to build at least one confiding relationship in a variety of ways that are of reciprocal benefit to the emotional well-being of both service users and volunteers. It has been noted that this service might usefully be extended to incorporate those living in sheltered and residential accommodation.

Recommendation 3: *Building the strength and breadth of social networks*
To continue to develop a range of activities focussing on promoting the strength and breadth of social networks, including a 'buddy system' to encourage attendance at new activities, with greater emphasis on the needs of:
- the older population, aged 80 years or over;
- men;
- those living in residential care settings;
- computer literacy at both introductory and advanced levels.

Recommendation 4: *Identifying named contacts to increase referrals*
To increase the level of referrals, taking a stronger 'case finding stance' by broadening and strengthening the range of multi-agency partnerships and establishing a more formal network of named individual contacts within relevant agencies, organisations and groups with special reference to GP practices and community hospital and health systems, social services departments, parish, district and county councils and faith groups.

Recommendation 5: *Supporting, training and developing volunteers*
To consider ways in which opportunities for volunteering might be extended to include younger people and to find ways in which opportunities can be made

available for volunteers to receive regular peer support which recognises the emotional impact of some contacts and to further embed monitoring and feedback systems to ensure appropriate support and sustained commitment to the role.

Recommendation 6: *Developing a compendium of local sources and resources*
To consider the information and sign-posting needs of communities to make best use of existing provision, reducing risks of duplication and exploring ways in which for example a 'one stop shop' could be developed. It may be helpful to note that libraries were consistently mentioned as a key local resource for information-sharing.

7.0   LIMITATIONS

This is a small empirical study undertaken with groups of self-identified service users, volunteers and project staff.

7.1   Assumptions
In considering the findings, an assumption has been made that the participants comprise a broadly representative sample of the whole project population.

7.2   Limitations
There are a number of limitations when seeking to generalise any of the findings to a wider population:
  (i)   The sample size in each category of participants is very small
  (ii)   Participants have identified themselves and may be introducing bias because they possess particular characteristics as people who put themselves forward rather than reflecting differences across the whole population, including those who do not choose to come forward.
  (iii)   The low response rate from both service users (17%) and volunteers (6%) means that the number of responses has been too small to be broken down into sub-groups and subjected to wide statistical analyses.

7.3   Mitigation
Having acknowledged the assumptions made and the limitations imposed by a small, self-selected study sample, we are encouraged to find broad congruence of our sample internally with the project population as a whole across a number of important characteristics (age, gender) which provides confidence that the study has not identified an aberrant group.

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9.0   APPENDIX A

STATISTICAL SIGNIFICANCE TESTS

A statistically significant finding is one that is determined mathematically to be very unlikely to have happened by chance alone. It is important to note that in statistical terms, significant does not necessarily meant important[3].

p – Probability
If it is calculated that there is a less than one in twenty chance (.05 or 5%) that the observed relationship could have happened by chance, the findings are designated as significant; if there is less than a one in one hundred chance (.01 or 1%), they are designated as highly significant[4]. A *'p'* value indicates how likely the finding is to be 'untrue' or caused by chance events. A *'p' value* of .05 means that the finding has a 5 out of 100 or 5% chance of *not* being true. There is a written convention that *'p'* is always expressed in italics[5].

N or n – Number of cases
This is simply the total number of people involved in the study. For example, in this study, the total number of service users who received a questionnaire was 874 or N=874. The total number of those who returned a questionnaire was 147 or n=147. Not all questions are relevant to all participants and where a different number of people have provided responses to a particular question, the number of responses from within the whole group is denoted by 'n'.

r_s - Spearman's rho
Named after Charles Spearman and often denoted by the Greek letter (rho) or r_s, Spearman's correlation co-efficient measures the strength of association between two factors or variables. A correlation coefficient of 1 indicates a perfect relationship. A correlation co-efficient is commonly used to measure the size of an effect[6]:

      Values of .1 represent a small effect
      Values of .3 represent a medium effect
      Values of .5 represent a large effect

Considerable caution must be taken when interpreting correlation coefficients because they give no indication of the direction of causality. For example, although it is possible to conclude that as financial resources of the service users in this sample increase, so their reported quality of life increased, this does not mean that more financial resources *caused* a better quality of life. There may be other factors which have not been measured that are having an effect on the results.

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ADDRESS FOR CORRESPONDENCE

Helen Donnellan
Room 002, 10 Portland Villas
School of Health Professions
Faculty of Health and Human Sciences
Plymouth University
Drake's Circus, Plymouth
PL4 8AA

E-mail: helen.donnellan@plymouth.ac.uk

Telephone: 01752 586711