



Leicester Ageing Together (LAT): Evaluation Report



Leicester Ageing
Together

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BAME	Black Asian and Minority Ethnic communities
CCG	Clinical Commissioning Group (Leicester City CCG)
LCC	Leicester City Council
LAT	Leicester Ageing Together, part of the Big Lottery Fund Ageing Better programme

1.0 Executive Summary

According to the Office for National Statistics (2018) the UK population has been steadily getting older and this trend is projected to continue. In 2016, there were 11.8 million UK residents aged 65 years and over, representing 18% of the total population – 25 years before, there were 9.1 million, accounting for 15.8% of the population. Linked to these statistics over 9 million people in the UK – almost a fifth of the population – say they are always or often lonely, but almost two thirds feel uncomfortable admitting to it (British Red Cross and Co-Op, 2016) and over half (51%) of all people aged 75 and over live alone (ONS, 2010).

The Leicester Ageing Together partnership, known as LAT, has been working since October 2015 to reduce isolation and loneliness in older people in Leicester. So far, they have reached almost 6,000 older people, nearly half of whom were aged 80 years plus. This large and extensive programme recruited over 1,300 volunteers, as well as funding local jobs worth £1.5 million.

LAT is part of Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder to date of community activity in the UK. Ageing Better aimed to develop creative ways for older people to be actively involved in their local communities, helping to combat social isolation and loneliness. It was one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aimed to make people's lives healthier and happier.

This report commissioned by the LAT board in December 2018 was conducted by De Montfort University and reports the findings of a qualitative evaluation conducted at the end of the funding stream for the programme. The evaluation aimed to gauge the views and experiences of beneficiaries, stakeholders and provider organisations who were involved in the delivery of the programme. This evaluation was conducted over a four month period in early 2019 and where possible aimed to gain insights from across a range of ethnic groups, contexts and viewpoints. In total 50 participants shared their experiences of the programme, for which the evaluation team at De Montfort and LAT are extremely grateful.

This report should be read with the understanding that the views shared in this report are not necessarily the views of everyone involved in the programme. They are time specific based on hindsight offering a snap shot of views at the end of the programme rather than throughout. The findings relate to data collected over a months in 2019 involving 50 participants who were at the time of data collection actively engaged in an activity as a beneficiary or were delivering programmes as a provider. The majority of the views shared in this report are generated from the 35 older people classed as the LAT programme beneficiaries with a further 15 interviews undertaken with provider

and stakeholder organisations. This evaluation did not seek the views of the LAT board members. Ageing Better, the Big Lottery funders or organisations that were no longer offering LAT funded activities. The findings and therefore the recommendations are solely based on the evidence gathered during this evaluation exercise and it would be useful for these to be considered in light of the other extensive evaluations that have been commissioned not just for the Leicester programme but others commissioned across the sector. For example at the time of submitting this final report we understand there is an ongoing national evaluation by the Big Lottery which is anticipated to have cross cutting themes to other local evaluations. It would be wise, therefore, to review these in the context of Leicester and other UK Cities and similar programmes aimed to support loneliness and social isolation amongst older people (those aged over 50) and the communities to which they live.

The report findings aim to capture the essence of the LAT programme including highlights, strengths and opportunities for future learning for similar programmes of activity.

Key findings and recommendations:

Finding 1: There is evidence that beneficiaries gained greatly in developing their social connections either within their own community or cultural group and there was some evidence, although not greatly explored within this evaluation, of providers attempting to work across different ethnic groups, for example with different South Asian groups.

Finding 2: There was clear evidence of cultural and ethnic diversity from the makeup of the provider organisations across the four years of the programme.

Recommendation One: It is commended that funded programmes were targeted in specific wards and areas of Leicestershire that were identified where older people likely to experience loneliness and social isolation. However, as a mainstream function, future programmes should look to work with providers who can deliver activities which cross these boundaries and help to foster wider engagement regardless of culture, religion or beliefs.

Finding 3: LAT provider organisations who delivered activities spoke passionately and enthusiastically about the funding received and how this enabled them to develop or broaden their programme of activities and support to older people who may identify as lonely and socially isolated.

Finding 4: Many beneficiaries and provider organisations shared their disappointment that funding cuts would cease some activities but in many cases felt impassioned to continue with groups and activities.

Finding 5: Some LAT activity providers were creating ways to develop their beneficiaries to ‘take ownership’ of activities, helping beneficiaries to develop skills and knowledge to lead activities in the future and passed the life of the LAT funding.

Recommendation Two: *Funding is key for many community organisations to deliver the wealth of activities that were delivered throughout the LAT programme. Whilst having the option to deliver a 4-year funded programme is rare there is an identified need to review sustainability throughout the life of the programme and to consider future proofing of conceptions for the longer term delivery of activities. There is a need to work alongside community development workers to ensure continuity and sustainability of programmes after initial funding ceases if community engagement is to thrive.*

Recommendation Three: *Any community programmes that involve a wealth of volunteers and has a desire to engage their beneficiaries should work collectively (with other partners or other likeminded community organisations) to develop robust packages to support and encourage leadership and skills development for the delivery and maintaining of community based activities.*

Finding 6: Beneficiaries were passionate about the value of attending programmes, were able to indicate the effect on their own circumstances in relation to loneliness and social isolation.

Recommendation Four: *This evaluation did not utilise any base line or quantitative data to evidence the benefits to beneficiaries. This indeed was commissioned and conducted separately by The University of Nottingham (see Thomson et al., January 2019). A sense of benefit from engaging from community activities was evident through the captured words from the 35 beneficiary participants to this DMU qualitative evaluation. They was a strong sense of loss should programmes cease, not because of ‘somewhere to go’ but that older people do not want to return to what they previously did in their lives prior to attending these activities. In order to capture this community engagement work is required to ensure that those willing and able (as beneficiaries) are provided with a ‘toolkit’ for the development of skills to ensure the continuity of activities post funding. This has the added benefit of supporting sustainable programmes of activities despite the loss or reduction of large funding streams.*

Finding 7: Whilst many stakeholder groups were involved in the setting up of the LAT programme initially there were still evidence of gaps in understanding and linking existing programmes within their own context to the LAT programmes. This appears to be a lost opportunity to fully address the issues of loneliness and social isolation for older people.

Recommendation Five: *It was disappointing to note that from the limited interviews conducted with stakeholders there was a strong sense of ‘missed opportunity’ for the reach of programmes across different stakeholder groups, for example, health, policing, social care, housing. With large scale programmes of activities, such as planned within the LAT grant, it is often difficult to grasp the*

potential opportunities whilst ensuring that the aims of a programme are delivered. A co-ordinated approach with statutory agencies is required to ensure that layers of dissemination are clear, transparent and monitored if programmes of this scale are to truly cross over and become embedded in to other related sectors such as health, housing and social care.

Finding 8: There were levels of frustration that the process for referral and counting LAT beneficiaries seem prejudiced towards a number of referral organisations rather than those actually delivering the community programmes. In addition there were comments about the process for collecting and monitoring beneficiaries (the context monitoring form) with issues of translation (when dealing with multiple languages), purpose (the scope and extent of data requested) and value (to whom and why).

Recommendation Six: Consideration needs to be given to the use of standardised data collection forms when intended to be used with multi-ethnic groups and across different ages as to their appropriateness and scope of data required so that this does not preclude individuals from taking part in activities. Clearly defined parameters for what constitutes potential funding opportunities so as to remove ambiguity for organisations when working directly with beneficiaries of programmes is recommended.

'Young or old, loneliness doesn't discriminate... it is something many of us could easily help with.'

MP Jo Cox, The Jo Cox Commission

2.0 Scope of this report

De Montfort University have been commissioned by Leicester Ageing Together (LAT) partnership to enhance a number of existing evaluations they have commissioned by undertaking a qualitative evaluation. The overall aim of this evaluation is to describe the implementation of the LAT programmes by multiple organisations based in Leicestershire for the benefit of older people in order to set out a series of recommendations for the development of provision in the future.

Within the defined locality of the county of Leicestershire and within the particular context of the LAT programme the aims of this evaluation) were agreed as:

- describe, through narratives of LAT programmes users (referred to as beneficiaries), the experiences of older people who have attended programmes in relation to social isolation and loneliness;
- understand from the perspectives of stakeholders the implementation and sustainability of LAT programmes within their remit;
- examine the specific factors that enabled organisations to operationalise the LAT programme and sustain delivery;
- identify a series of clear recommendations, best practice indicators and actions to enable a range of organisations in the region, and wider, to promote effective working practice with regards to addressing social isolation and loneliness in older people across a range of settings and situations.

To do this we have undertaken interviews and focus groups with older people who have attended LAT funded activities [referred to in this report as beneficiaries] and groups or organisations funded by LAT [referred to as providers] and finally representatives of those organisations, such as the local authority for example who are stakeholders in LAT [referred to as stakeholder].

3.0 Leicester Ageing Together

The Leicester Ageing Together partnership has been working since October 2015 to reduce isolation and loneliness in older people in Leicester. So far, they have reached almost 6,000 older people, nearly half of whom were aged 80 years plus (see <https://www.leicesterageingtogether.org.uk/about-us/>). This large programme recruited over 1,300 volunteers, as well as funding local jobs worth £1.5 million.

LAT is part of Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder to date of community activity in the UK. Ageing Better aimed to develop creative ways for older people to be actively involved in their local communities, helping to combat social isolation and loneliness. It was one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aimed to make people's lives

healthier and happier. Ageing Better is a £78 million investment of National Lottery funding from the Big Lottery Fund to support people in later life. This supports 14 partnerships across England: Birmingham, Bristol, Camden, Cheshire, East Lindsey, Hackney, Isle of Wight, Leeds, Leicester, Manchester, Middlesbrough, Sheffield, Thanet and Torbay. Partnerships work with older people to create new and enjoyable ways for them to be actively involved in their communities, helping to combat social isolation and loneliness. They do this by bringing services together to improve their delivery and make them easier to access.

Working in conjunction with older people, the City Council and Health partners, Leicester LAT programme consisted of 23 projects that, over the course of five years [originally funded for 4 years with a 12-month extension] have involved 17 voluntary sector delivery partners (referred to as providers in this report).

The programme was focused in 5 city wards: Belgrave, Evington, Thurncourt, Spinney Hills and Wycliffe (see Appendix 1) chosen because of the prevalence of risk factors associated with social isolation. In addition, there was a citywide delivery of LAT services to African Caribbean older people, older people with hearing loss, those who found it difficult to leave their homes and those returning home from hospital.

4.0 Social Isolation and Loneliness

The terms social isolation and loneliness are frequently used interchangeably but are different but related concepts. Although they share many contributory factors each has its own distinct meaning and connotations. AGE UK and researchers at the University of Sheffield (Age UK and The University of Sheffield 2018) tell us that social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships, people may choose to have a small number of contacts and may not feel lonely. Social isolation can be caused physically through distance or disability, or emotionally through social stigmas or traumatic events (Griffiths 2016). Social isolation is a particular problem at older ages, when decreasing economic resources, mobility impairment, and the death of contemporaries conspire to limit social contacts (Steptoe, Shankar et al. 2013).

Loneliness on the other hand is a subjective feeling about the gap between a person's desired levels of social contact and the level they actually achieve. It also refers to the perceived quality of the person's relationships. Loneliness is never desired and lessening these feelings can take a long time.

The link between the two concepts comes when one realises that social isolation can lead to loneliness and loneliness can lead to social isolation and that both may also occur at the same time. Feelings of

loneliness are not just caused by physical isolation and lack of companionship, but also through a lack of useful role in society.

4.1 The effects of social isolation and loneliness in older life

The context of social isolation in later life is that of 'successful aging' and good 'quality of life'. The term 'quality of life' includes a broad range of areas of life although there is little agreement about its definition. The literature suggests different ways of thinking about quality of life in relation to older people; from exploring 'life satisfaction' or 'social wellbeing' to considering concepts of independence, autonomy, and social and cognitive competence. However, regardless of how 'quality of life' is defined, research has demonstrated that social and family relationships are central to human wellbeing and critically involved in the maintenance of health. For example, social isolation places people at increased risk of developing cardiovascular disease (Barth et al 2010), infectious illness, cognitive deterioration and mortality. Social isolation also has been associated with elevated blood pressure, blood abnormalities (Loucks, Berkman et al. 2006) and with heightened inflammatory and metabolic responses to stress (Grant, Hamer et al. 2009, Uchino 2006).

Loneliness itself has been linked with increased risk of cardiovascular disease and mortality by a number of authors (Shiovitz-Ezra, Ayalon 2010, Patterson, Veenstra 2010, Thurston, Kubzansky 2009, Perissinotto, Cenzer et al. 2012). It is associated with elevated blood pressure (Hawkey, Thisted et al. 2010), and a range of other physiological problems (Steptoe, Owen et al. 2004, Hackett, Hamer et al. 2012, Cole, Hawkey et al. 2007)

So it is evident that the effects of social isolation and loneliness go beyond the purely personal to becoming a societal issues that has implications for funding and resourcing of health and social care.

4.2 The size of the problem

Some people consider that admitting to having feelings of social isolation and loneliness carries a stigma and may be reluctant to admit these feelings. Some may not relate the terms to themselves. With these thoughts in mind the figures below become even starker and it is clear that this is a significant issue:

- Over 9 million people in the UK – almost a fifth of the population – say they are always or often lonely, but almost two thirds feel uncomfortable admitting to it (British Red Cross and Co-op 2016)
- Over half (51%) of all people aged 75 and over live alone (Robinson, Bugler 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK 2014)
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often (Beaumont 2013)

- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont 2013)
- A higher percentage of women than men report feeling lonely some of the time or often (Beaumont 2013)
- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor, Bond et al. 2003)

The LAT programme was developed as a local response to these issues and it is to that local context that we now turn.

5.0 The LAT Context

5.1 National population and ageing

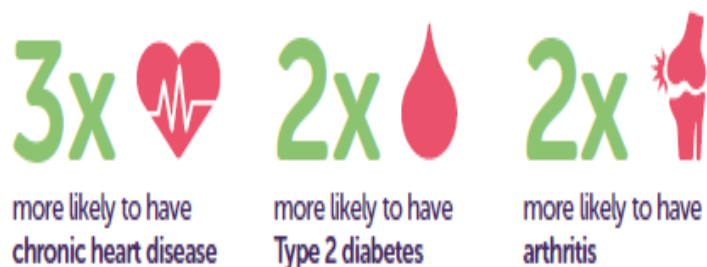
According to the Office for National Statistics the UK population has been steadily getting older and this trend is projected to continue. In 2016, there were 11.8 million UK residents aged 65 years and over, representing 18% of the total population – 25 years before, there were 9.1 million, accounting for 15.8% of the population (Office for National Statistics 2017).

Looking ahead to 2041, the 1960s baby boomers most often defined as those individuals born between 1946 and 1964 will have moved into later older age and by 2066 there will be a further 8.6 million projected UK residents aged 65 years and over making up 26% of the total population (Wohland, Rees et al. 2010).

The fastest increase will be seen in the 85 years and over age group. In mid-2016, there were 1.6 million people in this group (2% of the total population); by mid-2041 this is projected to double to 3.2 million 4% of the population in the UK. In contrast, the population aged 16 to 64 years is projected to increase by only 2% over the next 25 years (Office for National Statistics 2017). In relation to ethnicity, overall, the age structure of the Black, Asian Minority Ethnic (BAME) population is relatively young in comparison to the UK White majority population, although some ethnic groups have an older age profile, and these include the White Irish, Indian, other White, and Black Caribbean communities (Lievesley, N 2010). Many people from these ethnic groups migrated to the UK during 1950s - 1970s (Moriarty, Sharif et al. 2011). The number of people in these groups aged 65 years and over, is predicted to rise from 0.81 million in 2016 to 1.3 million by 2026, and to 3.8 million in 2051, in England and Wales (Wohland, Rees et al. 2010)

Whilst ageing is inevitable, the experience of ageing is shaped and influenced by the complex inter-

play of factors such as ethnicity, gender, health and illness, geographical location (urban/rural), and socio-economic deprivation (Centre for Ageing 2019). A combination of socio-economic deprivation and gender can raise the risk of chronic health conditions. For example, men age 50 years, in the poorest quintile, are three more times likely than those in wealthiest quintile to have chronic heart disease, twice as likely to have type 2 diabetes and arthritis:



Source: Centre for Ageing 2019

For women in the poorest quintile, the risk of developing chronic heart disease is raised by four times in comparison to women from the wealthiest quintile and Type 2 Diabetes (T2DM) by three times. Sixty six percent of women in the poorest quintile will have arthritis in comparison to 42% of women from the wealthiest quintile (Centre for Ageing 2019).

In relation to ethnicity, there are differences in health inequalities within Black, Asian Minority Ethnic (BAME) groups, for example, Indian groups generally experience better health in comparison to Pakistani and Bangladeshi groups (Nazroo 2014). However, in comparison to the general population:

- Men born in South Asia are 50% more likely to have a heart attack or angina, with Bangladeshis having the highest rates, followed by Pakistanis, then Indians and other South Asians (Parliamentary Office for Science and Technology 2007)
- Men born in the Caribbean are 50% more likely to die of stroke but have much lower rate of death from coronary heart disease (Parliamentary Office for Science and Technology 2007)
- South Asians and black groups are two to four times more likely to have Type 2 diabetes, and are likely to be diagnosed at the age of 25 years or under, in comparison to the age of 40 years in the general population (Diabetes UK 2010, Diabetes UK 2019).

The discussions about health inequalities within and between BAME groups has often focused on culture, lifestyle and genetics as explanatory factors. However, there is now considerable evidence that social and economic inequalities faced by ethnic minority groups make a substantial contribution to ethnic health inequalities. The contributory factors are complex and multi-dimensional and include, for example, economic activity; employment levels; educational outcomes; housing; geographical location; area deprivation; racism and discrimination; citizenship, and claims to citizenship.

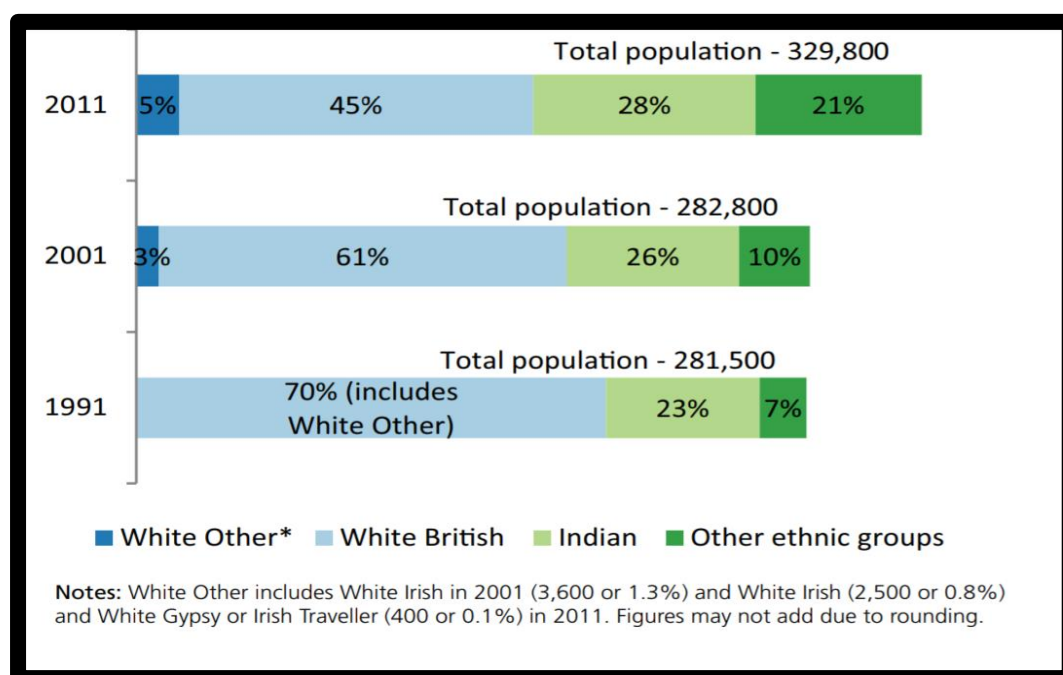
Furthermore, the findings from a study conducted with a nationally representative UK sample conducted between 2000-2011, with 47,678 respondents (Evandrou, Falkingham et al. 2016) demonstrated that patterns of health inequalities in later life, such as those discussed above are inextricably combined with those of socio-economic deprivation, poor healthcare experience, and racial experience in early life (Evandrou, Falkingham et al. 2016).

Whilst the causes of socio-economic inequalities are recognised as multi-factorial in cause, the evidence suggests that health inequalities increase the likelihood of rising levels of social isolation and loneliness amongst older BAME people because it increases their vulnerability (Lewis, Cotterell 2018). Although, Victor’s study (Victor, Burholt et al. 2012) in a UK population found that the levels of experience of loneliness within BAME communities are not uniformly experienced across all BAME communities and higher levels of loneliness were identified amongst older people from China, Africa, Caribbean, Pakistan and Bangladesh (between 24% and 50%). Whilst, older people that originated from India experienced similar levels of loneliness to those reported by white older people, that is 8% to 10% (Victor, Burholt et al. 2012). Having explored the national picture the next section takes a closer look at the local Leicester landscape’

5.2 Leicester City Profile

The Office for National Statistics for 2016 estimated the population in Leicester was 349,500 (Jivaraj, Finney 2013).

Figure 1: 2016 Estimates about the size of Leicester’s population



Source: Jivaraj, Finney 2013

5.2.1. Ethnicity in Leicester

Leicester is characterised by its ethnic and cultural diversity, with its residents coming from over 50 countries around the world and over 70 languages are spoken within the City (Leicester City Council 2012).

- Leicester has the highest proportion of people of Indian heritage in England and Wales
- Was 37th in terms of its proportion of people of Bangladeshi heritage
- 52nd in terms of its proportion of people of Pakistani heritage

(Leicester City Council 2012).

Almost 50% of Leicester City's population comprise BAME groups (Leicester City Council 2017), with its largest ethnic group the Indian community mainly residing in the Eastern part of the City namely, Latimer, Belgrave, Spinney Hills, Rushey Mead and Coleman. However, this community is also dispersing and clustering in surrounding areas within Leicester and Leicestershire, such as Hamilton, Humberstone, Great Glen and Houghton on the Hill (Jivaraj, Finney 2013).

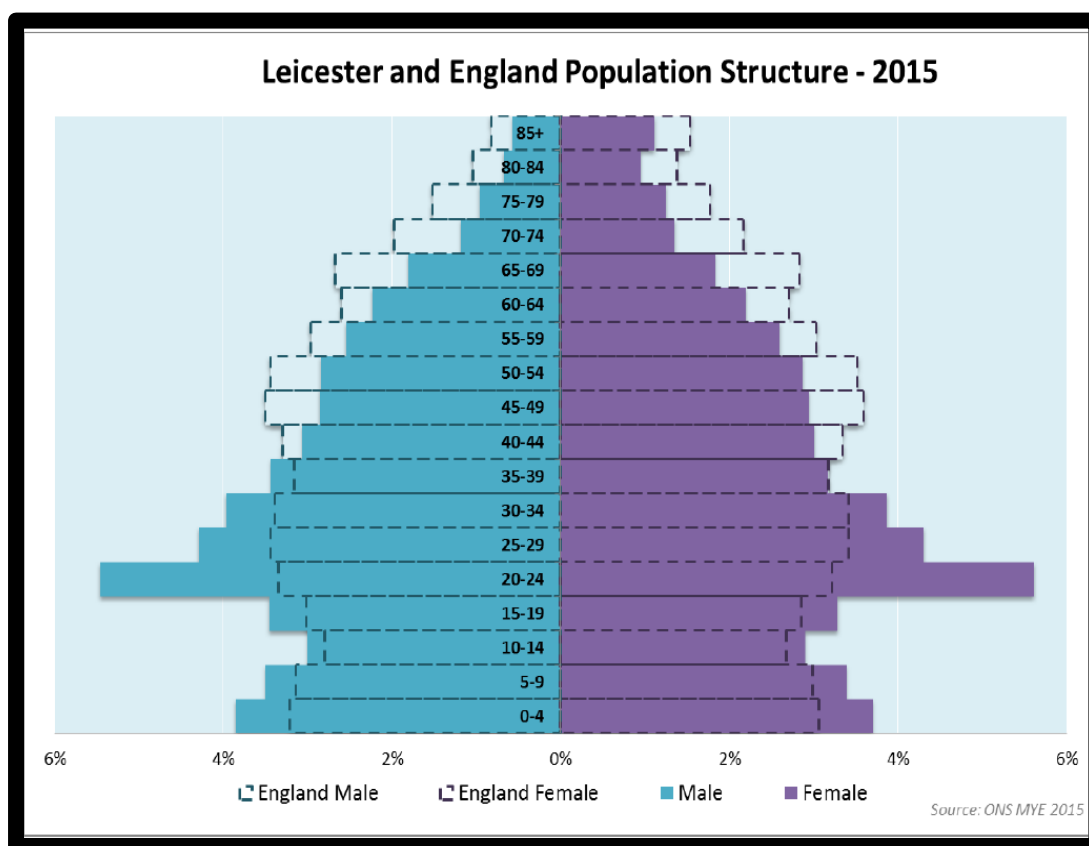
The second largest ethnic minority group is that categorised as 'white other' has undergone a rapid increase in numbers at a growth rate of 160% (Jivaraj, Finney 2013). However, the fastest growing ethnic community over the past two decades has been the African ethnic group. That being said these people still account for less than 10% in the Wards in Leicester City (Jivaraj, Finney 2013).

5.2.2 Leicester Age Profile

Leicester like other cities is aging and the total number of people aged over 65 years is estimated to rise by around 3.7% or 17,000 by 2030. The largest increases are expected amongst the 70-74 year olds with an estimated increase of over 4,800 by 2030. The number of people over 90 is also predicted to rise and almost double by 2030 to 4,000 (Leicester City Council 2016c). The majority of older people live in the community and there are many areas with more than 1,500 residents aged over 65 years in fact Knighton and Rushey Mead have the highest number of older people in Leicester city as a whole, whilst in Evington and Thurncourt older people have the largest proportion of residents aged over 65 years (Leicester City Council 2016c).

Leicester City's BAME groups have a generally younger age profile in comparison to the City's white population, so there are smaller numbers of people aged 65 and over from BAME communities (Leicester City Council 2018). However, this is likely to change substantially as first and second generations from BAME communities that migrated to the City in the 1950s to 1970's from the Caribbean, India and East Africa are ageing.

Figure 2: 2015 Leicester and England Population Structure.



Source: Leicester City Council 20175.2.3

5.2.3 Indices of Multiple Deprivation (IMD) for Leicester

Socio-economic deprivation has a contributory role in social isolation and loneliness so its important to measure which areas of the City are affected. The Index of Multiple Deprivation (IMD) enables this to be measured by calculating relative deprivation between and within local authorities in England.

The Lower-layer Super Output Area or LSOA is a geographical unit that is used to describe things such as deprivation and includes 1500 residents and 500 households. In England there are over 32,000 LSOAs in total, 192 of which are in Leicester (Leicester City Council 2016b).

This data shows that:

- 1 in 4 Leicester residents live in areas of high deprivation
- 1 in 3 older people live in areas of high income deprivation
- 1 in 6 residents live in areas of high health deprivation, with higher rates of illness, disability and death
- 1 in 4 residents live in areas of high crime deprivation

Source: Leicester City Council 2016

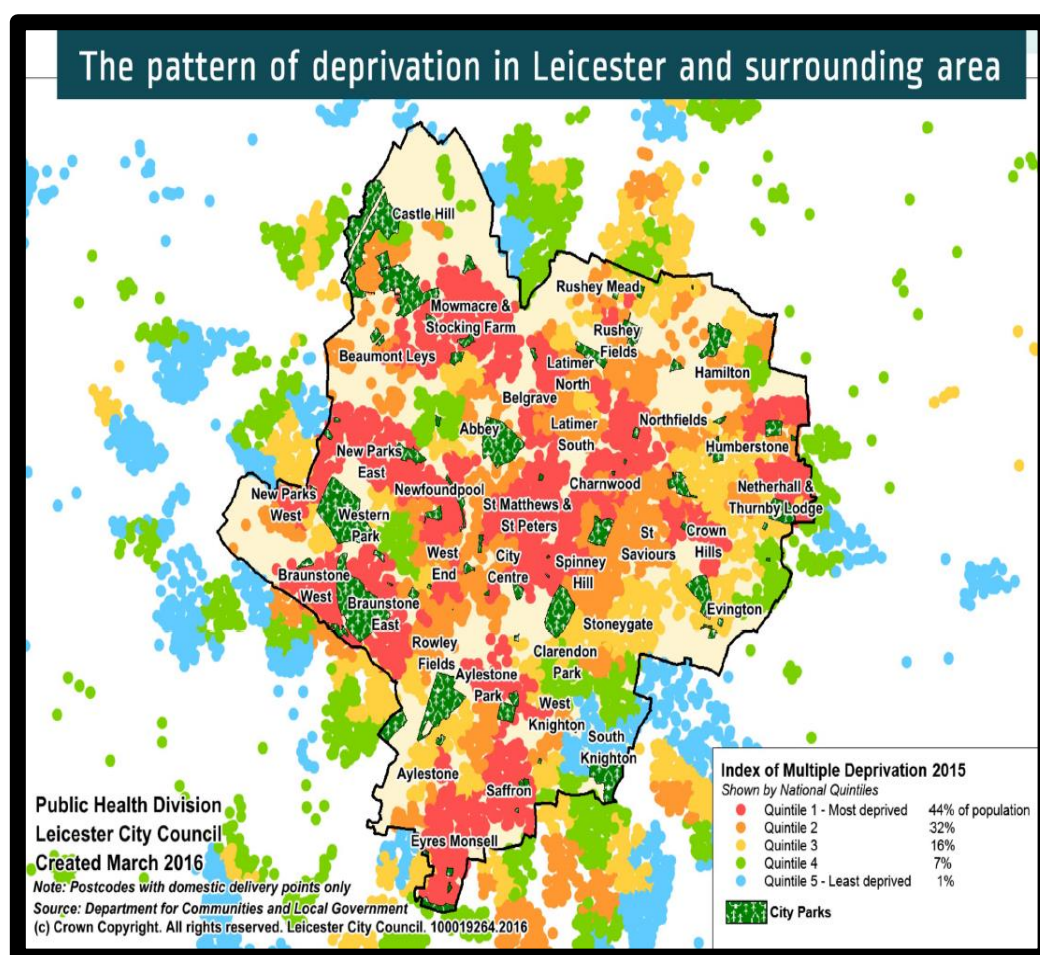
The Indices for Multiple Deprivation for Leicester City in 2015 also highlights (Leicester City Council 2016a) that

- Leicester is ranked 21st most deprived in the Index for Multiple Deprivation out of 326 local authorities.
- Leicester is ranked within the 10% most deprived local authorities in England.
- In England 40% of people live in the most deprived Lower-layer Super Output Area, whereas Leicester has 76% of its population living in the most deprived Lower-layer Super Output Areas

Source: Leicester City Council 2016

The identified link between social isolation and deprivation would suggest that older people living in Leicester are more likely to be living in deprived areas with higher areas of crime than many other older people living in other areas of England and therefore have an increased risk of social isolation.

Figure 3 Deprivation in Leicester by quintiles of deprivation in England (IMD 2105)



Source: Leicester City Council 2016

As discussed above (5.2.1) Leicester enjoys the benefits of having a highly diverse population. However, assumptions are made about the experiences and lives of individual cultural groups and is

not always well articulated or understood. The next section explores some of those assumptions and experiences in relation to social isolation and loneliness.

6.0 Assumptions and myths about social isolation and loneliness in BAME communities

The most common assumption perhaps is that older people from BAME communities are less likely to experience social isolation and loneliness in comparison to white British counterparts. This is believed to be because they have greater access to family and community support, promoting increased social interactions (Antrobus, Edwards et al. 2014) and are more likely to be engaged in intergenerational living. However, the Runnymede Trust (Antrobus, Edwards et al. 2014) argues that whilst there may be a kernel of truth to this, it is nevertheless a simplistic assumption. Indeed, having regular and frequent family contact does not necessarily negate the possibility of any older person feeling lonely.

A second common assumption is that BAME older people live within multi-generational families (Antrobus, Edwards et al. 2014). Whilst the existence of multi-generational families is acknowledged as being common in Pakistani and Bangladeshi communities, in which 1 in nearly every 10 household can be multi-generational, in comparison to 1 in nearly 100 households in white British groups. However, this is not true across all BAME communities for example the numbers of multi-generational households in black and Chinese communities is likely to be much more in line with the white British experience of 1 to 2 per 100 households, (Hawkey, Cacioppo 2007).

Moreover, living in multi-generational families does not automatically confer protection against social isolation and loneliness. As older people who will have migrated from India, East Africa and the Caribbean, for example, have their experience of social isolation and loneliness shaped and influenced by their migration histories (Antrobus, Edwards et al. 2014). For instance, South Asian older people with dementia may lose their skills in English as a second language and revert to their first language, and this can potentially isolate them from their children and grandchildren (Antrobus, Edwards et al. 2014).

This experience alongside loss or diminishing levels of shared history, language and culture can accentuate feelings of social isolation from British born children and grandchildren (Bolton, Bowling et al. 2012).

6.1 Risk factors for social isolation and loneliness in BAME communities

There are a number of risk factors for BAME elders in relation to social isolation and loneliness. Specific risk factors for social isolation relate to their experience of racism, discrimination and marginalisation over the course of their lifetimes which can negatively impact the social opportunities and interactions available to members of BAME communities (Lewis, Cotterell 2018). Although there is some evidence

to suggest that where BAME elders live in areas in which there are greater numbers of people from BAME communities the likelihood of exposure to racism and discrimination is reduced (Lewis, Cotterell 2018). However, older people from BAME communities are twice as likely to live in poverty compared to white British older people and this can negatively impact the opportunities available for social engagement and thereby increase the likelihood of loneliness (Lewis, Cotterell 2018). Moreover, living in neighbourhoods that offer low levels of personal safety, facilities, transport and housing can also contribute to social isolation and loneliness, as the opportunities to socially engage are hampered (Lewis, Cotterell 2018).

7.0 Summary

This section paints a picture for the local context of which the LAT programme was conceived. There are multiple reasons why older people may feel lonely and socially isolated and it is generally agreed that this is a complex and often multi-dimensional topic for which no one solution exists. The LAT programme aimed to embed its self within the wards and districts of Leicester that the current funder requirements allowed.

We now move to describing the approach and methodology used to conduct this evaluation.

8.0 Evaluation Design

There were three key groups who contributed to this evaluation older people (over the age of 50 as defined by LAT) as beneficiaries who attended activities and groups funded by LAT; people from provider organisations who benefitted from LAT funding and organised groups and activities; and finally representatives of grant organisations, such as the local authority for example, who are stakeholders in LAT.

Data collection took the form of one to one interviews and focus groups using a semi structured interview format. This meant that although an interview guide was used to ensure that areas of interest were explored there was also the flexibility to allow participants to share other issues and points of view that they saw as pertinent.

As per research ethics guidance confidentiality was assured and individuals will not be identified in the report other than by using the terms beneficiary, provider or stakeholder. Focus groups with beneficiaries ranged between 60 and 75 minutes, providers between 60 to 120 minutes, and stakeholder interviews between 30 and 45 minutes.

All the beneficiaries who were still actively attending LAT programmes and who had capacity to consent, were invited to participate in the study during the recruitment period (March until July 2019). A pack containing a covering letter, a participant information sheet was given to individuals who were attending activity sessions funded by the LAT programme. It was envisaged in the planning of this study that we may be able to engage with individuals who had attended any LAT funded programme in the past 6 months. However, some organisations who received funding under the LAT scheme were not able to facilitate access to any beneficiaries so their experiences are not included in the evaluation.

Each beneficiary was offered the opportunity to take part in a focus group with a member of the research team. Interviews were either held at the venue after a normal activity provided through the LAT programme or at another date and place of the participants choosing. Each focus group had between 4 and 10 people attending and focus groups were offered with Gujarati and Hindi speakers. A member of the research team, Naina Patel was able to conduct one of the focus groups in Gujarati and another bi-lingually in English and Gujarati. We are aware that this evaluation was only able to access a small percentage of the ethnic diverse groups Leicester has to offer and therefore the findings cannot be generalizable to the wider Leicester population but we can provide some detail from the groups represented in the sample for this project, namely Indian Hindu, Indian Muslim, Pakistani, white British and African-Caribbean. However, we hope that some of the findings resonate with other people's experiences of the LAT programme in Leicester.

During March, April and May 2019, we approached organisations from a list provided by the LAT board, who were either still operating LAT funded schemes for older people or who were still engaged

in some capacity with the LAT programme. Initial email communication to introduce the research team to the provider organisations was sent on DMUs behalf. A member of the research team also attended a community engagement event held in Leicester City Centre in January 2019 with provider organisations and advise them about the forthcoming evaluation and what their potential involvement would consist of. The recruitment strategy was to engage with the provider organisations not only to participate in their capacity as delivering LAT funded programmes but also to help the research team to connect with programme beneficiaries. No interviews were conducted until DMU ethics was approved on the 18th March, 2019.

The 1st arm of the evaluation was to conduct focus groups with individuals who were still engaged in a LAT funded activity. In total 35 beneficiaries took part in focus groups ranging in size from 4 to 10 participants. All the focus groups were held at the premises where activities were delivered and all beneficiaries were offered a one off discretionary payment of a £20 gift voucher as a token of appreciation. For the provider organisations and stakeholders a total of 15 interviews were conducted, predominately on a one to one basis and were conducted in various work locations and a time and place suitable for the participants. In total 50 participants took part in this evaluation.

The focus groups and interviews were fully transcribed using thematic analysis (Braun and Clarke 2006) combining deductive and inductive analysis. This involved immersion in the data by reading and re-reading each interview script to identify relevant themes. Individual segments of texts were considered in relation to the overall text, and each sentence was assessed for relevant meaning in relation to the research questions. This was an iterative process whereby the researchers (NP, KHS, and JB) moved back and forth between the whole text and segments of text to gain an understanding of the phenomena being explored. The research team were looking to identify, analyse and reporting patterns within the data collected and interpret various aspects in relation to the research topic (Boyatzis, 1998). This was conducted in a rigorous and methodical manner to yield meaningful and useful results which are thread throughout this report and will inform the recommendations.

Each researcher carried out simultaneous analysis. Collaborative reflective discussion then took place to generate deeper insights and interpretations. Themes were then examined, articulated, re-interpreted, and reformulated. Data were managed electronically with the use of a software package NVivo 11[®] and access was provided for all members of the research team and was password protected. A key strength of our team is the range of backgrounds, theoretical perspectives and 'lenses' which we can employ to analyse and interpret data. This is especially important for this project which seeks to understand the complexity of social isolation and loneliness amongst older people with a focus on those who have engaged in activities offered in Leicester City.

8.1. Data included in this initial analysis

The qualitative analysis was undertaken on six focus groups with 35 consented participants. We adopted a purposive sampling technique whereby we were interested to recruit any older people (aged over 50) who was participating in an activity that was funded by LAT through the Big Lottery grant.

All 50 participants to this study agreed to be involved and were provided with information sheets, allowed a minimum of 24 hours to read the information, provided with contact details and allowed to ask questions and individually signed a consent form with the researcher prior to taking part in an interview/focus group.

All interviews were undertaken by the research team both employed at DMU. Analysis, for the purpose of this report, was based on each interview been transcribed verbatim by an external approved supplier to DMU and any identifiable information was removed. Each transcript, including the focus groups that were initially conducted in first language, for example Gujarati, were translated into English and then transcribed verbatim.

9.0 Findings

The aims of this evaluation were to:

- describe, through narratives of LAT programmes users, the experiences of older people who have attended programmes in relation to social isolation and loneliness;
- understand from the perspectives of stakeholders the implementation and sustainability of LAT programmes within their remit;
- examine the specific factors that enabled organisations to operationalise the LAT programme and sustain delivery;
- identify a series of clear recommendations, best practice indicators and actions to enable a range of organisations in the region, and wider, to promote effective working practice with regards to addressing social isolation and loneliness in older people across a range of settings and situations.

An important aspect of the LAT ethos was to support the agency of older people to cope with and overcome issues of loneliness and social isolation. The approach was not concerned to purely deliver a traditional 'social group' but sought to build social assets for older people and create agency for change that saw them continue with the group (peer-led) after the completion of the LAT programme or move onto other activities. This qualitative analysis has sought to highlight themes that may have either helped or hindered LAT to achieve this. The findings of this evaluation are presented in two sections, those involving the LAT providers and stakeholders but first we turn to the views of the beneficiaries.

Beneficiaries

In speaking to beneficiaries our aim was to describe their experiences of LAT. As may be expected from the definitions of social isolation and loneliness [described in section 4] the key to success lay in the quality of the relationships that individuals were able to develop through LAT. However, we wanted to explore the ways in which LAT supported the creation and maintenance of those relationships and the effects that they had on the lives of individual LAT beneficiaries. One way of doing this was to use a theoretical framework to explore the creation of relationships and a relationship centred environment in LAT and it emerged early in the analysis that findings related very strongly to a framework developed in the UK by Nolan et al., (2006) the 'Senses Framework'.

The Senses Framework

The Senses Framework, highlights the importance of relationships and what is required to create them and the data we collected indicated that it offered a way in which to explore and understand the experiences of LAT beneficiaries (for a fuller account of the history of the Senses Framework see Nolan et al., 2006).

























Many older people need support to maintain a good quality of life and reciprocal and positive caring relationships have the potential to make a real difference to the life they experience. The Senses Framework originated in health care. Professor Mike Nolan (University of Sheffield) and colleagues considered that the call for patient centred care which claimed to put the patient at the centre of health services was too narrow a focus and failed to recognise the part that family carers and staff played in patients care. Moreover, he argued that there was a crisis in caring which was caused by us losing sight of the 'fundamental elements of care', exacerbated by the 'quick fix' target driven NHS. The current focus on autonomy, individuality and independence as goals are very much a Western ideal. He suggested that in today's world interdependence was much more appropriate and suggested the Senses Framework. The Senses Framework came out of his work as the nurse in charge of a day hospital where he began to question what the therapeutic drive was for people working in these environments where patients cannot be cured. He suggested that what was needed was to create an environment in which very frail older people could have a good quality of life - to create an enriched environment characterised by six senses

There are six senses:

- a sense of **SECURITY**: To feel safe physically, emotionally and psychologically
- a sense of **BELONGING**: To feel part of a valued group, to be able to continue or initiate valued relationships
- a sense of **CONTINUITY**: In place, person and systems in this case LAT groups and meaningful links between the past, present and future for the individual
- a sense of **PURPOSE**: To have clear and valued goals to aspire to, something to give life meaning and purpose
- a sense of **ACHIEVEMENT**: To be able to make progress towards such goals and to feel pleased with your efforts
- a sense of **SIGNIFICANCE**: To feel that you and what you do in some way matter to yourself and others.

It could be argued that understanding what is needed to create the Senses for individuals is the first step to understanding what is important to reducing social isolation and loneliness and improving the life experience of all stakeholders. Naturally what creates a Sense of security or belonging may differ for individuals, in different contexts at different times, but understanding what is needed to complete the boxes in Figure 4 is a first step toward that.

Figure 4 - The Senses Framework

Sense of:	Older people	Family	Volunteers	staff
Security				
Belonging				
Purpose				
Achievement				
Significance				
Continuity				

Source: Nolan et al., (2006)

Enriched and Impoverished environments

Being able to create the Senses for each individual develops an enriched environment for all. An enriched environment has an influence on the experience of all individuals present, whether that is beneficiaries, staff, carers, or volunteers. The focus is that of the relationships and interactions between the individual people, the place or environment and the processes (Baillie, Gallagher 2011) i.e. the LAT programme.

The creation of the Senses provides a vehicle to determine how and what is required to create an enriched environment and thus illustrates the opposing impoverished environments when the Senses are not created.

Impoverished Social Environments of beneficiaries prior to LAT

It was evident that the beneficiaries who took part in this evaluation had experience of impoverished environments prior to joining the LAT programme. Many of them spoke eloquently of the hardship of loneliness and isolation and their causes. For some it related to changes, changes in an area as older people are replaced with younger, change of one ethnicity with another challenging 'continuity'. For some older people:

“And I find there are less and less people to communicate with day after day. Because every neighbour I have is a Muslim neighbour now, when I went there 12 years ago it was a block

of old people over sixties now I have got young people in there that are going to work Muslim people, Asian people. There is just one lady upstairs who has completely lost it and she is 92. And I am stuck there with fields at that side the back of me and I love seeing the children come past to school...and it is an awful feeling what can I do who can I see today"

For others the impoverished environments were created as their children moved away for work seriously challenging older peoples' sense of 'belonging':

"There is no local jobs for sons and daughters so they go far from the parents and family. And parents get lonely and kids are far from the parents. ... so parents need company desperately"

Having lived in close proximity and cared for their own parents, some older people were struggling to adjust to changing cultural norms and keenly felt in-'significant':

"I don't think they realise you can be lonely when you are old, my daughter said don't tell me your lonely mother, the one who is coming today, I see her about three times a year. One I have never seen for two years, never had a card from her or anything or a thank you. And it hurts because you have been so with your parents because that was our way of living. I can't get used to being isolated and not even thought of sometimes by one of them"

Loss of local facilities had also left people isolated and undermined a sense of purpose for some:

"I was in a day centre but now that is closed. So, I used to get bored at home and could not go out anywhere."

Time was often seen as an enemy and people sought ways of 'getting through the day':

"I went through a stage where I used to come to town at half past nine in the morning and then go home at 4 o'clock because I had got nothing there at home"

Shrinking social networks challenge a sense of 'belonging', 'continuity', and significance' can happen quickly:

"Oh terrible, I have got no family in the city no family in the county I had the problem that within six months of my wife dying I had three mates one of them died, another couldn't get out so I have just got one mate"

and be devastating for individuals:

"Some days you don't see a soul, you don't see a soul for two days, you probably don't open your mouth to anyone and you think to yourself can I still speak. It's horrible"

The concept of having such little social interaction that you have to question your ability to speak is deeply shocking, however it clearly reflects the levels of social isolation and loneliness that older people were facing prior to their involvement in the LAT programme. Even people who did venture

out from home in an attempt to meet others and pass time found it was possible to be lonely in a crowd:

“You need company to share the opinion or feelings or emotions. Like go to town and have a cup of tea there is no company just time pass. It’s not a company, you are lonely.”

“That is, you are in a crowd, sometimes you have nothing to talk about so you have got people around you because you don't have anything to talk about you keep schtum.”

People can also become isolated by their own illness or that of others. Family carers are often older people themselves who become even more isolated by caring responsibilities.

“Yes like looking after an elderly the only people sometimes you have to talk to is the [professional] carers and how much are you going to talk because the patient you are looking after elderly, is dementia patients, they don't know what day of the week or what year it is no idea. Who do you talk to?”

Just as beneficiaries were clearly able to articulate the ways in which they experienced impoverished environments prior to the LAT programme, so they were also able to identify the very practical ways in which the Senses and an enriched environment were created for them by their participation in LAT.

Creating a Sense of Belonging and Security

Although the Senses are not in any way hierarchical common sense would suggest that attaining a Sense of Belonging and Security would be key to developing other Senses. Analysis indicated the themes in these Senses of Security and Belonging were:

- The journey of 1000 miles begins with a single step: Introductions to the LAT programme
- Welcome
- All in the same boat
- Belonging makes things possible
- Support of LAT organisations

And these are explored below.

The journey of 1000 miles begins with a single step: Introductions to the LAT programme

Perhaps the most difficult step in the LAT journey for beneficiaries was the first – that of joining. People identified a range of ways in which they became aware of the LAT opportunities on offer.

Some people were attracted by the selection of activities on offer:

“So when I joined here I came to know that they teach yoga they also teach English and English is very important in this country so learning that was a big advantage.”

Others made personal contact by phone having seen groups advertised. But the importance of personal contact and introduction by LAT workers to creating a sense of Security and Belonging was evident:

“So I just rang up and then xxx, came out to talk to me and I met her here and she introduced me to everybody” Yes if xxx hadn't of been there I don't think I would have come because I didn't talk to people”

Other people were told about LAT by people in the community who offered support to attend:

“My friend came and I was going through a time when my partner was ill and couldn't get out and about so much. So when I went out I was going on my own so it made me a bit lonely. And she said to me come along to the group and I came along and I have been coming ever since”

And some were recommended by their GP:

“I had no clue about anything and I was in a very bad state of mind. After that the doctor kept me under counselling and somebody suggested for me to join [LAT group] and move out of the house”

Having made that first all important step it was imperative that was consolidated by the welcome.

Welcome

Being made welcome by LAT staff was important for many beneficiaries in creating Belonging.

“And I learnt about this and I came to the first one xxxx was running it she made everybody welcome. And I am still here”

And this welcome also helped to create a sense of security for some people:

“Yes, the one here that was running it and yes she made it so welcoming and she would be there to see that you would be alright.”

All in the same boat

Being part of LAT allowed some people to reflect on their own situation and for others to gain a new perspective on their lives. A number came to realise, and take comfort from, the knowledge that their experience was similar to that of others:

“This group has benefited me by coming along and meeting other people who are in the same boat as I am, elderly, not as active as they used to be. To have people who have lost their family or are isolated from their family. To know there are always other people around the same as you and you are not alone you share and help each other”

For some there was a realisation that others were worse off than themselves:

“Once coming out it broke that boundary. I started mixing with people and I felt that I'm not the only one, there are people worse than me. Coming here and saying all this I feel I am blessed to be out and about”

Belonging makes things possible

It was evident that people felt stronger and more empowered by belonging to groups in the LAT programme:

“It’s enabled me to make new friends and feel welcomed in a place that I have never been to before. And to share with other people and to do other activities as a result of coming along to the Wednesday group including a day’s outing”

As a sense of Security grew beneficiaries began to have confidence to embrace new experiences:

“You wouldn’t go on your own, I wouldn’t have the confidence to go anywhere on my own because things have altered so, everything is digital. You just need company don’t you. I don’t want to sit on a coach alone, I want people around me”

Beneficiaries developed confidence as individuals:

“It gives you confidence. To think that you are going to walk in that room with a group of people and not back off - great”

And although some people had been going to their LAT groups for some years it was evident that certain peoples’ lives were changed profoundly within a relatively short period of time:

“Well I think I can approach most things in life [now], I feel very confident in doing new things I mean you know I wouldn’t have believed that this would happen in one year or within the short time so... these things are possible.”

Support of LAT organisations

It was evident that beneficiaries felt a high level of support from LAT organisations they attended:

“Yes, I feel secure, I feel secure that, or know if I have that problem I can’t manage with the GP or any other authority I feel secure that I have support, the organisation like that and I can go to them and they can help me”

And other people likened the support they received to that of a family:

“I think the group is now confident, as I said we are a little family, we have had [the leader] to look up to, she has been there, we have a problem we can talk to [the leader] so we know that we are a family”

Once a sense of Belonging and Security are established there is room for people to consider purpose and achievement.

Creating a Sense of Purpose and Achievement

The importance of individual Sense changes with the context. So once people feel safe and that they belong they are much more able to develop a sense of purpose and subsequent to that a sense of achievement and notably it was the senses of purpose and achievement that were most prominent in the data. Analysis identified three themes:

- Somewhere to be, something to get up for
- Becoming more mentally and physically active
- Taking over the reigns

Somewhere to be, something to get up for

There was little doubt that the LAT programme had provided beneficiaries with a Sense of Purpose:

“Well I came because I needed an outlet I needed to have a purpose, something to get up and go for. And to make new friends which I have done and I have found it invaluable really”

For some people it provided a place “to be”:

“Having been married for over 50 years and suddenly widowed I needed somewhere to be and to make new friends and it’s provided that for me”

And something to look forward to in an otherwise difficult week:

“I find that there are some days when I get up and I know I am not going to see anybody nothing, and I think oh what about tomorrow no tomorrow is Tuesday I am not doing anything on Tuesday either. Oh well at least on Wednesday I will be going to [LAT group] and there will be people. I see, people then and you can sort of make yourself go.”

Learning new things was identified as a key benefit of LAT programme involvement by most beneficiaries:

“It’s keeping your mind active so say somebody is showing you how to do flower arranging which you have got in your garden you can do it yourself. Or say coming to Easter they will show how to make Easter bonnets and things like that. It helps.”

Beneficiaries also realised that they learnt a lot from each other:

“Apart from the activity also we can learn from each other as well, we make new friends, we can learn from each other, we swap skills, and we swap the recipe and all that.”

Some people who have benefitted from the LAT programme have developed their involvement to the point where they are volunteering and providing services for others:

“I was thinking where else to join and there are many organisations where I go as a volunteer to help. I also help at the lunch club here”

The skills developed for some people through LAT has benefitted individuals who are now able to share that with organisations and professionals:

“I am a volunteer for Age UK and I have a very good chance to go to the training course with the qualified staff and it is very good opportunity and I know another professional people from another organisation, so it’s a great opportunity to show my skills and swap the skill.”

The idea that joining a LAT programme had, as one beneficiary put it “broken that boundary” speaks clearly to the idea of home and isolation as a barrier between the individual and that takes some considerable effort to overcome.

Becoming more mentally and physically active

It was evident that some of the activities themselves increased peoples’ physical activity:

“In yoga classes we could gain a lot of energy and it became our routine. When a person has energy, they would want to walk, run and move out in the town to see what is happening around. We had this great opportunity to know this feeling”

But people also became more physically active in order to attend LAT programme groups:

"It makes you walk because I go out and walk an awful lot, I don't want to catch the bus because I can walk here in 20 minutes maximum."

Some beneficiaries also recognised the way in which it had supported their mental health:

"I had no clue about anything and I was in a very bad state of mind. After that the doctor kept me under counselling and somebody suggested for me to join [LAT partner organisation] and get out of the house more. Then I started learning a lot of things over here I learnt first aid, yoga, knitting and handicraft. I got to meet new friends here so I could come out of my situation and my dose of medicine was reduced"

Mental stimulation through broadening life horizons was also effectively described by one beneficiary as going through a 'big gate':

"Through LAT I become aware ... there are so many other groups and activities I am aware of that I can take part. So that is the big advantage of LAT that I don't stick only in one group or one organisation or one activity but I have a big gate to go in to"

Taking over the reigns

As elements of the LAT programme began to wind down beneficiaries were encouraged to begin to take control of their groups, and the LAT organisations have supported them in this:

"They [provider] have been sending people or bringing people round to show us what needs doing how it's to be done and still encouraging us to go forward. And they are still there so the backing up hasn't been taken away yet"

It was evident that this encouragement was beginning to have some effect:

"Previous to this we were funded and able to pay people to come and entertain and organise things for us, but now we are trying to raise our own money and pay for the room to have the activities here. So, the four of us have joined together to try and get this going. We have got a couple of things organised, now haven't we?"

Some groups were exploring the foundations of becoming self-determining and self-funding:

"We are paying £1 towards it every time we come to get a kitty going. We have got a constitution... We are preparing some leaflets to be distributed in the area and we were talking about it weren't we this morning, what we want to put on it to advertise the group"

Other groups were taking the lead in exploring external funding opportunities:

"And we have put in an application for funding and we think it's going to happen so that we will have some backing to help us going along."

Creating a Sense of Significance and Continuity

In many respects, the creation of a sense of significance for beneficiaries runs throughout this account and that many of the beneficiaries that took part in this evaluation feel more significant, and valued by others, and themselves, as a result of taking part. Indeed, some people, as described above, had begun to learn new skills and take up leadership roles with groups.

Having my opinions valued

It was evident that beneficiaries felt listened to and their wishes explored:

“We are asked what we would like to do next, if we are interested in knitting or something like that and you are asked if you would like to join and shall we get some volunteers in to come and sort it out. Show us what to do, flower arranging, any art work, stuff like that. So your opinion is asked and it’s taken into account”

And that beneficiaries valued each other’s skills:

“Apart from the activity also we can learn from each other as well, we make new friends, we can learn from each other, we swap skills, and we swap the recipe and all that.”

Having the space to do these things was particularly appreciated by beneficiaries who also had significant caring responsibilities.

It’s my time

It was also clear that taking part had some profound benefits that spread further than those who attended to other family members

“[I am a] a carer for my husband. I think as a result of him coming here has stopped him from getting depressed and help himself to a lot of the facilities that surround it. He has also been encouraged to self-learn a lot of stuff and it’s been an emotional thing for both of us really.”

Some participants were family carers themselves and they valued the opportunities that LAT gave them to look to their own needs:

“I am looking after father 24/7 so I needed somewhere besides looking after him. I needed something to look forward to besides looking after father.”

And to begin to see themselves as individuals once more

“It has got me out [I do little] other than looking after an elderly [person] because its time consuming and this is time my time. My time not looking after family or anybody this is my time, this is me”

Summary

10.0 Provider and Stakeholder

A second arm to the qualitative work was to conduct interviews with LAT provider organisations as well as a small selection of participants from stakeholder groups connected to the LAT programme.

The evaluation questions related to:

- Understanding from the perspectives of stakeholders the implementation and sustainability of LAT programmes within their remit;
- Examine the specific factors that enabled organisations to operationalise the LAT programme and sustain delivery.

A caveat in reporting these findings is that provider views were obtained across only seven provider organisations and a very small selection of stakeholders. It was not our intention or aim to gather the views of the LAT board members since the overall aim of this evaluation report was to explore the views of those that received or provided the LAT programmes of activities.

Benefits of LAT funding for provider organisations

There was no doubt among LAT provider organisations that there were benefits to working in LAT and these included forging new and improved partnerships and LAT as a catalyst to collaborative working.

Working with the central LAT team

Many of the participants were deeply appreciative of LAT's support throughout the implementation of the programme, and the most commonly discussed positive comments centred on the willingness of the LAT staff team to assist with participants with problems or challenges they faced. The initial LAT partner meetings were also considered to provide a useful forum in which to air problems and challenges they faced, it was evident that providers felt their involvement was valued:

"... overall I think my experience of the programme has been a positive one and I think if I have ever needed any assistance or information I have always had a good and positive response from the team at LAT." (Provider)

"Now we had good support from them, no doubt on their own staffing side in the beginning it was very good, we used to have regular meetings with the officers as well. And the meetings we used to attend were quite participative and you could tell your issues and tell your challenges as well." (Provider)

In addition, LAT staff team were viewed positively because they helped to develop an understanding, appreciation and respect of provider organisations programmes of work; promoting and sharing of information; keeping organisations up to date with information, and support to providers with the organisation of events:

"Like we are 16 partners who were there and especially the core team they always send me information. Information wise they were really good...Plus when we are having our open days and other things, they are helping us as well to arrange and organise." (Provider)

“I think it has brought us together, I suppose this is just another way of saying partnership, but perhaps a better appreciation of what some other organisations do. And also there have been times when we have been talking in partners meetings where I might have some information or resources that one of the other partners might find useful. So it’s just that sort of trying to, more of an informal feeling of working together and having a bit of respect and appreciation for the different work that you do.” (Provider)

LAT forging new and improved partnerships

Many of the participants shared that the funding application process for LAT as well as their subsequent engagement in the LAT programme has developed and improved their relationships with other partner organisations. This improvement was also perceived to have resulted in partner organisations having more confidence and a willingness to engage with each other:

“And I think there’s been more readiness to engage with each other. And also, I think the confidence between the delivery partners has increased in the last two or three years.” (Provider)

As a consequence, their beneficiaries had benefitted from improved and accessible referral pathways to services, as well as access to services more generally. For example, one of the participants spoke about how their organisation’s beneficiaries were able to access housing services from another organisation:

“But also I think being part of the LAT project as well meant that we had I think improved relationships and referral pathways with many of the other partners as well. So people who came in via any one of our four projects potentially could be referred to people like [named organisation] for housing related needs. And so I think it was a very positive part about being part of those 17 organisations working together.” (Provider)

There was evidence that organisations were more able to benefit from each other’s skills and knowledge because of this improved partnership working:

“...when we applied for the funding all the partners were talking to each other so that is the time the partnerships had developed already. So when we went there people approached from (name of organisation) to us because they knew that they were finding it difficult to reach the Asian community and they accepted that.” (Provider)

Although the forging of new and improved relationships between organisations, did take time to develop they provided a valuable opportunity to sustain the work of individual organisations through a network of contacts, new and different set of beneficiaries. However, it was recognised that short term funding can be a disadvantage in this regard and entails loss of relationships with partner organisations as staff can move on:

“I think the sustainability comes from having been involved in the project and the support that the LAT core team provided for partnerships and networks really. So, we know new people and we know new places and new organisations which is great. As long as the people

with that knowledge are still employed because with the short term nature of projects you lose a lot of that when people move on don't you?" (Provider)

Moreover, that partnership working was stimulated by the economic context in which the voluntary sector has been operating has been characterised by pressures on funding, so it necessitated organisations to work in partnership:

"And so maybe that's been just the fact that we have had to all be in the same room as each other at things like partner meetings, and we have had the staff out there working together, so in a way I suppose it has sort of forced us to work together. But we are also living in a time where it's getting increasingly difficult to achieve things on your own. So effective partnerships are more desirable really because sometimes there just isn't the resources if you go out there as a single organisation." (Provider)

One provider was clear about the role austerity had played in developing a sharing culture:

"Why it didn't happen before...But with the cut backs, with austerity people realise they need to have more innovative models...we have got to share our resources and we have got to share our expertise." (Provider)

Another organisation talked of boundaries between organisations had been broken down, while a third indicated that *"you need someone to galvanise those things"* and that was the role that LAT played.

LAT's experience of working with older people generated contacts with a wide range of organisations beyond their usual contact and led to the development of good working relationships such as those with local universities and other organisations:

"..you get lots of queries through our enquires especially with our local universities who have got a very good working relationship with them (LAT). And I think even (name of organisation in the creative arts). Because I think lots of organisations if they are doing the work with older people they look towards older peoples organisations and contact them. (Provider)

So just as LAT supported relationship building between organisations external to LAT it appears that relationships were forged between LAT providers and has provided the 'safe' space for partners to develop and thrive too as illustrated in the next section.

LAT a catalyst for collaborative working

Some of the provider participants' discussions suggested that LAT functioned as a catalyst, bringing organisations together and playing an important role in fostering partnerships for the benefit of beneficiaries:

"But you do need a central body like LAT there to pull it all together because otherwise you haven't got a common sense of purpose have you.... The LAT core team I think they did a really, really good job and still are, of being there for everybody reminding just all what this project is about and what this project needs to achieve. Within that we all went off and did what we needed to do but obviously we have all got our own organisational needs to work

with as well. So we did that but it was really essential really to have the LAT core team there to bring that all together.” (Provider)

Test and learn design

LAT funding was viewed positively because it enabled providers to respond and design services to emerging need. For example, one of the participants discussed that LAT funding enabled them to identify people who needed befriending and mentoring. As a consequence of developing this service, their organisation was able to encourage and support older people to benefit from other aspects of their service:

“You find some very lonely people and by going to them and befriending them ...they have someone they can talk to... And most volunteers got out there to befriend and mentoring and bring them [the beneficiary] back in [to the organisation] with social activities. So we find that ... we reconnect them [beneficiaries] with a service we are providing.” (Provider)

Another participant discussed that LAT funding enabled them to hold a programme of activities for smaller groups of older people, something that would not be possible in their normal mainstream offer. In this way, their organisation was provided with an opportunity to develop and build on the interest shown by a small group of beneficiaries:

“Because you don't have to have minimum numbers to make an (activity) viable it was very much a test and see, have a go do it anyway. And if only two people turned up that was fine but by ...the following week or the week after there might have been five or six people. So we did run with small groups which we could do, we can't do that in mainstream we have to have a minimum of 12.” (Provider)

Similarly, LAT's flexible approach to funding programmes of activities gave provider organisations the ability to try different things to test and learn what works:

“So we are quite open in those test and learn things, with our reasonable adjustment policy, that if the needs are there we are happy to go ahead...because when you are quite open... Because this is not the rigid type of project that we can say ok, we have to just do this one.” (Provider)

It was evident that the test and learn approach promoted as an integral part of LAT programme delivery enabled some of the organisations to be flexible and innovative in service provision; and this approach also excited one of the providers:

“So essentially what we are is a test and see programme, so although we have certain outcomes in the beginning as to what we were going to do we had no idea what the results were going to be. That kind of thing excites me I like that because it gives you scope to branch out.” (Provider)

An opportunity to focus on a single issue across the consortia

Having identified mental health as a factor in social isolation and loneliness the LAT consortia identified this as a common focus for provider organisations:

“...I think what was happening was that at the LAT partner meetings mental health was coming up time and time again as a barrier as an issue and as a contributor to loneliness and

isolation amongst older people. So centrally the LAT core team with the partners decided well is there something more we can do how we can focus.” (Provider)

And this enabled a much more joined up approach to issues such as mental health across the LAT landscape and participants indicated that this would not have happened otherwise:

“No I doubt it anyway, I can't see anyway it would have done... I can't see how these sorts of questions would have been asked.” (Provider)

Enabling organisations to become central hubs of activity

Two of the providers described how they expanded their range of activities as a consequence of LAT funding and in turn how this has increased the number of beneficiaries. This has them perceiving that they are developing as a central hub of activity for existing and new beneficiaries from around the City, outside of the original target areas:

“And people are coming here, this is a central point one stop centre for them in (area of City) now. So these are all the successes you can see visually.” (Provider)

“So it has afforded us so much but it has also given us a platform on which we can grow, people see us as the hub, the (name of type of organisation) come to us if we want some fund raising to help us. We now have access to so many more people.” (Provider)

The transformative effect of LAT funding was further confirmed by another provider stating it had enabled their organisation to move from what was described as an organisational plateau to one in which their organisation become a hub of activity that was widely recognised:

“The LAT project has really amplified us more than before, this place was just plateaued for years.” (Provider)

Issues for Provider organisations in LAT Delivery

Although much that participant organisations had to say was positive, naturally there were some issues that caused concern for some including partnership, transport issues, the classification of beneficiaries, and frustration with regards to programme evaluation and these are explored below.

Partnership, understanding each other's offer

While some provider participants identified LAT as forging new and improved partnership working and as a catalyst for collaborative working others felt that more could have been done throughout the four years of the programme. Participants suggested that it might have helped them integrate more quickly if the LAT team had undertaken initiatives to promote a greater understanding of each partnership organisation within the consortia:

“It was a large consortia as well with many partner organisations around the table. So to fully understand and grasp what each organisation was delivering, that was time consuming just to understand that within the partnership, let alone for others to understand what that was about.” (Provider)

“I think that we would put more focus on, spending more time networking with the partners on a partner to partner basis rather than through the big events. Spend more time doing that.” (Provider)

Offering a slightly different perspective on partnerships between provider organisations, a participant acknowledged that during the early days of the programme an individual LAT central staff member wanted to promote a more unified approach to working between the 17 LAT partner organisations. However, this participant felt this aspect of the programme delivery did not take place, and that rather than one LAT consortia there were 17 individual organisations which in the end did not work closely together:

“I think I remember in the early days of the programme someone from the LAT team saying we have got to find a way of working in partnership otherwise we are just like 17 organisations all standing in the same room. And it’s like I think maybe there could have been more about that sort of development of partnerships really. It didn’t always feel that we were working that closely together.” (Provider)

Unresolved transport issues

LAT had undertaken a review of provider organisation transport requirement and a report was produced. Moreover, some discussions had taken place between provider organisations to share transport provision and develop a pool of volunteers. However, this remained an issue:

“So if the idea was taken up where you had a pool of volunteers... Many of the organisations within the partnership do have transport so that would have been something that could have been taken up in terms of post LAT. Whatever it may be, taking a group of elderly to the shops or just for a little trip down the park, whatever it may be, that could have been done.” (Provider)

One participant whose organisation was struggling with transport provision, was particularly critical of the way in which LAT funding was spent on commissioning research, when he believed it could have better spent on funding the transport provision:

“I am not negative trying to criticise the project but that money has gone there, that money could have been ploughed somewhere better like transport money. I think we have been given £35,000 to £40,000 for the transport what is that money doing. I am crying for transport here, help I am not getting any help. And they have appointed researchers to do the transport needs and all that which we can tell you within five minutes.” (Provider)

The classification of beneficiaries

One way in which the partner organisations demonstrated to the funder that they were meeting the programme requirements was through ensuring they had recruited against the target population. For example, as may be expected one target related to age. The way in which beneficiaries were classified and counted proved to be a contentious issue particularly with regard to the classification of ‘unique beneficiary’. This was where provider organisations who had the first contact with a beneficiary could count them toward achievement of their target. However, if the same beneficiary, went on to a second

LAT organisation they could not classify that beneficiary as a “unique beneficiary” and so they did not contribute to the achievement of the 2nd organisations target.

For one participant whose organisation was partly dependent upon referrals from other partner organisations, this process of classification meant the referral process could not adequately capture unique beneficiaries for their organisation. Thus, this way of recording beneficiaries did not foster co-operation between provider organisations but competition. This participant felt this issue had not been resolved by the LAT staff team:

“I do think that how the programme was set up to record and to count beneficiaries worked against us, worked against all of the partners really because it put us in competition with each other. This recording of unique beneficiaries was really key to LAT because everybody was after that first point of contact. That first contact with their service so they could record those people as a unique beneficiary to their service. Whereas what we were proposing was that the people would come to us have their needs addressed and then would move on to which ever partner matched their particular point of interest. So it wasn't as fluid, the movement between the partners wasn't as fluid as we had hoped when we first looked at the idea, when the programme and the network was first launched.” (Provider)

Whilst, another participant understood that classification was part of the teething problems of the LAT programme they felt that had the issues been addressed earlier, it would have helped to minimise some of the problems that provider organisations participants had encountered in relation to the delivery of the programme:

“But obviously these were some of the teething issues that came up at the very onset in the project and it was trying to make sure that everybody knew what they were doing. So I think if there was some sort of thinking at the very start then it would minimise some of the issues in terms of programme delivery.” (Provider)

This issue was related primarily to the way in which the funder chose to ensure that all participating organisations were achieving targets and not to LAT per se, however it was clear that this mode of counting militated against cooperation and partnership working for providers and against a backdrop of providing a quality experience for beneficiaries.

[Frustration with regards to LAT programme evaluation](#)

One of the more fractious and commonly held views about the LAT programme’s delivery, related to the evaluation process which involved the completion of the ‘Content Monitoring Form’ [CMF] by beneficiaries. Some of the participants shared their negative experiences and views of the evaluation process. For example, providers found the CMF difficult to complete and difficult to understand for both provider and beneficiary, forms took a long time to complete, translation into other languages was of poor quality and for some asking elderly beneficiaries about their sexual orientation caused great embarrassment:

“Oh my god, have you looked at the form yourself, sometimes you have to read them three times before you can understand them. I am educated you are educated as well but I am

querying is that question being asked, how more lonely are you than your next door neighbour, how can you tell that?” (Provider)

“...you have got 700, each questionnaire takes more than 15 minutes imagine how many minutes you need extra to fill that form.” (Provider)

“So what I am trying to say the CMF [content monitoring form] was absolutely daunting for us to fill that form and then the translation was rubbish.” (Provider)

“Yes what is your age, what is your sexual orientation, now that question to ask to an old Indian person is quite daunting.” (Provider)

Moreover, some beneficiaries were reportedly reluctant to share their personal details on their CMF. This reluctance stemmed not knowing how the information was going to be used. Some beneficiaries were suspicious that this information could be used to take away their benefits and money in their bank accounts. This fear was enhanced amongst beneficiaries’ that had been victims of fraud in the past:

“I will tell you, our elders only believe that when officials are around their experience is they are going to be lose their benefits, it never goes in their favour.they want to know your business, they want to how much you, how much income, housing benefits gone.If you have money in the bank they are going to get that. So they feel that....so where is the data going and stuff like that. So they don't trust the system, why would they trust the system when I say to you earlier if one of the biggest problems is trust. And we have to demonstrate to them don't we.” (Provider)

“I can't speak Gujarati so I have taken a couple of my volunteers who can speak Gujarati. So when we were filling in the forms they were asking oh you are not going to take my money from my bank account that previously someone has taken my date of birth and my name and detail and then my benefit money has gone.” (Provider)

The above issues highlighted the need to ensure that the language used in evaluation questionnaires is conceptually and linguistically equivalent, and also takes into account of the level of education and understanding amongst beneficiaries:

“Some of us, I have had a relatively middle class upbringing that's different for somebody who has not had that so you can be asking these questions and thinking that's fine but if it's not a concept you have ever had to think of, or it's not even a concept that exists in your language how are you really going to be able to answer the question.....” (Provider)

Moreover, one of the participants conveyed the struggles their organisation faced because the CMF was unavailable in a greater range of community languages:

“So early days I was struggling, like I can't speak Bengali, Somali, Arabic, all those languages, so we were looking for some volunteer who can speak those languages. So at that time I asked them and they were having some volunteers but that was not fit for the purpose.....” (Provider)

In one of the interviews, it also transpired that there were wider concerns about the evaluation as some providers felt that their organisation had focused on the delivery of the LAT programme, but they were unprepared for the requirements of the evaluation which they felt emerged at the latter

stages of the programme. The following excerpts of quotations capture some of the key aspects of lengthy discussions that took place regarding the evaluation of the participants' organisation programme:

"I did not know that it was a research project. I didn't and trust me I have been to all the meetings and I was instrumental in, when you put a bid in for loneliness and isolation income help, help to combat, that's a deliverable thing. So I thought we study it and we would know it and it became a research project. And to be honest we didn't capture that message properly, if not the work force, I have would have been different." (Provider)

"This was purely the last two and a half years the emphasis was on evaluation, it was just driven you need an evaluation. And I thought that came in and changed the focus of things a bit ..." (Provider)

"But what I am trying to say I would have gone and employed people with more statistical [knowledge], people a bit more technical." (Provider)

Embedding of LAT into statutory services - a missed opportunity?

It seemed that many of the participants had anticipated that a programme of this magnitude both in terms of its funding and its duration, as well as the breath of its undertaking to tackle social isolation and loneliness, would have led LAT to purposely seek to embed its programme within statutory sector organisations. If this had taken place, it would have enabled statutory organisations to routinely, refer eligible older people to the provider organisations. As it was, the referrals seemed according to the experience of one of the participants, sporadic and few in number:

"I don't think social services bought into it [LAT] properly, I think social services saw it as a bit of money which means we can do less, and they didn't buy in to it." (Provider)

"So that's a link missing from Health and Social Care Department and the local authority... It might be there's more involvement from the University Hospitals of Leicester or those departments where those people they are having mental health issues or dementia or other, so if they can refer their people [to LAT]. Because I remember we haven't received a really good number of referrals, not at all."(Provider)

These perceptions and experiences were further confirmed by others. Their organisation had tried very hard to obtain referrals from GPs and adult social care services. They experienced a lack of success with regard to embedding their service with service providers. They lamented that considering how long the programme was in place, the opportunity to leave a valuable legacy had been missed:

"It's been a difficult thing to get to grips with because some of the early conversations about using referrals from GPs and medical practices and social workers and so on took a very long time to get established. But I'm not even confident even now..." (Provider)

"Even at this stage of the programme that hasn't taken place. So where initially it was suggested that there would be a lot of referrals from NHS, GP services, that still hasn't taken place....So the statutory bodies have always, in terms of the project, taken a step back. They haven't been as engaging as we would have liked them to do. So the clients that have come in have either self-referred to the programme or referred through partner agencies or agencies that the voluntary sector has worked with and are working with ... Because it was a

lengthy project, it's not a project where you get funding for a year or so, you do some work and that was it, you know. So there was some time if we could have established something but it just didn't take." (Provider)

According to another participant the opportunity was missed to engage with, and highlight to, health and social care organisations, the benefit of LAT including cost savings arising out of the preventative work provider organisations were undertaking:

"There should be a partner in social services or health because we are doing work which prevents them from going into hospital. If half of my clients, look at them, come to the (type of activity) they are in their eighties and nineties they suffer from cancer, from stroke, heart, they are coming here and they are extending their life, quality of life is improving. And that's stopping them from going to the hospital. So if you try and give us more money to carry on doing this its benefit to you and you pay £5000 or £50,000 now you are saving £500,000 in a year for blocking the beds in the hospitals." (Provider)

Additionally, others looked for strategic connections and engagement with housing associations and the police in a tangible commitment to work collaboratively on the ground for the benefit of socially isolated and lonely older people:

"For me if I was the head of the project I want to have a serious regular meeting with the director of social services, the director of the health authority, this is £5 million it's not £5. I want to have the police, I want the housing association... And you must find some way of bridging the gap, we will send our workers in there to work with one of your workers. (Name of Housing Association) ...give us some staff to visit the people there" (Provider)

The frustration of provider participants at this lost opportunity to embed LAT services within health and social care and gain recognition for preventative work on offer through LAT was evident and impassioned. Participants also had an understanding of what they believed to be the causes.

Issues relating to LAT itself and data protection

Some provider participants attributed this failure to delays and issues within the LAT team during the first couple of years of its operation:

"I think it would have helped if we'd have had a more immediate impact in terms of connectivity between the statutory services and the delivery partner..... I suppose the turbulence and machinations ... Within the central LAT operation, connectivity's and so on ...in those first two years didn't help."(Provider)

Whilst one of the participants understood that data protection regulations may hinder collaborative working in relation to referrals, for example, between statutory and voluntary sector organisations:

"The housing, we know 20-30 housing associations in this city here we have loads of old people living here but its data protection, you couldn't get across the data protection." (Provider)

Another suggested that the information shared between social workers, such as their organisation being able to work and receive referrals across the City had not been communicated effectively:

"I have met social workers that either didn't know quite what LAT was. The last time we had like a road show and actually met social workers that thought they couldn't refer, even

though [the LAT service] were city wide. So they thought they couldn't refer anybody to us because they were like west or something." (Provider)

Issues relating to the statutory bodies

Statutory organisations were perceived, by one participant, as not taking the LAT programme seriously enough, and this perception was formed on the basis that some statutory agencies sent junior officers to one or two meeting rather than their senior staff.

"Yes, disseminating into statutory agencies, we didn't get any referral from the hospitals not from social services, they are completely out. Maybe they came to one or two meetings, they sent some junior officer there, they came and gave some presentation this is it, but that is not all. They should have been more central work from Vista to deliver the work they are doing so that they can be engaged."(Provider)

Remaining with the focus on statutory organisations, another participant discussed observations resulting from their attendance at some LAT meetings in which strategic statutory sector officers were present. These consisted of disconnect between strategic leads of these organisations that articulated their commitment, but at an operational level such as at a neighbourhood level, that commitment was not evident. This disconnect between the strategic commitments and operational seemed to them to be associated with financial cutbacks and restructuring in the statutory organisations:

"There were people from social services and so on, on that group, and whilst we raised that issue and tried to get some headway, and there was support at that strategic level to say yes that's something that should be happening, converting that into practical actionsNow part of[the reason for] that was that some of those statutory bodies were going through structural changes and reviews on the back of the kind of downsizing and reduced budgets they were facing as well, but there was a definite disconnect between neighbourhoods and what was being said at a central, strategic level." (Provider)

However, the paucity of referrals from statutory sector organisations led one participant to observe that some acutely socially isolated and lonely older people may not have benefitted from LAT:

"So we can't say that the people we worked with over the last four years have fitted the most deserving end of that criteria around isolation and loneliness but, you know, making those connections and, once word of mouth got out, it was astonishing, then family members and others also contacted us with a view to seeking engagement." (Provider)

How partner organisations addressed the challenge of connecting with statutory sector organisations

Providers acted as individual organisations to promote referrals. Some providers used their prior experience and contacts, as well as creative ways of generating working relationships with organisations to generate referrals:

“Over the three years that we have been delivering the project we have received referrals direct from GP practices. But I think one of the challenges for us has been that GPs are very busy they also are not particularly good at referring to outside agencies. So pretty early on we decided to broaden out the referral pathway to accept referrals from (other form of service) as well.” (Provider)

“We have got our own referral because I have been working in the sector and I know some of the people and who to approach and being able to know what is going on what are you doing... I do my publicity by word of mouth.... (Provider)

“We did have some agencies like the old people’s homes and some GP practices where they were able to link in but they were very few and far between and it wasn’t a coordinated action. So it was literally a case of getting out there and making yourselves known and getting referrals through those mechanisms rather than through some of those statutory channels... Sometimes it’s ...going into the surgery and speaking to the practice managers or sometimes having somebody who was already within that network arranging a meeting for that conversation to happen. But, yes, it was very much up to each individual delivery partner ...” (Provider)

Provider participants discussed that LAT’s newsletters, their own leaflets and word of mouth helped to promote their programme of services and generate participation. In many instances, these led to self-referrals and referrals from other LAT provider organisations, as well other organisations familiar with working with the voluntary sector:

“Yes more so word of mouth. And then with this LAT programme, one really good thing is the newsletter because LAT core team they have produced some newsletters and they were distributing door to door. So a lot of those ladies they came and they said oh we knew (name of organisation) but we were not aware that you are delivering all those type of things. So when they have seen the newsletter, they came and then they have attended the classes. It’s the same where we had our own leaflet. At (name of organisation) we had produced our own leaflet that we have I think left with some community centres, libraries, some GPs. So the people they are taking from there and they said oh yes, you are offering these free things, and then they came. So those newsletters and leaflets, they are really helping.” (Provider)

“So the statutory bodies have always, in terms of the project, taken a step back. They haven’t been as engaging as we would have liked them to do. So the clients that have come

in have either self-referred to the programme or referred through partner agencies or agencies that the voluntary sector has worked with and are working with.” (Provider)

It was evident that provider participants felt that LAT had missed an opportunity to more fully embed services within the statutory sector, and while they acknowledged reasons were not entirely attributable to LAT they also felt that the central LAT organisation could have done more to promote, and deepen those links. To some extent, in wishing to gain referrals from the statutory sector LAT was ahead of its time. Five years on from the beginning of the programme referral by a GP to a sports centre or a slimming club – commonly known as social prescribing are becoming more common and GPs are beginning to welcome the opportunities that this type of referral offers. However, there is still a way to go in this regard.

Sustainability

Our findings illustrate how the LAT programme helped to prepare beneficiaries for transition at the conclusion of the LAT programme. There was some indication of ways in which individuals were assisted to progress their personal development, address their social isolation and loneliness, as well as their involvement in the community as volunteers. In addition, there was some evidence of how beneficiaries were enabled and supported to sustain their groups beyond the lifetime of LAT funding. However, this section begins with a consideration of the timing of work related to sustainability in LAT

[An untimely focus on sustainability within the LAT programme?](#)

Some participating stakeholder indicated that they had expressed concerns about long term sustainability of LAT initiatives over the lifetime of the programme; and challenged LAT partners with a number of questions. However, in their view sustainability had not been addressed until late in the life of the programme and consequently some of the projects had closed down:

“So I just think from the start and it should have happened and we did ask that organisations OK so this is your four year funding so when that stops how are you going to progress that. So are you going to during the life of the programme move to charging people that use the service? Or are you going to making stuff upfront that's generating income to continue you through? What are your sustainability plans? But they didn't happen until quite late in the programme and I suspect that's why a few have already closed down now because they hadn't got that in place” (Stakeholder)

Other participant's shared similar concerns about the likely sustainability of LAT funded projects but appeared to take a more nuanced approach. For example, one participant agreed that plans to address the sustainability of LAT projects occurred much later on within the LAT programme, however, they did not necessarily see this in a negative light. This was because they felt that in programmes such as

these, there is invariably an emphasis on the delivery of projects initially. This they believed enables programmes to have the opportunity to explore and focus on what works, and what doesn't work fall by the wayside. Discussions about sustainability therefore were seen as more relevant within the projects that have continued during the lifetime of LAT:

"I think that like any programme it goes through phases. So I think when the money initially came it was right we really need to get on with stuff, we need to get programmes going. So the focus was really around the programmes and the projects. I think the conversations about sustainability have come later down the line. In some ways that's good because sometimes you have to throw things at the wall and see what sticks. So I think maybe all of the projects that were happening at the beginning I think some of those have fallen by the wayside. And the ones that are there I think there is a greater emphasis around sustainability towards the latter part of the programme than it was initially. So I feel like it's a time that perhaps we can have those conversations" (Stakeholder)

A number of participants expressed their frustration that a focus on sustainability of individual LAT projects was not integrated into the LAT programme from the start. Consequently, it seemed to some that the focus was on how individual partner organisations could become sustainable rather than focusing on how the whole partnership and programme in a unified way could be sustained beyond the lifetime of the LAT funding:

"It's taken a little while to get that embedded so sustainability didn't feature really much in those conversations. It's only in the last two, three years that the conversations have started. And I think its sustainability not as LAT but as individual partners. It's about what will you do now post-LAT. Whereas I think if that thinking had started at the very beginning of the programme, we had ample time to be able to do something as, you know, now LAT is finished but as a consortia this is what we're doing. Rather than we've got now pockets of different levels of programmes that may or may not start depending on funding and resources for each individual organisation." (Provider)

"There was nothing sort of said about we need to constantly fund raise. We need to look at this money and try and add to it. It came up in discussion but it wasn't strategic in the whole thing, it was just a few months ago and sustainability raised its head." (Provider)

Another participant felt that the LAT programme had placed too much emphasis during its implementation on fine tuning processes to the detriment of considerations of sustainability.

"I think also more of a focus on the sustainability of the service once the funding had ceased and the legacy. I think in the beginning and throughout the project there was a lot of focus on getting the processes right and I think also GDPR came along mid-way through and there was a form filling a lot of processes a lot of attention, as I explained before the complexities of who was a beneficiary and who wasn't. I think all of that going on and I think on reflection that should have taken a bit more of a back seat...Maybe a bit of a back seat and more focus on how we can ensure that this service remains once the funding has stopped and what our legacy would be after that. I think that we would have done things differently." (Provider)

Sustainability emerged as a central issue with providers and a fuller exploration of the key factors in promoting sustainability in LAT, barriers to, and plans for sustainability are discussed.

Helping beneficiaries to help themselves as individuals and groups

Whilst many of the provider participants spoke of the challenges of continuing their projects after the termination of LAT funding, it was evident that some organisations had made early plans for sustaining the participation of beneficiaries either within their organisation or independently.

One such example came from a provider participant who described how their organisation had gained access to groups of beneficiaries new to their organisation during the course of the LAT programme. These beneficiaries were made aware of the organisation's mainstream programme early in the LAT programme, so that they could apply for free and continued participation in the main stream programme after LAT funding was terminated. However, this offer was based on beneficiaries meeting a means tested eligibility criteria:

"Well yes we always think about sustainability and for the [us] this project was a way of reaching out to new communities new venues getting new [beneficiaries] on board and that worked really well for us because [many]of our beneficiaries were new to (name of organisation)and had never heard of the [organisation] before. So we reached a lot of people which gave them access to the [organisation]. And although the project finished so there is no more free (provision) for everyone, because of the way that we structure our mainstream delivery there are still plenty of free (provision) because anyone who is on any sort of means tested benefit gets a free (provision) anyway. So, there was a progression, sustainable route for our beneficiaries in that sense." (Provider)

This organisation achieved sustainability for beneficiaries and were able as a result to increase the scope of their provision:

"Right from the beginning we gave information to our (beneficiaries) about...and how the (name of organisation) works, where it works, what they need to do to (engage with provision) So we supported people with information as much as we could so they could help themselves, when the project help wasn't there they were able to help themselves. And as I said before we have now got groups going in communities where we weren't before so we have got some new venues on board." (Provider)

Another organisation promoted sustainability for individuals who had volunteered on the LAT programme and for the organisation itself by offering clear assessment of volunteer interests and providing accredited training:

"Well all of our volunteers are trained and when they are recruited it's kind of like when they are recruited into the organisation there is a full process that they go through. So, there will be induction training for the organisation but then there will also be an exercise that we do to find out from the volunteer what it is they actually want to do. What is it that interests them, how they are giving up their time and their energy for us. (Provider)

For the above organisation, it was also important to offer a range of voluntary work opportunities and where possible the organisation strove to provide accredited training to enhance volunteers C.Vs, as well as boost volunteers' confidence:

"So, therefore what are we offering them in return, what do they want to experience, what is their interest. So once we have then got that then there is specific training so say for example lots of volunteers are more comfortable with the more practical (aspects of this

organisation's programme of support)And so we would train them to do that and we actually have training that is accredited by the open college network so that we can actually offer them something that goes on their CV basically that they have achieved accreditation. And that also helps with their confidence in offering that support because they have been properly trained to do it. And there will be other aspects within administrative tasks or they might be interested in information provision then specific training will be provided in those areas too." (Provider)

Despite been given this training and support, and advanced warning of the end of the LAT programme, it was only when the end of LAT funding approached that a group of beneficiaries galvanised themselves to volunteer and take over the running of their group. Their motivation as perceived by providers was to sustain the survival of their group and also stemmed from the threat of losing a service that had made such a positive difference to their lives:

"And I think it was interesting that it was only when the project was in its final stages and it was actually broached to people that it would be ceasing, that it would be no longer there, that then people started to say well do you need help, can I be a volunteer, can I get involved. And I think it was when that was under threat that was really what motivated people to get involved and do something about it. Because I think they had already had the benefit of the service and had seen the difference that it made and when it was under threat that motivated them to do something about it." (Provider)

LAT provider organisations identified a number of ways they worded ways to support the post funding of groups:

"It's to work towards independence, it's to set them up basically, so we drew up a constitution we had them form a committee, signpost them to training, empower them going forward you need a bank account. So, we put all the information together what the bank wanted. And also, we are putting together at the moment a list of resources or list of contacts that they could use, people that deliver sessions like the Adult Education Centre." (Provider)

Other examples of group assistance and support involved provider participants sharing ideas and options with beneficiaries about the different ways in which a group could continue to exist by forming a charity or consider becoming a social enterprise:

"And the idea was I showed people the different levels of engagement that they could do to set up a group. Everything from meeting in the pub once a month just as mates, right through to a registered charity going for bid funding. I even mentioned social enterprise but that was probably a bit too far. Although the (one group) has gone for that." (Provider)

Whilst the above discussion highlights how some organisations had been prepared to support and prepare beneficiaries early during the LAT activities, other organisations had been slower to respond and some would argue too late to be effective. An example of this is illustrated by a provider participant who indicated that assisting beneficiaries to form independent groups, was not something its organisation had been planned for. However, this was considered in the light of the organisation's realisation that some beneficiaries were willing and able to take the lead to sustain their groups. Though, there was a realisation that this would require support from beyond the provider organisation and would need the input of the central LAT team:

“As I mentioned there are some real, they’re quite like leaders or active ladies, beneficiaries, ... so we have found some of their groups that they can have their own small groups and then they can apply for some ward funding or smaller health trusts, something like those type of funding, and then they can go ahead. So it means rather than they rely always on (name of organisation) or LAT or somewhere, if they can form their own small groups. It might be one is in Evington area, one in Highfields, then in St Matthews, and they can go ahead. But again, the issue is they need support, they need assistance, that’s why I’ve asked the core team that if those community connectors can help them, sit down with them, because they are good delivery wise but it might be the funding application they need some support or assistance. That if someone can sit down, help them to fill in one, and then they can go ahead.” (Provider)

Key Factors in sustainability in LAT

Key factors that supported and assisted sustainability of groups and continuity for individuals beyond the lifetime of the LAT funding were identified as group bonding, leadership and passion and ownership and these are discussed below.

Group bonding

It was apparent to LAT providers that some groups had bonded together particularly well. This was attributed to the development of a tangible level of trust amongst beneficiaries during the lifetime of the LAT programme. While it was acknowledged that this bond of trust was not easy to develop, provider organisations felt that where it did exist groups were more likely continue:

“And the level of trust in that group is absolutely incredible. So as long as I live and have a memory I shall remember the remarkable level of trust that developed in that group..... That doesn't happen easily sometimes you have to work on that. But I think as long as there is a bonding then there would be some kind of afterlife. Whether it is gathering this group or whether it's that they all go on WhatsApp together.”(Provider)

Leadership

Provider organisations felt that leadership demonstrated by some of the beneficiaries was central to sustainability. One participant discussed how beneficiary leaders were seen to have emerged as a consequence of developing skills and confidence through participating in LAT’s programme of activities and training. They were described as having had a positive influence on their peers, encouraging them to get involved and strive to achieve their goals:

“Honestly at the beginning I was thinking that it might be each and every step we have to go with them there because they are elderly, they are 50 and 60, it might be they need assistance and support. But some people from those groups... they became like a leader. They have started as a beneficiary, then they involve as a volunteer, and then I think three or four they have completed in their 60s (name of course).

It was evident to the above provider organisation that the transition from being a beneficiary to becoming a trainer and leading a group served to provide a tangible demonstration to beneficiaries that they could strive for self-empowerment:

“So internally they have attended those programmes and now they are working as qualified trainers in their 60s, after their retirement. Both those ladies they are retired but now they are working for us and they are working for two other community centres as well. So,

starting as beneficiaries, two like now a trainer and involve a lot of other projects and things. So, they are, you can say, emerging leaders who are involving other people because they encourage and motivate a lot of other people as well. They said, when they are telling their stories, which look where I have started.” (Provider)

Beneficiary leaders came from a variety of backgrounds. The LAT programme enabled some beneficiaries to aspire and pursue higher education. In addition, it also assisted some of the beneficiaries to benefit from training so they could volunteer in the community. Their response indicates that whatever the background, the contribution of the LAT programme was that it enabled beneficiaries to take ownership of their learning to benefit other people in the community as well as themselves:

“Some are from educated backgrounds, they already have worked in really good positions, and some are from grass roots. Like three or four of our volunteers, they never worked in their life. They left school, got married, had children, but they are saying that always they want to do something for the community but there’s no time for them to get the education and all those things. Now I think one of them ... as well after attending those Level 1 and Level 2 courses she’s working access to higher education because she wants to go to university as a mature student. So, in volunteering mostly those, who are having no education, and then they got involved in the community, had some training, and then go ahead.” (Provider)

The progression from beneficiary to becoming a volunteer and through to qualified leaders of a group demonstrates not merely an astounding level of personal success but in their work and role modelling with other individuals and groups they demonstrated the effects that the LAT programme can have at its best.

Passion and ownership

Other provider participants indicated that where individuals within the groups were passionate about the group’s continuing its existence it galvanised other beneficiaries to take ownership of the group’s development and sustainability:

“.....I think that's important, if you got one or preferably more than one person in the group that has a real passion to see it continue you can.....” (Provider)

One provider had observed that one group in particular, had progressed well in relation to sustainability in comparison to others, because one of its beneficiaries had combined her personal professional experience coupled with a dogged determination to keep the group going. Other group members responded to this individual’s leadership and passion by taking ownership of roles and tasks for its organisation and funding:

“Because they have, their committee has always been very proactive and once they were told what was happening they already had it in their mind how they were going to do things differently. They took ownership very quickly. We have a great chair there who has previously worked in (statutory organisation’s department) and they take minutes at every meeting. Where they have already done a brainstorm and collected ideas around which members have which skills going forward that they can utilise. They have already applied for award funding, this is off their own back. Everybody is working towards setting up a bank

account because bank accounts are a bit tricky. And I think (name of location) have is the group that is racing ahead.” (Provider)

Developing future leaders appeared to be contagious act prompted by some individuals but spreading across groups and activities in order to promote their own sustainability. However, this sustainability was not without its challenges and these are discussed in the following section.

Barriers to sustainability of LAT groups

In the same way that a number of factors acted as facilitators, equally factors that militated against group sustainability were also identified by provider organisations and these included personalities and group dynamics, a late focus on sustainability and financial dependency.

Personalities and group dynamics

It has been evident throughout this report that relationships have been central to the LAT programme and whilst some individuals appeared to be a positive force for sustainability it was evident that individuals with ‘difficult’ personalities had in some cases detrimentally effected group dynamics and these can threaten the continued survival of groups:

“You need to be a bit diplomatic when you are talking to people and you need to be working towards winning them over. They are very cliquy and they are always squabbling amongst themselves, they are just difficult characters. And very divided and you need to be united in going forward and that unity seems to be lacking in that particular group.” (Provider)

“I’m am not going to say too much about this but I know one group where somebody has what I call inappropriate leadership where I think they are a bit of a control freak. And that concerns me; but that’s only one group although I have seen it in other groups in the past outside of this work.” (Provider)

Late focus on sustainability

Just as early preparatory work for sustainability, starting with the end in mind, had proved to be a facilitating factor conversely when this work was not undertaken early it created challenges:

“LAT wanted to leave a legacy right, [but] they set up groups that were too dependent and now some of these groups are struggling to move towards independence. Because they don’t want to lose the support they have been getting for the past 2 and a half years. And the model of setting up independent groups and that piece of work should have been done carried out much earlier.....” (Provider)

For example, one of the participants perceived that a failure to focus on training beneficiaries from the beginning left them without skills to sustain their groups:

“.....Because you are empowering them all the time on how to do things, showing them, giving them signposting them to training, training them up, giving them skills. I think that’s important, we haven’t got time at this stage really to sort of get them through a proper training programme so they are able to say oh we can do this.” (Provider)

This participant suggested one way of overcoming this was to set up a rolling programme groups which would contribute to developing a more independent mind set among beneficiaries and diminish dependency on the LAT programme:

“How would I have done it differently, I would have set the groups up and in six months’ time would have moved them towards independence and then [gone on to] set up different groups. You don’t inherit any problems. After six months it’s their problems, you give them ownership. And that way I think you make them stronger. Because [it has been] this way for so long they have been so dependent on services and people doing things for them. I think at this stage it’s really difficult for them to adapt.” (Provider)

Financial dependency

The importance of helping groups to understand the changing climate of funding and requiring them to move towards greater self-sufficiency was highlighted by one provider:

“One of the hard parts about sustainability and people is just getting them to understand. I don’t even think it’s always intentional but it’s just getting them to understand that things have a cost and that sometimes if you want things to survive you have to contribute to it. Like I said I don’t think it’s intentional because sometimes we have had conversations like if you had to pay for this would you, and people have been yes but it’s just sparking that awareness.

However, according to the above provider, generating that understanding is challenging when in the past beneficiaries have become used to have their organisation’s services fully funded and there is an assumption that organisations have the funding in place. So in the first instance, it requires beneficiaries being made aware that they will need to pay for services:

“I do think maybe because certain things used to be fully funded there isn’t that awareness of I might have to eventually pay for this or this awareness of how have these guys been getting money to do this because there is an assumption that somehow you have it. But I think for sustainability you will have to start getting people to think about, unfortunately, because that seems to be the way things are going in the entire industry, having to think a little bit more about pay.” (Provider)

Doubling down on disadvantage

The term doubling down on disadvantage was first used in the *International Migration Review* in 1984 and refers to how being both foreign-born and female was a “double disadvantage” on a person’s likelihood to have a job in the United States. In this study doubling down refers to the double disadvantage for smaller voluntary organisations having fewer resources to devote to funding bids and the requirements of some funders that organisations need to have secured funding to be eligible to apply for more.

Participants explained that the funding environment for the voluntary sector is very competitive but more so for smaller voluntary sector organisations, including those from BAME communities who have to compete with larger organisations that are better resourced with respect to fundraising teams of staff as well as other staffing resources:

“And then you’re not just as a small organisation, a voluntary organisation, fighting for that pot of money, you’ve got the bigger charities, the bigger boys, in that mix as well. So, for us as an organisation, we may have five members of staff [in total] all trying to do applications and they’ve got a dedicated team to be doing funding applications. So, you’re competing with that as well...in terms of the personnel and resources that larger organisations have.” (Provider)

This disadvantage for smaller voluntary sector organisations is compounded because funders require prospective applicants to demonstrate they have an existing funding stream before they can apply for new funding:

“I think what a lot of people don't realise is that even to go for some bids you have to be showing that you can have some sort of other income.” (Provider)

The idea of organisations working partnership to gain funding is gaining *traction* across the funding sector. As a consequence, some of the smaller voluntary organisations were considering partnering with larger organisations to ensure they could secure funding:

“And the only thing we can do is work in partnership and that's the buzz word, if you don't work with them then you won't get it. So the big funders are putting the emphasis that you work in partnership.” (Provider)

Plans for sustaining provider organisations

In an increasingly stringent financial climate provider organisations were exploring a number of ways of ensuring their own sustainability and these were pruning back, developing volunteers, beneficiaries to take the lead, and taking a commercial approach.

Pruning back

It was evident from the interviews that many of the participants’ organisations were going to be negatively impacted by the loss of LAT funding. Some participants discussed the impact as a challenge to meet the core costs of the organisation, and they were unclear as to where these resources were going to come from:

“OK I made my project self-sufficient but there is somebody there to call but if you just leave it like that it's not going to run maybe six months and then it will be dead. You need a coordinator and resources to carry on this work and that is very important. And I don't know where it's going to come from.” (Provider)

Whilst others spoke about having to substantially cut back their organisation’s operation:

“I think our plan is to shrink back down and we will do that, I think we will still be sustainable in what we have planned, we have to reorganise the organisation. We identify savings have got to be made and stuff like that. When LAT project has gone there are some on costs we are not going to have any more.” (Provider)

And some have lost staff members:

“It has ended (LAT funding) that's right, unfortunately we have, because the funding ended we have lost our project manager (name of project manager).” (Provider)

The stress and anxiety that the termination of LAT funding was causing, was palpable during some of

the interviews with providers. One of the participants felt particularly aggrieved about having to struggle to sustain the current project focused on an identified existing need, whilst funders focus on new areas of need. They felt quite strongly that funders should seek to sustain what currently works, but without this approach, for this organisation to survive, they would have to apply for to deliver on new areas of work:

“But I can't see any day light anywhere and I have started making an application to the Big Lottery myself hoping that within 3 months something will come up and then we can carry on this project.” (Provider)

“And my third challenge is how to take this project further, coming back to the same thing, I start the project, its fine then boom it's gone. After six months a year someone will come up with a different project, oh there is a big gap in dementia in the Asian community would you like to take the project up, throw the money at me and then I start that. And then after 3 years that will go down, it's a never ending scenario. So I blame the funders for that, and the local agency because they are not interested at all.” (Provider)

This sense that funders skip from funding one key area to another, means that they were failing to create a sense of continuity for providers or beneficiaries.

Developing volunteers

Despite the challenges, several of the provider participants aspired to sustain some of the LAT funded projects beyond the lifetime of LAT funding by training volunteers. The following participant had pursued this consciously because they recognised that much of voluntary sector funding is time limited and dependent upon paid staff to undertake the work. However, they committed to sustain the work programme of their organisation through the contribution of volunteers:

“I think it was done consciously, I think one of the issues we face in the voluntary sector particularly we talk about sustainability a lot but the reality is that a lot of things that we do are time limited because the funding is time limited. Some of the things we do will continue after the funding has gone but a lot of those things do depend upon the people in paid positions to make them work. And so I just thought... let's try and take those volunteers with us into this new project... But the only way this new project is going to work effectively is with support from volunteers and let's train them all in this shorter term one to one support. So it was a conscious decision to try and make the best of the limited resources we had.” (Provider)

Another, participant discussed how his organisation was already running a sustainable service as part of its wider programme of services, using the contribution of volunteers. It had achieved this by calculating breakeven costs and income required to maintain their service. The organisation subsequently looked to recruitment of volunteers and incentivised them by offering out of pocket expenses and free provision to continue to run the service at minimum costs:

“And then we said look people are there and most of them are retired ladies who are helping volunteers, 50 or 60 plus, they don't have anything to do so we say why don't you come and help and you get a free (provision) as well. The bonus was thrown OK you get a free (provision) and you get out of pocket money, your travelling money. So even if you don't travel we give you £3.50 basic for you. So there was some incentive financial and a

(provision) and they were quite happy to do that. And you tell them they are giving a service to the community and that brings their motivation high because they are doing something for the community they are quite happy. And touch wood more than a year now and its working quite well.” (Provider)

Beneficiaries to take the lead

One of the participants who had discussed that they had identified some beneficiaries who possess leadership skills and those that are actively involved in groups run by their organisation, could enable some of the groups they were involved to continue to exist. These groups could be funded by small pots of funding from ward funding or smaller health trusts. In this way they could be independent of the provider organisation and LAT:

“As I mentioned there are some real, they’re quite like leaders or active ladies, beneficiaries, they are there. So we have found ... that they can have their own small groups and then they can apply for some ward funding or smaller health trusts ... and then they can go ahead. So it means then rather than rely always on (name of organisation) or LAT or somewhere, they can form their own small groups.” (Provider)

While this gives people the opportunity to sustain existing work streams, it is unlikely that large scale issues could be addressed in this way.

Taking a commercial approach

Two participants representing another organisation discussed how they were considering a range of strategies and options, as the termination of LAT funding was going to leave the organisation in a precarious position. However, they felt that changes to the Equality Act (2000) may mean that funding to organisations such as theirs might be more likely:

“I think we sit in a very good position, precarious but then we have a plan that people will but as you said there is something creeping in now where most people now want to give funding with a new Equality Act.” (Provider)

Nevertheless, their plans included becoming an organisation that was more commercially minded and raising income.

“Yes the drive will have to be [to earn] our own income with pots [of funding] as supplements rather than pots as your main income and the outside income as your supplements I guess. ...I think we are going way more business and commercial minded.” (Provider)

Utilising social value as a way of supporting groups beyond LAT

The Public Services (Social Value) Act came into force in January 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before they start the procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

During one of the interviews, a participant discussed the role and contribution that Social Value could play in helping to assist beneficiaries of the LAT programme or any new groups to receive some support from Leicester City Council (LCC). They explained how social value is integrated into contracts that LCC enters into with a range of organisations:

“Most of our contracts are externalised so we spend about £80 million a year on care packages from different organisations. And one of the things that we have always included in our contracts is around social value. So we say to a provider if you won the tender to provide whatever services it might be what you would give back in terms of social value. So what would you give back to the local community if you won that bid? And they will come forward with things like providing volunteers, availability of rooms within their organisations, HR support, financial support, printing of leaflets, distribution of leaflets that sort of thing. And the problem that we had is that organisations make that offer but we have never really been good at exploiting it because it’s about how do we know who should get it and how should that be managed. So one of the conversations I had ... was that we could offer that social value to LAT to use.” (Stakeholder)

Some tangible examples were shared about the ways in which Social Value can be used assist and support groups of older people. One such example, included groups who have no funding can be supported by Community Connectors to take up the opportunity of a free use of a room within an organisation that is contracted with LCC to uphold Social Value:

“...so through their community connectors if there groups that would be interested for example in setting up a local coffee morning but they didn't have a venue, well if there was an organisation that we contracted with and was offering a room that could be used then that could be room. So that would be free of charge, the community connector role would come in and they would look at trying to galvanise local people to come together. They would provide some support for a short period of time” (Stakeholder)

Legacy

Although much of the provider and stakeholder participants was focused on sustainability there was some examples of legacy given where people talked of how good practice established in LAT was being adopted and sustained:

“So I think in some ways we are going to be part of the sustainability of the LAT project. So things like the Chatty Cafes, things like the Listening Benches, we can run that sort of thing in and around our centres. But also we have improved the quality of some of our groups by adding some of the techniques and things that LAT have found to work in the city” (Stakeholder)

Indeed, the example of the Chatty Cafes was also cited by a provider as an example of good practice that could be shared:

“...you know like LAT has introduced these chatty tables and the talking and the listening bench and they have been hugely popular. And they are doing something where they go into a cafe and people, they give the opportunity for people to come and chat. Because a lot of people go into cafes and sit on their own and you know. And I think they are working really well and I think more of those sort of things have to happen right across the city not just in the areas that we are working in.” (Provider)

Funding challenges and an uncertain future

Inability of traditional funding bodies to take the strain

It was clear that funding could not be separated from the aspect of sustaining the projects and the levels of uncertainty were felt by those receiving funding and those responsible for funding, as highlighted by stakeholders:

“So one of our concerns has always been well if you have created a series of support networks or programmes or projects, and even if they are good projects but require input to keep them running, after the money has run out from LAT the automatic assumption is that you are now going to look to a statutory agency to keep them going.” (Stakeholder)

Another stakeholder described how they had sought to challenge this expectation with LAT programme staff due to anticipated changes in funding streams. During the time of the LAT programmes (2014 – 2019) local authorities and other sectors including third sector organisations witnessed austerity funding cuts which required them to review all levels of provision and funding:

“And I did go back and say look as a local authority our budgets are being cut significantly, social care, and statutory requirements are increasing and therefore we have got to save money. And it’s extremely unlikely that we would be able to put anything into funding the LAT projects beyond the monies that they have currently got.” (Stakeholder)

Moreover, according to another stakeholder beneficiaries of the LAT programme would be ineligible for statutory provision as they would not be categorised as sufficiently vulnerable:

“.....a lot of the people that LAT are dealing with do not fall under the category of needing statutory services. So a statutory service would be something like taking care of children, or adoption and fostering services or some of the really vulnerable elderly people. But a lot of the people that LAT are dealing with are not quite vulnerable enough almost and so there is no statutory responsibility” (Stakeholder)

Getting the [funding] message across

LAT providers were also aware that the public were not conversant with the intricacies of funding:

“...there is a lack of education within the community that social services won’t [fund] everything. If there is a statutory need like day care yes they will do it but lunch club is low priority” (Provider)

Stakeholders and provider organisations acknowledged that it took a long time for people to understand and come to terms with the impact of austerity on the changing and declining role of local government in their lives. Unless and until that realisation occurs, people are likely to continue to expect local government to deliver services:

“But I genuinely don't think that people have moved from, and I think part of that is because it's been such a quick move you know when you think that with all the austerity stuff only started 11 years ago and it feels when you are working in it, it feels like forever but actually 11 years isn't that long for a community change like that. That seismic shift to go from big State to little State. And we haven't moved that way at all in terms of what people expect from services and people will look at things

and say of course we have got loads of money we are just spending it in the wrong places” (Stakeholder)

Issues for smaller voluntary organisations

In addition to the challenges of sustaining programmes with diminished funding streams, there was also strong feelings that some LAT providers were aware of the internal pressures to compete for funds against other voluntary sector organisations or charities, both locally and nationally:

“They are big boys [large Charity/voluntary sector organisations] they have got all the systems they have funders who can do the job. Now I am doing everything here, I am a cleaner here, I am manager here, I am a secretary for the project, and I am the treasurer for the project you name it the whole project is run by me” (Provider)

The perceptions and experiences of participants from smaller provider organisations seem to suggest that the funding and operational environment they operated in, is inequitable more generally as well as within the LAT programme. This was because they were working alongside larger sized voluntary sector organisations who had their own internal fundraising teams and other resources, in contrast to smaller voluntary organisations that were perceived to be understaffed and were generally poorly resourced. It was viewed that the smaller voluntary sector organisations appear to be penalised and more likely to have the time to fundraise in order to sustain their LAT programmes beyond the lifetime of its funding. There was also a sense that smaller organisations might be vulnerable to exploitation by larger voluntary sector organisations:

“And the only thing we can do is work in partnership and that's the buzz word, if you don't work with them then you won't get it [funds]. So the big funders are putting the emphasis that you work in partnership. I had someone recently who came to me, someone who was from (City outside of Leicester), and they wanted to work with us. The [National Organisation] that's the one who came again to me and said rightyou have got expertise we would like to raise awareness. we give you very minimum amount of money to do that, it's not big money” (Provider)

In this example there was a sense that provider's working in these vulnerable communities has access to and cultural skills that enables them to engage in their local communities compared to 'outside' organisations:

“Because the same problem, they can't reach cultural, they don't know how to work with the Asian community, they don't have the language skills they don't know what the cultural needs are, so we know all about that” (Provider)

This was not just the view of one provider but others too:

“Not engaging, even though they want to engage us sometimes they don't necessary want to give us resources. So they just want to use our hard work our blood sweat and tears in building this trust and then think we will roll over and let them in. For certain things, not necessarily for bids, sometimes when they contact us they will be like oh we want to engage this group now. And you are like OK but how are you going to do this, are you going to have a session here. I have literally had groups coming in and be like I want to talk to you. So basically, they want free consultancy from us but they are not paying us a dime. But they are

going to use our expertise...and sometimes you just have to go along with it because you want to still keep those relationships with that bigger organisations. But you would be surprised at how often we get them saying we want to come in and have a chat” (Provider)

Move from community development to community engagement

Leicester City Council were perceived to have undertaken a paternalistic or social interventionist role, one that involved nurturing communities in the past. However, with austerity services that had evolved in the voluntary sector been adopted and developed through statutory bodies were once again returning to their voluntary roots:

“I think the local authority is quite paternalistic or has been in the past where it is a bit of the council will look after you. And certain communities in the city have benefited from additional support. I am thinking about for example lunch clubs. Originally, they evolved from the voluntary sector where it was local people providing a meal to those people that couldn't for whatever reason cook a meal. The local authority then started picking up funding when we had money a number of years ago.” (Stakeholder)

And one stakeholder participant highlighted how difficult this was in a city with ‘socialist roots’:

“... And it might be a political point but this idea of a nanny state always seems to be a negative thing, but for a place like Leicester where we have continually had a narrative around social intervention, city council being there. We saw from the last election we are a socialist city, we are Labour through and through. So the argument of oh let people just get on with it doesn't have the same ring of freedom that it might have in other areas. So it's a shock, it's difficult because we assumed that the city council will come in on some of this type of work. And they are now in a situation where they can't. So it is being felt, it is being felt within communities it's being felt within this organisation itself. There are lots of things we have supported in the past on the basis of it's a good idea I can see it. We don't have that luxury any more, everything needs to prove the value in it is, and that it is statutory. That's the conversations that local authorities up and down the country are having. And that's very difficult for a local authority like ours who's used to that nurturing kind of role.” (Stakeholder)

A stakeholder participant explained that as a consequence of funding cuts there appears to be a move from community development and community provision to community engagement in the local authority. This is with a view to supporting communities to help themselves to continue running services, previously funded by local government. However, the participant acknowledged that this change in approach may result in the loss of an opportunity to identify and target vulnerable older people for support:

“...we had a team of nine community development officers and three community development...managers... That whole team was deleted four years ago. Now my own view is that's short sighted because I think community development leads into so many other things it underpins and is a foundation for a lot of stuff. But hey ho we are where we are. So what we are doing now is not community development it's maybe community engagement ...So the lunch club at Belgrave for instance we used to run that now what we have done is to enable and support the members of the lunch club to form their own committee so they elect

a committee annually and that committee runs the lunch club. So we have done an enablement and transference over to the people who are using the services so they can deliver stuff for themselves. That means that we still have a service but it doesn't develop in the same way, so where we had community development officers who might be able to go out and target vulnerable people and invite them along, we can't do that any longer" (Stakeholder)

Another stakeholder participant discussed how elected members could play an important role in helping to change older people's expectations about the availability of funding:

"I suppose our local elected members have a job to do in that, where they need to, through the ward communities they need to be saying to people they have small amounts of wards monies but it doesn't go very far it's about £10,000 per ward and therefore it is, don't expect the council to pay for your social gatherings because the reality is that the money is not there. There are small amounts of money to get groups off the starting block but it's not money that will sustain it long term. And therefore, if you want to do things for your community you have got to be able to do it without funding. So our ward councillors have that job that can be difficult because they want to please" (Stakeholder)

Approaches to engage communities

During the interviews some participants described different models where by the local community, with support, could engage and continue to provide local provision. One aspect of the LAT programme was to provide three locally based 'Community Connectors'. Connectors have been described as playing an important role in assisting individuals, who may not be eligible for statutory provision but could benefit from support, to address their social isolation and loneliness, and thereby their mental wellbeing:

"So that if we have people that come to us from social care that haven't got statutory need but do need some social interaction. Because we know that people who are isolated and lonely can suffer with mental ill health so actually it's a benefit to be able to get them to be part of their community and engage with others to actually help them their mental wellbeing" (Stakeholder)

The move to individual responsibility, family and community responsibility is highlighted below, and places the community connectors at the centre:

"I think that from a social care perspective we are looking to move to more of an asset based approach. So this is about when someone comes to us for help the conversation should be what you can do for yourself, what can your families do for you, what can your community do. And therefore we pick up the shortfall. So this is about looking at all those resources that surround an individual and say what could that support network offer you and therefore we would only come in with the bits where it couldn't help" (Stakeholder)

However, this participant was keen to ensure that communities take responsibility and ownership of subsequent development of a community group. Community connectors were perceived as simply there to galvanise individuals to develop community solutions:

".....community connectors role is very much a come in to kick start something and then to move away. They are not there to make sure everybody turns up or to ring around to do anything like that. It then becomes the communities' asset" (Stakeholder)

These approaches are often referred to as an assets based model or approach (Mathie, Cunningham 2002) . This refers to engaging communities to develop, individuals and groups to utilise the skills and experiences within the community to help make positive changes for the good of the community. There is evidence that to some extent this is already occurring as a direct result of the LAT funded programmes:

“I think one of the key things was around the fact that there are a lot of volunteers, there is a big volunteer base out there and I think that there is a lot of determination within communities to still do things for themselves. with some low level small amounts of money and support organisations. Communities, are quite keen to do things for themselves. And there are a lot of people out there that given the opportunity would want to get engaged but it’s about if you live in the city if you wanted to help your community how do you do that. And a lot of people don’t know how that is possible. So that is one of the things that potentially we would want to start to raise the profile. But it’s about raising the profile but don’t raise the expectation that it’s going to be paid for because it’s not. This is about if a community wants to do it there will be some support for the community to do it but it won’t be done for the community. So I think that’s one of the key messages that there is a big volunteer base but it’s about how do you galvanise them and get them to coordinate and work together to develop local community based groups.” (Stakeholder)

Likewise there is a burgeoning volunteer sector brought about and recognised over the past 10 - 15 years. This voluntary sector is a further recognition of the value placed on these individuals to support and engage, meaningfully in their local community.

East: West divide

There was evidence that there was concern in relation to who received LAT funding and how that was divided between the wards of East and West Leicester:

“The Belgrave community in my experience in all the years I have worked in has always been a very proactive community with lots happening in that area. OK there are, every community faces barriers in some aspect and that community is no different. However, I do feel that the West side is very highly deprived, very under resourced. And I don’t know I am not an expert, I can only go on my own experiences, but sometimes they need more support to make that initial contact and more support and for them to build the confidence to come out and form meaningful friendships” (Provider)

This was further echoed by a provider:

“I still to this day don’t know (why LAT changed their plans). I mean from being wholly focused on the western side of the city, you know, Braunstone or Rowley Fields and so on, it became the Eastern side. We did say that, you know, there might be a sense in which the needs may need to be looked at across both sides...” (Provider)

As a consequence of provision focussed on specific wards there was evidence that older people were accessing services outside of their community setting:

“Well some of them would be living on the outskirts of Leicester not even in the city. So you would get people who maybe lived in Birstall, Oadby and Wigston and so forth” (Provider)

“And not people only from (this) ward but we allow people from Oadby, Thurmaston, everybody can come because it doesn't cost us anything extra. But we can't count them as our beneficiaries only those who are coming from (this) wardAnd this is needed because its established that people out there, outside (this) ward have got the same problems. ...the need is out there, there is big need, big demand for that but the resources are not there” (Provider)

Engaging the individual

Some stakeholders believed that individuals need to take control or be empowered so they could develop solutions appropriate to them, taking personal responsibility for themselves:

“I think we do have to start, not just about older people, I think we do have to start putting a lot more emphasis on people looking for their solutions. And that's partly around there is no one size fit's all...” (Stakeholder)

It was apparent that participants were keen to ensure that individuals take the responsibility to help themselves by consciously engaging in opportunities to prevent the problems associated with social isolation and loneliness:

“.....but again I think going back to the individual responsibility if I am starting to feel like I am not going out enough do something about it and decide what it is that I want to do. Because despite all the city council cuts there are still lots and lots of things that are going on in the city, things like this space here and you come in and you look at stuff on the walls and maybe I want to join an art class or whatever it is that's going on. So making sure that you use the things that are out there and that's prevention on a personal basis because I think that's really important. But where we are designing services both from things like Age UK or Leicester Ageing Together or the city council make sure those services are targeted at people before they are ill as well as afterwards. Because the whole idea if you want to vaccinate people against social isolation and loneliness rather than curing them of it, and so if they are aware of things from their own volition then yes they can access stuff” (Stakeholder)

12.00 Key Findings and Recommendations

The final objective of this evaluation was to identify a series of clear recommendations, best practice indicators and actions to enable a range of organisations in the region, and wider, to promote effective working practice with regards to addressing social isolation and loneliness in older people across a range of settings and situations.

This detailed and comprehensive evaluation conducted between March and June 2019 enabled the research team from De Montfort University (DMU) to obtain a wealth of data through qualitative methodology of using interviews. This enabling the capture of different perspectives from those that have directly benefited from the programme (referred to as beneficiaries), a selection (seven of the fourteen) provider organisations across Leicester and a small selection of stakeholders available at the time of data collection. In total 50 participants were recruited to the evaluation conducted by the three authors of this report.

The findings and therefore the recommendations are solely based on the evidence gathered during this evaluation exercise and it would be useful for these to be considered in light of the other extensive evaluations that have been commissioned not just for the Leicester programme but others commissioned across the sector. For example at the time of submitting this final report we understand there is an ongoing national evaluation by the Big Lottery which is anticipated to have cross cutting themes to other local evaluations. It would be wise, therefore, to review these in the context of Leicester and other UK Cities and similar programmes aimed to support loneliness and social isolation amongst older people (those aged over 50) and the communities to which they live.

From the very detailed findings (reported between pages 23-62) we have compiled these into eight main overarching findings leading to six recommendations which we detail below:

Finding One: There is evidence that beneficiaries gained greatly in developing their social connections either within their own community or cultural group and there was some evidence, although not greatly explored within this evaluation, of providers attempting to work across different ethnic groups, for example with different South Asian groups.

Finding Two: There was clear evidence of cultural and ethnic diversity from the makeup of the provider organisations across the four years of the programme.

Recommendation One: *It is commended that funded programmes were targeted in specific wards and areas of Leicestershire that were identified where older people likely to experience loneliness and social isolation. However, as a mainstream function, future programmes should look to work with providers who can deliver activities which cross these boundaries and help to foster wider engagement regardless of culture, religion or beliefs.*

Finding Three: LAT partner organisations who delivered activities spoke passionately and enthusiastically about the funding received and how this enabled them to develop or broaden their programme of activities and support to older people who may identify as lonely and socially isolated.

Finding Four: Many beneficiaries and partner organisations shared their disappointment that funding cuts would cease some activities but in many cases felt impassioned to continue with groups and activities.

Finding Five: Some LAT activity providers were creating ways to develop their beneficiaries to 'take ownership' of activities, helping beneficiaries to develop skills and knowledge to lead activities in the future and passed the life of the LAT funding.

Recommendation Two: Funding is key for many community organisations to deliver the wealth of activities that were delivered throughout the LAT programme. Whilst having the option to deliver a 4-year funded programme is rare there is an identified need to review sustainability throughout the life of the programme and to consider future proofing of conceptions for the longer term delivery of activities. There is a need to work alongside community development workers to ensure continuity and sustainability of programmes after initial funding ceases if community engagement is to thrive.

Recommendation Three: Any community programmes that involve a wealth of volunteers and has a desire to engage their beneficiaries should work collectively (with partners or other likeminded community organisations) to develop robust packages to support and encourage leadership and skills development for the delivery and maintaining of community based activities.

Finding Six: Beneficiaries were passionate about the value of attending programmes, were able to indicate the effect on their own circumstances in relation to loneliness and social isolation.

Recommendation Four: This evaluation did not utilise any base line or quantitative data to evidence the benefits to beneficiaries. This indeed was commissioned and conducted separately by The University of Nottingham (see Thomson et al., January 2019). A sense of benefit from engaging from community activities was evident through the captured words from the 35 beneficiary participants to this DMU qualitative evaluation. They was a strong sense of loss should programmes cease, not because of 'somewhere to go' but that older people do not want to return to what they previously did in their lives prior to attending these activities. In order to capture this community engagement work is required to ensure that those willing and able (as beneficiaries) are provided with a 'toolkit' for the development of skills to ensure the continuity of activities post funding. This has the added benefit of supporting sustainable programmes of activities despite the loss or reduction of large funding streams.

Finding Seven: Whilst many stakeholder groups were involved in the setting up of the LAT programme initially there were still evidence of gaps in understanding and linking existing programmes within their own context to the LAT programmes. This appears to be a lost opportunity to fully address the issues of loneliness and social isolation for older people.

Recommendation Five: *It was disappointing to note that from the limited interviews conducted with stakeholders there was a strong sense of ‘missed opportunity’ for the reach of programmes across different stakeholder groups, for example, health, policing, social care, housing. With large scale programmes of activities, such as planned within the LAT grant, it is often difficult to grasp the potential opportunities whilst ensuring that the aims of a programme are delivered. A co-ordinated approach with statutory agencies is required to ensure that layers of dissemination are clear, transparent and monitored if programmes of this scale are to truly cross over and become embedded in to other related sectors such as health, housing and social care.*

Finding Eight: There were levels of frustration that the process for referral and counting LAT beneficiaries seem prejudiced towards a number of referral organisations rather than those actually delivering the community programmes. In addition there were comments about the process for collecting and monitoring beneficiaries (the context monitoring form) with issues of translation (when dealing with multiple languages), purpose (the scope and extent of data requested) and value (to whom and why).

Recommendation Six: *Consideration needs to be given to the use of standardised data collection forms when intended to be used with multi-ethnic groups and across different ages as to their appropriateness and scope of data required so that this does not preclude individuals from taking part in activities. Clearly defined parameters for what constitutes potential funding opportunities so as to remove ambiguity for organisations when working directly with beneficiaries of programmes.*

12.0 Limitations of the evaluation

Notwithstanding the time allocated for conducting this evaluation a number of limitations need to be acknowledged. These are as follows:

- This evaluation was only based on the collection of qualitative data (interviews), it has not linked to other evaluations conducted (nationally and locally).
- Timescales – we are delighted to recruit 50 participants to engage in the evaluation process between March and May 2019 but this has created a plethora of data in a very short space of time to be analysed and reported upon.
- We were unable to engage providers who are no longer operating or funded to deliver LAT programmes.
- Beneficiaries recruited are those still attending programmes and had a vested interest to share their views
- We were not able to access participants who had left programmes or indeed those who might be identified as lonely and socially isolated and did not engage in any community activity.
- The views expressed from the selected quotes included in this evaluation report are taken verbatim from our interview data. They are not necessarily the views of the authors or indeed may not reflect views of other individuals or organisations involved in the LAT programme and therefore a caveat is attached that these findings should be considered in light of other evaluation work in the locality. Notwithstanding that the guiding principles of the report are adhered to from the academic researchers involved in this work.
- We were looking to utilise a new typology framework developed alongside The University of Sheffield, LAT partners and the Big Lottery, this is still in development stage. In Autumn 2019 this moved further with the circulation of a consultative survey to those involved in LAT programmes and is been coordinated by Andrea Wingfield from The University of Sheffield and Sarah Hotham from the University of Kent. We await the findings from this work as this has the potential to support the broader body of work on loneliness and social isolation.

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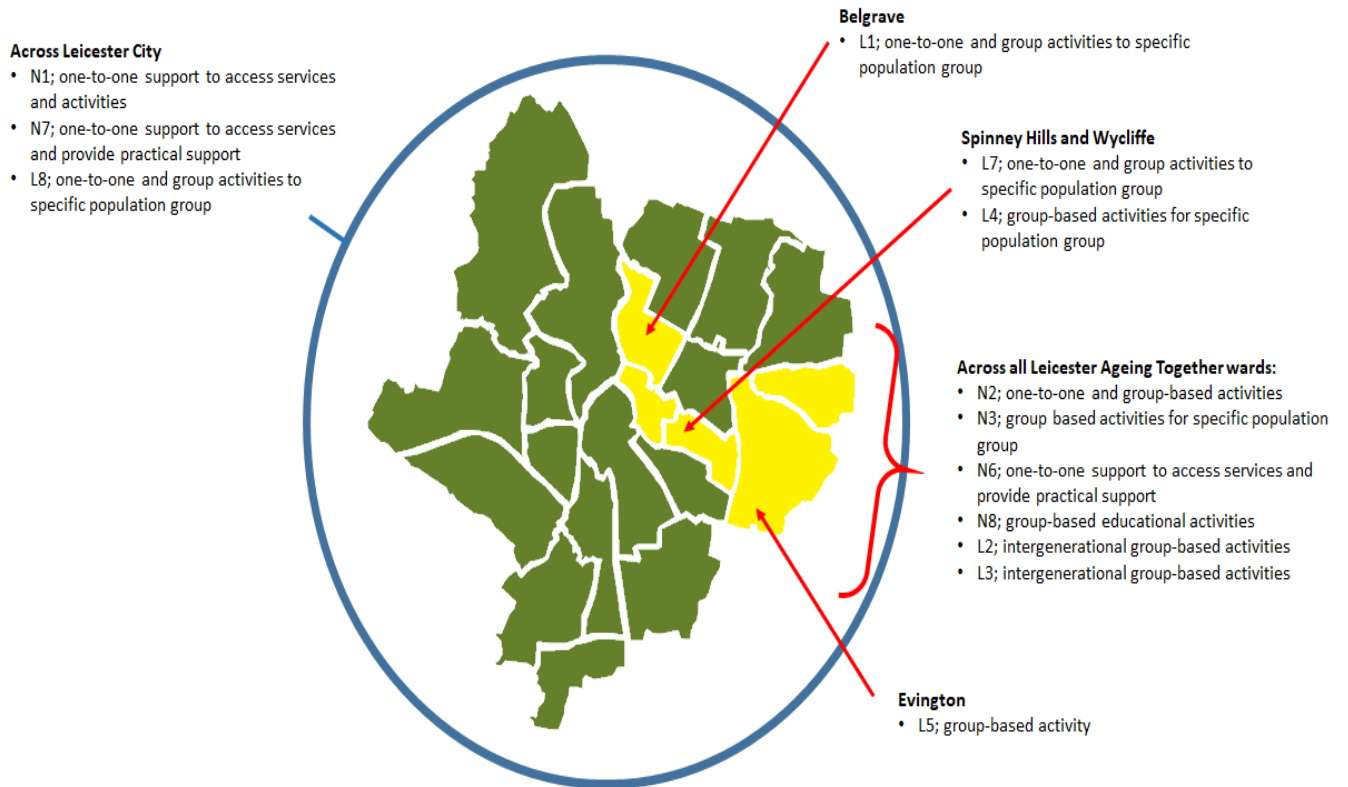
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Appendix 1 - The delivery of the LAT programmes across Leicester



Map of wards within Leicester.

(Yellow indicates the wards where LAT activity was focused; the services within LAT are labelled)

Appendix 2 Theory of change model

As part of the Theory of Change, some of the challenges and opportunities within the Leicester context were laid out, which were key factors influencing the shape and delivery of LAT services. These included:

- Around half of Leicester's over-65s are living with a limiting long-term illness; over 40% have moderate or severe hearing impairment (POPPI).
- Leicester is the 25th most deprived out of 326 areas (IMD 2010).
- The proportion of older people for whom English is not their first language is higher than any English city outside London. Language barriers and the dispersal of cultural communities contribute to isolation.
- A survey in 2006 found that less than 3 in ten older residents were aware of help with social contacts or translation.
- Leicester City Council has identified the need to provide more meaningful individual and group activities.
- There is a need for clearer referral routes for isolated older people.
- Lack of access to transport prevents older people from participating in activities.
- Risk factors for isolation are concentrated in several Leicester wards
- There are over 1300 voluntary and community sector (VCS) groups in Leicester City, working mainly in community development, health, and education.
- Leicester has a critical mass of community development organisations embedded in local communities, with Spinney Hills and Castle wards having the largest percentage of voluntary groups (VAL, 2011.)
- Individual partners have community and training premises, local networks, and expertise in health and social care, adult learning, housing, advice and information, community development, community transport, youth, the built environment, and fundraising.

- The City Council and Leicester City CCG recognise the need for action on isolation and are strategic partners. Key needs assessments (JSNA) and strategies (LCC Ageing Well Strategy) are in early stages of review or development.

In addition, the Theory of Change specified a list of assumptions that the LAT programme was designed to test. These were:

- Community networking, clear referral routes and building skills and awareness of workers will increase identification of isolated people
- One-to-one support will increase isolated people's take-up of services and activities, and facilitate reconnection to communities
- Improving the service offer, transport, and information provision will increase take-up of services and activities amongst older people
- Increased take-up of services will reduce key factors driving isolation (poverty, impact of health conditions, physical environment)
- Improving income and living conditions improves wellbeing and reduces drivers of isolation, in turn supporting reconnection
- Meaningful activities will produce changes in older people's thinking and behaviour (self-esteem/personal growth)
- Intergenerational activities will change perceptions of older people

The planned outcomes from the LAT programme, as detailed in the original Project Plan, are listed below and are used in this report to help with the interpretation and summary of findings. These make a distinction between the outcomes specified by the Big Lottery Fund's Fulfilling Lives Ageing Better programme and those specified by LAT.

Ageing Better Planned Outcomes:

1. Older people are less isolated.
2. Older people are actively involved in their communities with their views and participation valued more highly.
3. Older people are more engaged in the design and delivery of services that help reduce their isolation.

4. Services that help to reduce isolation are better planned, coordinated and delivered.
5. Better evidence is available to influence the services that help reduce isolation for older people in the future.

LAT Planned Outcomes

1. Older people have improved wellbeing.
2. Older people and community members have improved capabilities, knowledge, attitudes and behaviours, supporting older people's increased participation in communities.
3. Older people have increased contact with other community members
4. Community services are more relevant and responsive to older people's individual and cultural needs

Appendix 3

LAT Theory of Change Model (as per the initial grant application)

Systems and organisations	Older people and society
Inputs	
<p>£5,115, 784 (Big Lottery Funding, Skills Funding Agency, and Vista)</p> <p>1013 volunteer roles</p> <p>17 VCS delivery partners</p> <p>Community centres and meeting spaces run by delivery and strategic partners</p> <p>Older people provide insight and steer</p> <p>Strategic partners provide local data, equalities advice, and access to statutory and voluntary sector networks and agencies</p> <p>Knowledge exchange with NIHR collaborators</p>	
Activities	
<p>Further develop older person-led governance and participation in service development.</p> <p>Intergenerational volunteers and partners carry out community organising and asset mapping.</p> <p>Support workforce development and capacity-building of organisations.</p> <p>Develop and disseminate better information on services.</p> <p>Build relationships with other agencies and organisations.</p>	<p>Develop assessment and referral and information-sharing systems, including referrals from health-based settings.</p> <p>Build relationships with other organisations and individuals in the community.</p> <p>Coordinate transport provision.</p> <p>Community Connectors contact isolated people, linking them to services and providing 1-1 support.</p> <p>Provide formal and informal learning activities: leisure, cultural, and social.</p> <p>Provide learning activities that build life skills and knowledge, including financial capability and coping with health conditions.</p>

<p>Volunteers, providers, partners, and external researchers review practice and carry out monitoring and evaluation.</p> <p>Deliver projects enabling older people to identify needs and develop new services.</p> <p>Develop a City-wide Learning Network.</p>	<p>Intergenerational activities.</p> <p>Information and advice services.</p> <p>Projects improving the home and street environment.</p>
<p>Outputs</p>	
<p>Mechanisms for local residents to participate in programme governance and delivery.</p> <p>Information on services for a range of audiences.</p> <p>Training and capacity building support for LAT workers and organisations.</p> <p>Agreements and systems for joint working with other organisations.</p> <p>Database of information on community resources, client demographics and activities, and client outcomes.</p> <p>Directory of services.</p> <p>Information on older people’s needs.</p> <p>Proposals for new services.</p> <p>Briefings, events, publications, and presentations on LAT Programme Learning to community groups, practitioners and strategic decision makers.</p>	<p>Recruitment/ referral of 6000 unique beneficiaries.</p> <p>Beneficiaries receive transport information and transportation.</p> <p>70 per cent of isolated older people engaged with the LAT programme participate in at least one meaningful activity.</p> <p>Repairs and improvements to homes and streetscape.</p> <p>Delivery of one-to-one support to one-quarter of beneficiary cohort.</p> <p>Awareness-raising materials for families, associations, schools, and membership organisations.</p>
<p>Intermediate outcomes</p>	
<p>Information on services reaches and is used more by older people.</p> <p>Older people’s access to transport is improved.</p>	<p>Older people have increased participation in meaningful activities.</p> <p>Older people have increased take-up of services</p>

<p>Organisations share service information more.</p> <p>Partners have increased identification of potentially isolated older people.</p> <p>Partners have increased engagement with isolated older people.</p>	<p>Older people cope better with health conditions.</p> <p>Older people exercise rights and entitlements more.</p> <p>Older people have improved living conditions.</p>
<p>Longer term outcomes</p>	
<p>Community services are more relevant and responsive to older people’s individual and cultural needs.</p>	<p>Older people have improved wellbeing.</p> <p>Older people and community members have improved capabilities, knowledge, attitudes and behaviours, supporting increased participation in communities.</p> <p>Older people have increased contact with other community members.</p>
<p>Wider outcomes</p>	
<p>Better evidence is available to influence the services that help reduce isolation for older people in the future.</p> <p>Older people are more engaged in the design and delivery of services.</p> <p>Services that help reduce isolation are better planned, co-ordinated and delivered.</p>	<p>Older people are actively involved in communities with their views and participation valued more highly.</p> <p>Older people are less isolated.</p>

Appendix 4 - Participant Response Form



Leicester Ageing
Together

Participant Response Form

Project Title: Evaluation to understand the impact of LAT's implementation and its sustainability from the perspective of its multiple stakeholders using qualitative methodologies.

Researchers: Prof Jayne Brown & Dr Kathryn Hinsliff-Smith

I agree to be contacted to take part in the study – title above.

The researchers may contact me to make arrangements for an interview date.

Name:

Telephone Number:

Email

The best time to contact me is.....

Do you require an interpreter for the interview?

No

Yes Please state which language:

Do you wish to bring a friend, relative or advocate with you for the interview?

No

Yes

Signature:

Date:

Appendix 5 – Participant Information Sheet for Beneficiaries



Participant Information Sheet (PIS) (Beneficiaries)

Title of Project: Evaluation to understand the impact of Leicester Ageing Together (LAT) implementation and its sustainability from the perspective of its multiple stakeholders using qualitative methodologies.

Name of Investigators: Prof Jayne Brown & Dr Kathryn Hinsliff-Smith

You have been invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

What is the study about?

The Leicester Ageing Together (LAT) programme has been working with people with higher levels of loneliness and poor wellbeing when compared to local and national norms. The overall aim of this evaluation is to describe the implementation of the LAT programme by multiple organisations based in Leicester in order to set out a series of recommendations for the development of future provision. The aims of the evaluation of this programme are:

- To find out about the impact the programme is making on the lives of older people in relation to social isolation and loneliness
- To clarify which organisations are delivering what services are part of this programme
- To find out if these services are sustainable long term
- To find out how and why organisations are able to participate as they do – with a focus on learning and reflection
- To find best practice from the programme to enable expansion across the region.

Why have I been chosen?

You have been invited to take part in the study as you participated in a programme organised by Leicester Ageing Together.

What does taking part involve?

The study will involve you agreeing to be interviewed either individually OR in a focus group about your experiences participating in the LAT Programme.

Focus groups will take in an office or community setting, and individual interviews will take place at a suitable location which may include your home. Interviews and focus groups will be audio-recorded and transcribed. Audio files will be stored on a password protected research terminal which is located in a secure office. Any files with personal data will be password protected to be accessible by

designated research staff. If you become tired or upset during the interview will cease and another time and date can be made to resume the interview if you chose.

Do I have to take part?

Taking part is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to complete a **Participant Response Form**. You will be asked to sign a **Consent Form** at the time the interview takes place.

I am interested in taking part, what do I do next?

If you are interested in participating please complete the **Participant Response Form** and return it to the researchers; or directly connect the researchers on the phone number or email contact provided. If you require an interpreter for the interview please indicate on the response form. You may also have a friend, relative or advocate present at the interview if you wish.

What if I agree to take part and then change my mind?

If you decide to take part you are still free to withdraw at any time without giving a reason and without it affecting your participation in the LAT programme at all. Any data collected up to the point of withdrawal may still be used.

What are the possible disadvantages and risks of taking part?

There is good evidence that the experience of being interviewed may be therapeutic. However, there is potential for you to become emotionally distressed during the interview if discussing sensitive or distressing life events. The researchers who will be interviewing you are highly experienced in undertaking sensitive research data collection with a wide range of participants. They will be able to signpost to suitable support services listed on a sheet included in this information pack.

What are the possible benefits of taking part?

Although there will be no direct benefit to yourself the study will provide information which will help to improve quality of services offered to people experiencing loneliness and poor wellbeing.

What if something goes wrong?

In the unlikely event of you becoming distressed during the research and you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal University complaints mechanisms should be available to you. If you have a complaint regarding anything to do with this study, you can initially approach the lead investigator Professor Jayne Brown (see end of this for contact details). If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Research & Commercial Office, Faculty of Health & Life Sciences, 1.25 Edith Murphy House, De Montfort University, The Gateway, Leicester, LE1 9BH or hlsfro@dmu.ac.uk

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept electronically on a password protected research terminal which is located in a secure office. You will be given an identification code which will be used instead of your name. Any identifiable information you may give will be removed and anonymised.

We may use quotes from your interview in reports and other documents however, although you may recognize something you have said, these will not be attributed to you.

Data collected will be retained for 5 years after the study has been completed according to DMU policy. Members of the Faculty of Human Research Ethics Committee may require access to check that the study has been conducted in accordance with the approval.

What will happen to the results of the study?

The findings from this study will be used in a report on the LAT evaluation project. They will also be submitted for publications and conferences. If you would like a summary of the findings a link to these will be made available to you. This is an item included in the consent form.

Who is organising and funding the research?

This study is funded by Leicester Ageing Together and organised by De Montfort University Health and Life Sciences researchers.

Who has reviewed the study?

This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Contact for Further Information

Professor Jayne Brown
Professor of Nursing, Older People
Faculty of Health & Life Sciences
Room 3.30 Edith Murphy House
The Gateway, De Montfort University,
Leicester LE1 9BH
T: +44 (0) 116 201 3961
M: 07881823529
jbrown@dmu.ac.uk

Thank you for considering taking part in this study

Appendix 6 - Participant Information Sheet for Providers and Stakeholders



Participant Information Sheet (PIS)

Title of Project: Evaluation to understand the impact of Leicester Ageing Together's (LAT) implementation and its sustainability from the perspective of its multiple stakeholders using qualitative methodologies.

Name of Investigators: Prof Jayne Brown & Dr Kathryn Hinsliff-Smith

You have been invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part or not.

What is the study about?

The Leicester Ageing Together (LAT) programme has been working with people with higher levels of loneliness and poor wellbeing when compared to local and national norms. The overall aim of this evaluation is to describe the implementation of the LAT programme by multiple organisations based in Leicester in order to set out a series of recommendations for the development of future provision. The aims of the evaluation of this programme are:

- To clarify which organisations are delivering what services are part of this programme
- To find out if these services are sustainable long term
- To find out how and why organisations are able to participate as they do – with a focus on learning and reflection
- To find out about the impact the programme is making on the lives of older people in relation to social isolation and loneliness
- To find best practice from the programme.

Why have I been chosen?

You have been invited to take part in the study as you are one of the service providers for the LAT Programme.

What does the study involve?

The study will involve you agreeing to be interviewed about your experiences of providing a LAT Programme. This will take place at the location of your choice. The interview will be audio-recorded and transcribed by a transcriber who will have signed a confidentiality agreement form. Audio files will be stored on a password protected research terminal which is located in a secure office. Any files with personal data will be password protected to be accessible by designated research staff. If you

become tired or distressed during the interview this can be stopped and another time and date can be made to resume the interview.

Do I have to take part?

Taking part in this research is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a **Participant Response Form**. You will be asked to sign a **Consent Form** at the time the interview takes place. If you decide to take part you are still free to withdraw at any time and without giving a reason.

I am interested in taking part, what do I do next?

If you are interested in participating please complete the **Participant Response Form** and return it to the researchers; or directly contact the researchers on the phone number or email contact provided.

What if I agree to take part and then change my mind?

You can withdraw from the study at any time, without giving a reason. Any data collected up to the point of withdrawal may still be used.

What are the possible disadvantages and risks of taking part?

There is good evidence that the experience of being interviewed may be therapeutic. However, there is potential for you to become emotionally distressed during the interview if discussing distressing life events. The researchers who will be interviewing you are highly experienced in undertaking sensitive research data collection with a wide range of participants. They will be able to signpost to suitable support services listed on a sheet included in this information pack.

What are the possible benefits of taking part?

Although there will be no direct benefit to yourself the study will provide information which will help to improve quality and range of services offered to people experiencing loneliness and poor wellbeing.

What if something goes wrong?

In the unlikely event of you becoming distressed during the research and you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal University complaints mechanisms should be available to you. If you have a complaint regarding anything to do with this study, you can initially approach the lead investigator. If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Research & Commercial Office, Faculty of Health & Life Sciences, 1.25 Edith Murphy House, De Montfort University, The Gateway, Leicester, LE1 9BH or hlsfro@dmu.ac.uk

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept electronically on a password protected research terminal which is located in a secure office. You will be given an identification code which will be used instead of your name. Any identifiable information you may give will be removed and de-identified. Data will be kept for 5 years after the study has been completed according to DMU policy. Members of the Faculty of Human Research Ethics Committee may require access to check that the study has been conducted in accordance with the approval.

What will happen to the results of the research study?

The findings from this study will be used in a report on the LAT evaluation project. They will also be submitted for publications and conferences. If you would like a summary of the findings a link to these will be made available to you. This is an item included in the consent form.

Who is organising and funding the research?

This study is funded by Leicester Ageing Together, and the evaluation is being conducted by a De Montfort University research team.

Who has reviewed the study?

This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

Contact for Further Information

Professor Jayne Brown
Professor of Nursing, Older People
Faculty of Health & Life Sciences
Room 3.30 Edith Murphy House
The Gateway, De Montfort University,
Leicester LE1 9BH
+44 (01)116 207 8148
jbrown@dmu.ac.uk

Thank you for considering taking part in this study

Appendix 7 – Consent form



Consent Form



Title of project: Evaluation to understand the impact of Leicester Ageing Together’s (LAT) implementation and its sustainability from the perspective of its multiple stakeholders using qualitative methodologies.

Name of researcher: Prof Jayne Brown & Dr Kathryn Hinsliff-Smith

Please initial all boxes if you agree

1. I confirm that I have read and understood the information sheet [23/1/19 V3 or V3 22/1/19] for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that the researcher may break confidentiality if any safeguarding issues are raised.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my legal rights being affected. I understand that should I withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.
4. I understand that data collected in the study may be looked at by authorized individuals from De Montfort University, the research group and regulatory authorities where it is relevant to my taking part in this study. I give permission for these individuals to have access to these records and to collect, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
5. I agree to the interview being digitally audio recorded.
6. I agree to take part in this study.
7. I would like a copy of the report of the results of this study.

Name of Participant

Date

Signature

Name of Person taking consent

Date

Signature

Appendix 8 – Participant Response Form (Gujarati version)



સહભાગી પ્રતિભાવપત્રક



પ્રોજેક્ટનું શીર્ષક: યુવાનમક પદ્ધતિઓનો ઉપયોગ કરીને LATના સંખ્યાબંધ હિસ્સેધારકોના દૃષ્ટિકોણથી તેના અમલીકરણ અને તેની સાધ્યતાની અસર સમજવા માટેનું મૂલ્યાંકન.

સંશોધકો: પ્રોફેસર જેઈન બ્રાઉન (Jayne Brown) અને ડૉ કેથરિન હિન્સલિફ-સ્મિથ (Kathryn Hinsliff-Smith)

ઉપર મુજબનું શીર્ષક ધરાવતા અભ્યાસમાં ભાગ લેવા માટે મારો સંપર્ક કરવામાં આવે તે માટે હું સંમતિ આપું છું.

ઈ-ટરલ્ફની તારીખ માટે વ્યવસ્થાઓ કરવા માટે સંશોધકો મારો સંપર્ક કરી શકે છે.

નામ:

ટેલિફોન નંબર:

ઈમેલ:

મારો સંપર્ક કરવા માટેનો શ્રેષ્ઠ સમય છે:

શું ઈ-ટરલ્ફ માટે તમને દુભાવિયાની જરૂર છે?
ના <input type="checkbox"/>
હા <input type="checkbox"/> કૃપા કરીને કહો કે કઈ ભાષા:

શું તમે ઈ-ટરલ્ફ માટે કોઈ મિત્ર, સંબંધી કે એડવોકેટને સાથે લાવવા ઈચ્છો છો?
ના <input type="checkbox"/>
હા <input type="checkbox"/>

સહી:

તારીખ:

LAT: સહભાગી પ્રતિભાવપત્રક
આથી કર્તૃની તારીખ: 19/12/2018
સંક્રમણ: 2

Appendix 9 – Participant Information Sheet for Beneficiaries (Gujarati version, page 1 only)



સહભાગી માહિતીપત્રક (PIS) (બાબાનિતો)

પ્રોજેક્ટનું શીર્ષક: યુવાનક પદ્ધતિઓનો ઉપયોગ કરીને લેસ્ટર ઝોનિંગ ટુગેથરના (LAT) સંબંધિત હિસ્સેદારોના દુષ્કરોળથી તેના અમલીકરણ અને તેની સાધ્યતાની અસર સમજવા માટેનું મૂલ્યાંકન.

સંશોધકોનાં નામ: ઝોફેસ જોઈન બ્રાઉન (Jayne Brown) અને ડો કેથરિન હિન્સલિફ-સ્મિથ (Kathryn Hinsliff-Smith)

તમને સંશોધન અભ્યાસમાં ભાગ લેવાનું આમંત્રણ આપવામાં આવ્યું છે. તમે ભાગ લેવાનું નક્કી કરો તે પહેલાં શા માટે આ સંશોધન કરવામાં આવી રહ્યું છે અને તેમાં શાનો સમાવેશ થશે તે સમજાવવાનું તમારા માટે અગત્યનું છે. કૃપા કરીને નીચેની માહિતી કાળજીપૂર્વક વાંચવા માટે સમય લો અને જો તમે ઈચ્છતા હો તો મિત્રો અને સંબંધીઓ સાથે તેની ચર્ચા કરો. જો કોઈપણ બાબત સ્પષ્ટ ન હોય અથવા જો તમને વધુ માહિતી જોઈતી હોય તો અમને પૂછો. તમે ભાગ લેવા માંગો છો કે નહિ તે નક્કી કરવા માટે સમય લો.

આ અભ્યાસ શાના વિષયે છે?

લેસ્ટર ઝોનિંગ ટુગેથર (LAT) કાર્યક્રમ સ્થાનિક અને રાષ્ટ્રીય ધોરણોની સરખામણીએ અત્યંત એકલતા અને નબળી સુખાકારી પરાવતા લોકો સાથે કામ કરી રહ્યો છે. આ મૂલ્યાંકનનો સમગ્ર હેતુ એ લેસ્ટરમાં આવેલાં એકથી વધુ સંગઠનો દ્વારા LAT કાર્યક્રમના અમલીકરણનું વર્ણન કરવાનો છે. જેથી ભાવિ જોગવાઈના વિકાસ માટે શ્રેણીબદ્ધ ભલામણો સ્થાપિત કરી શકાય. આ કાર્યક્રમના મૂલ્યાંકનના હેતુઓ આ પ્રમાણે છે:

- સામાજિક અલગપણા અને એકલતાના સંબંધમાં વૃદ્ધ લોકોનાં જીવનમાં આ કાર્યક્રમનો જે પ્રભાવ પડે છે તે વિષયે જાણવું
- કઈ સેવાઓ પૂરી પાડતાં ક્યાં સંગઠનો આ કાર્યક્રમનો ભાગ છે તે અંગે સ્પષ્ટતા કરવી
- આ સેવાઓ લાંબે ગાળે સાધ્ય છે કે નહિ તે જાણવું
- કેળવણી અને વિચારવિમર્શ પર ધ્યાન આપવા સાથે સંગઠનો કેવી રીતે અને શા માટે ભાગ લેવા સક્ષમ છે તે જાણવું
- સમગ્ર વિસ્તારમાં વિસ્તરણને શક્ય બનાવવા માટે કાર્યક્રમમાંથી શ્રેષ્ઠ રીતભાત જાણવી.

શા માટે મારી પસંદગી કરવામાં આવી છે?

તમને આ અભ્યાસમાં ભાગ લેવા માટે આમંત્રણ આપવામાં આવ્યું છે, કારણ કે તમે લેસ્ટર ઝોનિંગ ટુગેથર દ્વારા આયોજિત એક કાર્યક્રમમાં ભાગ લીધો હતો.

ભાગ લેવામાં શાનો સમાવેશ થાય છે?

અભ્યાસમાં વ્યક્તિગતપણે અથવા તો ફોકસ ગ્રુપમાં LAT કાર્યક્રમમાં ભાગ લેવાના તમારા અનુભવો વિષે તમારો ઈ-ટરન્સૂ લેવામાં આવે તેની તમે સંમતિ આપો તેનો સમાવેશ થશે.

ફોકસ ગ્રુપ્સ કોઈ કાર્યોલય અથવા સામાજિક વાતાવરણમાં ગોઠવાશે અને વ્યક્તિગત ઈ-ટરન્સૂ કોઈ યોગ્ય સ્થાને યોજાશે, જેમાં તમારા ઘરનો સમાવેશ થઈ શકે છે. ઈ-ટરન્સૂ અને ફોકસ ગ્રુપ્સનું ઓડિયો રેકોર્ડિંગ અને વિખાતરણ કરવામાં આવશે. સુરક્ષિત કાર્યોલયમાં સિદ્ધ પાસવર્ડથી સુરક્ષિત સંશોધન ટર્મિનલ ખાતે ઓડિયો ફાઈલોને સંગ્રહવામાં આવશે. વ્યક્તિગત ડેટા પરાવતી કોઈ પણ ફાઈલોને નિર્દિષ્ટ સંશોધન સ્ટાફ દ્વારા એક્સેસ કરી શકાય તે માટે પાસવર્ડથી સુરક્ષિત રાખવામાં આવશે. જો તમે ઈ-ટરન્સૂ દરમિયાન શાકી જાઓ કે અપસેટ થાઓ તો ઈ-ટરન્સૂ બંધ કરવામાં આવશે અને તમારી ઈચ્છા હોય તો ઈ-ટરન્સૂ ફરીથી લેવા માટે અ-પ સમય અને તારીખ ગોઠવવામાં આવશે.

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LAT: માહિતીપત્રક (બાબાનિતો)
અસી કર્યાની તારીખ: 22/01/2019
સંસ્કરણ 3

Appendix 10 – Consent form for Beneficiaries (Gujarati version)



સંમતિપત્ર

પ્રોજેક્ટનું શીર્ષક: ગુણાત્મક પદ્ધતિઓનો ઉપયોગ કરીને લેસ્ટર ઓર્ગેનિંગ ટ્રુવેપરના (LAT) સંબંધિત દિવસોના દરિયાકાંઠાના દરિયાકાંઠાના અમલીકરણ અને તેની સાધનાની અસર સમજવા માટેનું મૂલ્યાંકન.

સંશોધકનું નામ: પ્રોફેસર જૈન બ્રાઉન (Prof Jayne Brown) અને ડૉ કેથરિન હિન્સલિફ-સ્મિથ (Kathryn Hinsliff-Smith)

જો તમે સંમત છો તો કૃપા કરીને બધાં ખાનાઓમાં ટૂંકી સહી કરો

- હું પુષ્ટિ કરું છું કે મેં ઉપરોક્ત અભ્યાસ માટે માહિતીપત્ર [23/1/19 સંસ્કરણ 3 અથવા સંસ્કરણ 3 22/1/19] વાંચ્યું અને સમજ્યું છે. મને માહિતી વિશે વિચાર કરવાની, પ્રશ્નો પૂછવાની તક મળી હતી અને આ પ્રશ્નોના સંતોષકારક જવાબો આપવામાં આવ્યા હતા.
- હું સમજું છું કે જો સુરક્ષાની કોઈ પણ સમસ્યાઓ ઊભી થાય તો સંશોધક ગોપનીયતા તોડી શકે છે.
- હું સમજું છું કે મારી સહભાગિતા સ્વેચ્છિક છે અને હું કોઈ પણ સમયે કોઈ પણ કારણ આપ્યા વિના નીકળી જવા માટે મુક્ત છું અને તેથી મારા કાનૂની અધિકારો પર કોઈ અસર પડશે નહિ. હું સમજું છું કે જો હું નીકળી જાઉં તો ત્યાં સુધી એકન કરવામાં આવી શકેલી માહિતીને નાબૂદ કરી શકાય નહિ અને પ્રોજેક્ટ વિશ્લેષણમાં આ માહિતીનો હલકો ઉપયોગ કરવામાં આવી શકે છે.
- હું સમજું છું કે અભ્યાસમાં એકન કરવામાં આવેલ ડેટા ડી મોન્ટફોર્ટ યુનિવર્સિટી (De Montfort University), સંશોધન સમૂહ અને નિયામક સત્તાવાળાઓ તરફથી અધિકૃત લોકો દ્વારા જોવામાં આવી શકે છે, જ્યાં આ અભ્યાસમાં મારી સહભાગિતા સાથે તે સંબંધિત હોય. આ લોકોને આ નોંધોની પહોંચ ધરાવવા અને આ અભ્યાસમાં મારી સહભાગિતામાંથી પ્રાપ્ત થતી માહિતીના એકનીકરણ, વિશ્લેષણ અને પ્રકાશન માટે હું પરવાનગી આપું છું. હું સમજું છું કે મારી વ્યક્તિગત માહિતી ગુપ્ત રાખવામાં આવશે.
- આ ઈ-સરખુટું ડિજિટલ ઓડિયો રેકોર્ડિંગ કરવામાં આવે તે માટે હું સંમતિ આપું છું.
- હું આ અભ્યાસમાં ભાગ લેવા માટે સંમતિ આપું છું.
- હું આ અભ્યાસનાં પરિણામોના અહેવાલની એક નકલ મેળવવા ઇચ્છું છું.

સહભાગીનું નામ _____ તારીખ _____ સહી _____

સંમતિ લેનાર વ્યક્તિનું નામ _____ તારીખ _____ સહી _____

LAT: ઈ-સરખુટું અને ફોક્સ ક્લપ માટે સંમતિપત્ર
જારી કરીની તારીખ: 22/01/2019
સંસ્કરણ: 4

