Review 3

Mapping services for mental wellbeing and independence for older people

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Executive Summary

Aims

A mapping review was conducted of current UK practice with regard to services or interventions to improve or protect the mental wellbeing or independence of older people. It identifies examples of existing services and activities in a number of council boundary areas, as well as looking at some services that are provided on a nationwide or semi-nationwide basis. The aim was to describe services and identify information on who makes use of them. Issues of sustainability and funding, the role of volunteers and any evaluation of impact were also considered. Links with the statutory sector and justifications for the development and implementation of service were noted.

Methods

A mixed methods approach was adopted. This included a bespoke questionnaire circulated by e-mail to directors of public health and local branches of Age UK in selected case study areas. In addition, a search was made of local council websites for directories of local services and structured searches of the internet were also conducted. Material was also sourced from previous reviews on the effectiveness of interventions and barriers and facilitators to their use.

Six case study areas in England were selected (Blackpool, Cotswold District Council, East Dorset/Bournemouth, Sandwell, Tower Hamlets and Wigan) with a view to obtaining sufficient information on at least four local areas. Analysis on Wigan was subsequently drafted separately so this report contains information on five areas only. These local authority areas were selected to ensure that we had a mix of areas that had high and low levels of deprivation, low and high numbers of older people as a proportion of the total population, geographical spread and some areas that had a significant numbers of black and minority ethnicity (BME) populations. In addition, examples of activities taking place at a national level were also documented.

Key Findings

How widespread are services?

Over 100 organisations and community groups delivering more than 320 activities in five case study areas were identified. Nearly all of the areas of activity set out in the Evidence Statements for Review 1 are to be found in at least one of the case study areas (See Table 3). The majority of services are delivered by registered charities (including faith organisations), as well as by local community groups and social enterprises. The focus of most of these activities is on tackling isolation and loneliness, with less focus placed on the promotion of mental wellbeing.

Principle activities provided

Single location, multi-component activity programmes are by far the most frequent type of service activity identified in all of the case study areas. They accounted for about 50% of all activities identified. They were dominated by what might be considered 'traditional' services for older people - lunch and tea clubs often provided by in local community venues or by local faith organisations.

There are both examples of local and national telephone helplines. All areas provide some internet and computer training activities, some of which may be provided for the population as a whole, such as in local libraries, as well through specific courses for older people. For example, University of the Third Age groups in local case study areas all offer computer related classes. Many group social activities focus on the arts – such as singing, painting and knitting groups, as well as through visits to museums and theatres. Few examples of specific services for older carers were found although national organisations supporting carers of all ages are available.

Co-ordination / integration with other local services (including health care services)

Local government organisations will to differing extents be actively involved in providing services that could promote the mental wellbeing and independence of older people.

East Dorset /Bournemouth and Cotswold District Councils stand out from the other local areas examined because of the strong actions taken at local government level recognising the importance of mental wellbeing and independence. This in part is a legacy of national evaluation programmes. In both areas there has been sustained investment in activities that had originally been funded as part of the Partnerships for Older People Programme (POPPS) or the Department of Work and Pensions Link Age programme (Davis and Ritters, 2009). Cotswold District Council and Gloucestershire Council have also recently conducted an inquiry into loneliness and have developed their own intelligence system to predict geographical areas where older people may be more at risk (Hennessey-Ford, Howard and McKay, 2014) .

Who is using the services?

The number of older people reached is difficult to determine due to a lack of data for local services, but where reported contacts vary from less than 5 per week to over a 100 per week. In many cases even where information on the use of services was provided it was not clear if the number of contacts, rather than the number of service users is being reported. There is even less information available on the demographics and socio-economic status of service users. This makes it very difficult to identify the extent to which they are meeting the needs of those who might most benefit from the use of services, whether this be in terms of gender, BME or LGBT status etc. Some insights on the gender mix can be gained through looking at photographs and video clips. These appear to suggest that many of the activities identified in this review may appear to be more successful in attracting women rather than men to participate.

Funding and sustainability

In mapping services a number of very long standing institutional structures that deliver programmes were identified and many services are also linked to churches. But many services have been in operation for less than five years. Their level and source of funding has impacted on activities provided, particularly where future funding is uncertain.

Few of these activities have any funding from Clinical Commissioning Groups. Funding predominantly is through different combinations of soft time-limited grants, sponsorship from local and national business and modest user charges. Local authorities may fund some

services as well. Sometimes there may also though be an in-kind contribution such as the provision of space within a local library or at the town hall to run an activity.

What do we know about effectiveness evaluations of these services?

Very few of the local services identified have been (or are currently) the subject of any formal qualitative or quantitative evaluation. Where any evaluation or monitoring has been conducted the emphasis has been on process measures and qualitative experiences rather than seeking to quantify the effectiveness or even cost effectiveness of the services and activities.

Is the picture different for nationwide services?

The review also looks at some services that operate at a national level, some running with local franchises. They include major national volunteering organisations, telephone helplines, a national scheme for lunch and tea clubs and the University of the Third Age movement. Much of their experience is similar to that of the local case studies, but there has been a greater level of formal evaluation (which may be a requirement of the funder e.g. Big Lottery) and funding structures tend to be more secure because of a greater number of funding options that may be available due to a greater level of media exposure. This in turn may increase opportunities for corporate sponsorship, major fundraising initiatives and legacies. Some organisations, such as Age UK, also raise significant revenues through retail activities in their network of charity shops. National organisations may also be more likely to have contracts with local government and others for the provision of some services – e.g. meals on wheels.

Challenges

Key issues that need to be addressed include information deficits. It is unclear whether all those people that could benefit from a more diverse set of activities have the opportunity to do so in their local areas. The lack of statutory funding for many organisations has reduced their incentives to collect such data, but it crucial to collect routine monitoring data and some outcome data to properly evaluate services. It is also important for the statutory sector and others to distribute information on the availability of services. This is a role that in some parts of the UK may be played by community navigation /signposting services, such as the Village

Agents in Gloucestershire. But signposting services can be much more limited. A one-stop information hub in each local authority area whose role would be to facilitate access to and circulate relevant information may be helpful in generating information on available services. In terms of the evaluation gap, while resources for evaluation may be limited, potentially, joint evaluations might be conducted across localities pooling resources where comparable services are being delivered. Local authorities may wish to consider how best strategically they can use some of their limited public health funds to facilitate service provision and foster innovation.

Limitations of analysis

This review will not have mapped every singly relevant service in any locality. It has only focused on activities that are specifically targeted at older people (many of these services define older people as anyone over the age of 50). Instead this review represents a snapshot of current service provision. It does not look at what may have happened to relevant services that were previously available but no longer operate in case study areas.

It will have missed out on relevant activities that help promote mental wellbeing and independence that are focused at the general population. Examples of these activities include various working men's, sports and other social clubs; the review will also not pick up on some commercial focal community venues that can play a role in reducing social isolation, most notably community pubs. While the review does include examples of national volunteering initiatives it will have excluded many different organisations and institutions where people of all ages, including older people can volunteer to help others. Some of these may be faith based organisations such as the Salvation Army or well established initiatives such as the Rotary Club. It also will not have picked up on all interventions that fall outside of scope for the review, most notably different ways of delivering physical activities and some services that are targeted towards people who have already been identified as having substantial health and/or social care needs.

Conclusions

This mapping review paints a picture of a very fragmented mix of services and supports that are provided and funded largely by third sector and community organisations. Examples of services that have an evidence base in the academic literature can be identified and services covered in Review 1 are in place. However, there is inconsistent information available on how these services are actually used and whether or not they are being used by those individuals who might most benefit. These information deficits need to be addressed, especially if more public funds are to be made available. There is also a need to foster innovation in service provision in local areas, where traditional centre based social activities still preeminent. National initiatives that are carefully evaluated may be one way forward.

Abbreviations

BME — Black and minority ethnic

CCG — Clinical Commissioning Group

GP — General Practitioner

HWB — Health and Wellbeing Board

ICT — Information and communication technology

IMD — Index of Multiple Deprivation

LSOAs — Lower Super Output Areas

LGBT — Lesbian, gay, bisexual and transgender

Ofcom — The Office of Communications

PMP — Portable music player

POPPs — Partnerships for Older People Projects

SNS — Social Networking Sites

1 Introduction

1.1 Aims

This review was undertaken to support the development of guidance by the National Institute for Health and Care Excellence (NICE) on independence and mental wellbeing (including social and emotional wellbeing) for older people. It is the third in a series of evidence reviews, the first of which looked at what is known about the effectiveness of relevant interventions and the second considered barriers and facilitators to the use of relevant interventions.

It aims to review current UK practice with regard to services or interventions to improve or protect the mental wellbeing or independence of older people. It identifies examples of existing services and activities in a number of council boundary areas, as well as looking at some services that are provided on a nationwide or semi-nationwide basis.

1.2 Research questions

The review aimed to look at whether or not activities and interventions identified in the previous two reviews could be identified in a UK context and the extent to which they would routinely be part of a local approach to promoting mental wellbeing and independence in older people. The review aimed to briefly describe the pattern of services in selected localities and document in more detail selected examples of activities. It also looked at some further services that were delivered either at national level or addressed interventions or issues that were not covered within case study areas. Some of the areas of research interest that we looked for information on for each service are set out in Box 1.

Box 1. Issues examined in mapping review

Overview and characteristics of service, including opening hours

Information on socio-demographic characteristics of service users

Information on the number of people making use of the service, as well as challenges for uptake and engagement

Information on the role of volunteers

Sources of funding and any discussion of sustainability

Whether effectiveness evaluation conducted or will be conducted

Co-ordination / integration with other local services (including health care services)

Justification for development and implementation of service

2 Methodology

2.1 Search strategy

A search was made of local council websites that provided directories of local services and a structured Google search was also conducted to identify services in local areas. The search terms used in Google searches were simple – combining terms around ageing, mental wellbeing, independence, isolation, volunteering and loneliness with relevant geographical names. These geographical names not only included the names of the selected local government organisations but also names of selected key towns in those geographical areas. We also looked at the websites of selected service commissioners and providers and some local government websites, including non-governmental organisations and drew, where relevant, on information from the call for evidence. Google Scholar was also searched for any evaluations of substantive programmes that were identified. In addition, a bespoke questionnaire (see Appendix) was circulated by e-mail to directors of public health and local branches of Age UK in selected case study areas. We also used information from Reviews 1 and Review 2 in order to identify examples of services operating at a national or regional level to also include in this mapping review.

Services needed to be in operation in 2014 in order to be included in our review. We only documented services and activities that met the scope and inclusion criteria for our previous reviews, although we did document physical activity interventions such as walking groups when these were identified as part of a multi-activity intervention or social club. Services that met scope were included regardless of whether or not they had previously featured in Reviews 1 or 2, so as to pick up any emerging practice. Information on different services identified were documented in an Excel spreadsheet; this recorded the types of activity so that we could quantify the number of different activities going on in different case study areas.

2.2 Selection of Case Study Areas

We selected six case study areas in England with a view to obtaining sufficient information on at least four local areas. Given that responsibility for public health now largely rests with local government we selected areas based on local authority structures (Box 2). These areas were selected to ensure that we had a mix of areas that had high and low levels of deprivation, low and high numbers of older people as a proportion of the total population, geographical spread and some areas that had a significant numbers of black and minority ethnicity (BME) populations. Tables 1 and 2 provide some basic information on the characteristics of these case study areas and the BME population in these areas.

Box 2 Selected Case Study Areas

Blackpool Unitary Council
Cotswold District Council
East Dorset District Council & Bournemouth Borough Council
Sandwell Metropolitan Borough Council
Tower Hamlets (London) Council
Wigan Metropolitan Borough

Three of our case study areas were in the top 20 most deprived local authorities in the country with the highest proportion of lower super output areas (LSOAs) in the most deprived decile of the 2010 Index of Multiple Deprivation (IMD) (Department for Communities and Local Government, 2011). In Tower Hamlets in east London 40% of all LSOAs were in the most deprived decile, while the figures for Blackpool and Sandwell respectively were 37% and 30%. We also included East Dorset, the local authority which had the highest number of

LSOAs (39%) in a district in England that fell in the least deprived decile of the IMD. We ended up including Bournemouth Borough Council alongside East Dorset given a strong overlap in the provision of services. We chose one particularly rural area – Cotswold District Council which was by far the largest in terms of square kilometres (Table 1) but had the lowest overall population at just 70 per square kilometre. 28% and 23% of the population of East Dorset and Cotswold District Councils were aged 65 and over compared to just 6% of the population of Tower Hamlets.

We also included a metropolitan council from Greater Manchester – Wigan[1]. Tower Hamlets was by far the most densely populated area and it also had the highest proportion of mixed ethnicity and BME population as a share of the total population (55%), falling to a 36% share of the 65 years and older population (Table 2). Sandwell also had high numbers of BME – 30% of total population and 12% of the 65 plus population. In the other areas BME populations were no more than 1% of the over 65 population.

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[1] Note that the case study for Wigan was subsequently prepared separately and is not discussed in this report

Table 1: Characteristics of case study areas

Local Authority: District/Unitary	Area (km²)	Total Population	Pop per km²	Pop 65 & over	Share of Total Pop
Blackpool	34.85	142,065	4,076	27,239	0.19
Bournemouth	46.18	183,491	3,973	32,311	0.18
Cotswold	1,165	81,075	70	18,489	0.23
East Dorset	354.42	87,166	246	24,319	0.28
Sandwell	85.56	308,063	3,601	46,841	0.15
Tower Hamlets	19.78	254,096	12,846	15,570	0.06
Wigan	188.19	317,849	1,689	51,649	0.16

Table 2: BME Populations in Case Study Areas

Local Authority	All Pop	White 65 and over	Total Mixed & BME 65 and over	Share mixed & BME groups in 65 and over population (%)	Share mixed & BME groups in total population (%)
Blackpool	27,239	27,055	184	1	3
Bournemouth	32,311	31,896	415	1	8
Cotswold	18,489	18,407	82	0	2
East Dorset	24,319	24,199	120	0	2
Sandwell	46,841	41,247	5594	12	30
Tower Hamlets	15,570	10,041	5529	36	55
Wigan	51,649	51,321	328	1	3

2.3 Health and Wellbeing Strategies in the Case Study Areas

A recent evaluation suggests distinct differences in recognition of the importance of mental wellbeing and independence in policy documents in local areas (Cupitt, 2013). This evaluation commissioned by the Charities Evaluation Service looked at the extent to which Health and Wellbeing Boards (HWB) have included a focus on loneliness in their work. This was done by analysis of their published strategies and interviews with HWB strategy authors. Of the 128 HWBs with strategies, almost half (48%, 61) had, at a minimum, acknowledged loneliness and/or isolation as a serious issue to be addressed. The Campaign for Loneliness awarded gold, silver and bronze awards (See Box 3). Bournemouth & Poole HWB and Sandwell HWB achieved silver status, while Tower Hamlets achieved bronze status. Blackpool, Gloucestershire, Dorset and Wigan WHBs had not included loneliness or isolation in their strategies in April 2013, but it should be noted that Cotswold District Council in partnership with Gloucestershire Police and Crime Commissioner commissioned a report in loneliness and isolation in February 2014 (Hennessey-Ford et al 2014).

Box 3: Campaign for Loneliness' Gold, Silver and Bronze Awards

Gold - the strategy contained measurable actions and/or targets on loneliness (in older age or for the whole population).

Silver - there was a stated commitment in the strategy to learning more about loneliness in a local area (for example mapping needs, designing interventions, identifying existing services that help), or measureable actions/targets on social isolation, improving social connections, networks or relationships.

Bronze - loneliness was acknowledged as a serious issue in the strategy but no targets or actions were identified, or there was a commitment to learning more about or improving social connections, social relationships or social networks.

3. Results

3.1 Overview of findings in local case study areas

Over 100 organisations and community groups delivering more than 320 activities in five case study areas were identified. A key finding is that nearly all of the areas of activity set out in the Evidence Statements for Review 1 are to be found in at least one of the case study areas (Table 3). The majority of services are delivered by registered charities (including faith organisations), as well as by local community groups and social enterprises. The focus of most of these activities is on tackling isolation and loneliness, with less focus placed on the promotion of mental wellbeing.

3.1.1 Principle activities provided

Single location, multi-component activity programmes are by far the most frequent type of service activity identified in all of the case study areas. They account for about 50% of all activities identified. They were dominated by lunch and tea clubs, and often provided by in local community venues or by local faith organisations. These faith organisations were predominantly linked to churches, but examples of community groups linked to other faiths were also found, for instance the Bangladeshi Islamic Centre in Sandwell which runs a weekly lunch club for older people. There are examples of initiatives specifically targeted at BME population groups, with one example being the West Bromwich African-Caribbean Resource Centre choir (Case Study 4.4). In Blackpool several bingo and card game regular social events for older people were identified. This was the only one of the areas examined which specifically mentioned bingo as one of the activities available for older people.

There are both examples of local and national telephone helplines and befriending services, such as the Silver Line, potentially meaning an unnecessary duplication of services. However more local telephone support can help in signposting to local services, and the experience of the highlight publicised Silver Line suggests that demand for befriending services may outweigh the availability of paid staff and volunteers (See Case Study 5.3).

All areas provide some internet and computer training activities, including through local branches of the University of the Third Age (See Case Study 5.1) and many group social activities focus on the arts – such as singing, painting and knitting groups, as well as through visits to museums and theatres. Older caregivers are one group whose health and wellbeing may be at risk, but few examples of specific services for older carers were found. That is not to say that services are not available, there are various networks of carer centres across the UK which focus on the needs of carers of all ages, as well as national groups such as the Carers Trust. For instance, one specific older carer telephone support service – Good Day Good Carer –for older carers operates in Northern Ireland and is funded by the Big Lottery.

3.1.2 Co-ordination / integration with local services (including health care services)

In England the Public Health Outcomes Framework was updated in 2012 to include a consideration of social isolation. All local authorities areas will provide and/or fund a range of health and social care services that potentially address mental wellbeing and issues of loneliness. Many of these will fall outside of the scope of this review because they focus on older people who already have substantive health and social care needs.

In terms of activities targeted at the promotion of mental wellbeing and independence for healthy older people there appears to be some considerable divergence between case study areas. East Dorset /Bournemouth and Cotswold District Councils stand out from the other local areas examined because of the strong actions taken at local government level recognising the importance of mental wellbeing and independence. In both areas there has been sustained investment in activities that had originally been funded as part of the Partnerships for Older People Programme (POPPS) (Windle et al., 2009) or the Department of Work and Pensions Link Age programme (Davis and Ritters, 2009). Notably, both areas have extensive networks of individuals working on a part time basis signposting older people to relevant services in their localities. Cotswold District Council and Gloucestershire Council have also recently conducted an inquiry into loneliness and have developed their own intelligence system to predict geographical areas where older people may be more at risk (Hennessey-Ford, Howard and McKay, 2014). In Cotswold District there has also been recognition of the challenges of rural isolation with the establishment of pub clubs and other

small scale activities that can function on a village basis. Local Age UK braches have also established choirs in the area.

A Fairness Commission has been established in Blackpool, which is currently chaired by the local Director of Public Health. This focuses on the needs of the population as a whole rather than just older people, but brings together representatives of many key organisations in Blackpool that can help promote mental wellbeing for older people. These include Clinical Commissioning Group (CCG) representation, the Chief Executive and Leader of Blackpool council, police, a local school, Blackpool Carers Centre, Blackpool Young People's Council and various representatives of community groups. The Commission have recognised that "*high levels of transience and ageing population in parts of the town result in higher than normal levels of social isolation and loneliness and we acknowledge that loneliness has a detrimental affect on the physical and mental health and well-being of our population*". The Commission ran several time limited events in 2014 around the issue of loneliness – targeted at the general population, as in the case of their Easter Buddies campaign (Blackpool Fairness Commission, 2014) or their one day workshop hosted with the council called 'Lets Talk about Loneliness' held in September 2014 (Blackpool Council, 2014).

In Tower Hamlets the local authority was committed to funding 32 lunch clubs to tackle social isolation for older people until March 2015, There was however a projected shortfall between allocated funds and expected costs of these programmes and continued funding was not planned(McCulloch-Graham and Disney, 2014) The HWB also aimed by December 2014 to "*develop a public mental health programme that will include a public health approach to tackling loneliness*" (Littlejohns, Fradgley and Cohen, 2014). Tower Hamlets CCG and the local GP network also had taken some action experimenting with an approach known as 'social prescriptions', initially in Bromley by Bow, to refer socially isolated older people to social activities, such as a grandparents group, art classes and animal handling sessions (Pati, 2014). However these prescriptions are largely targeted at older people who already have substantive health and social care needs. Similarly, in Sandwell the HWB notes the need to have services to support frail older people and their carers and to reduce isolation and loneliness. Again, however, the focus is on meeting the needs of older people already living with substantive care needs.

3.1.3 Who is using the services?

The number of older people reached is difficult to determine due to a lack of data, but, where reported, contacts vary from less than 5 per week to over a 100. The Age UK branch in one of our case study areas did though indicate that they reached between 100 and 500 people per week, and had a further 21-50 older people volunteering every week. In many cases where information on the use of services was provided it was not clear if the number of contacts, rather than the number of service users, was being reported. In most cases little information is available from published material and websites on the number of people that make use of these services; there is even less information available on their demographics and socio-economic status. This makes it very difficult to identify the extent to which they are meeting the needs of those who might most benefit from the use of services.

Scrutinising websites, documents and looking at photos and video clips it would also appear that many of the activities appear to be more successful in attracting women rather than men to participate. This potentially could be a reflection of the extent to which services have not been tailored towards the needs of men, but it might also reflect other factors such as lower numbers of men at advanced ages due to lower life expectancy. The review did identify some activities that are specifically targeted at men such as the Walking Football scheme operated by Blackpool Football Club (Case Study 4.10), which at first glance might appear to be solely about physical activity but is also aimed at reducing social isolation in older men. Another sports related example is the Retired Men's Snooker Club in Wednesbury in Sandwell Metropolitan Borough (See Figure 1).

Another example of a recent initiative that was funded outside of the case study area which has partly been designed to appeal to men is the Hen Power project funded by the Big Lottery Fund (Case Study 5.8). There had also been some discussion in the media on tackling social isolation and loneliness for older men through the provision of 'men's sheds' –when men meet to social together and do activities such as woodwork - an idea pioneered in Australia and piloted by Age UK between 2010 and 2012. – we did not find these in study areas; moreover a recent overview of the literature on this topic did not find robust evaluation evidence on their effectiveness in a UK context (Milligan et al., 2013).

Figure 1: The Retired Men's Snooker Club, Wednesbury, Sandwell.

Within Central Methodist Church and The Wesley Centre we have a number of friendly societies.

Retired Men's Snooker Club

We meet daily at The Wesley Centre and provide an opportunity for retired men to meet together and have a few games of snooker and a laugh. Throughout the year we also try to arrange trips to various places of interest.

Source: http://www.wesleycentreforall.com/central-methodist-church-the-wesley-centre/retired-mens-snooker-club.html

3.1.4 Funding and sustainability

Greater uncertainty over the security of funding will have implications for the way in which services are delivered and more time and resources will have to be devoted to seeking future funding. The long term viability of services may come into question. In mapping services a number of very long standing institutional structures that deliver programmes were identified – for instance the Tower Hamlets Friends Network (Case Study 4. 12) dates back to 1947, while many services are also linked to churches. Where information on date of establishment is provided it is also clear that many services have been in operation for less than five years.

Their level and source of funding has also impacted on activities provided, as for instance in the case of the Good Neighbours project in Cirencester (Case Study 4.3) which has recently received a boost to funding allowing it to change its remit and serve all of Cotswold District rather than just the town of Cirencester. Some annual reports of organisations have also noted the challenge of operating during the economic downturn.

Funding predominantly appears to be through different combinations of soft time-limited grants, sponsorship from local and national business and modest user charges. Many social group activities such as most lunch clubs and local Universities of the Third Age (Case Study 5.1) are largely self-financed through user charges and/or membership fees. Some substantial support from statutory services can be identified, such as the Wayfinder scheme in Dorset (Case Study 4.8) and the similar Village and Community Agent scheme across Gloucestershire (Case Study 4.5), both of which have been sustained following national evaluations. However, in general, financial support from local authorities is modest. Local authority net current public health expenditure in 2013/14 in England was 2% (£2.5 billion) of total net current expenditure (Department for Communities and Local Government, 2014). This included £387 million allocated to the category miscellaneous public health services, the most relevant category of expenditure. Sometimes there may be an in-kind contribution such as the provision of space within a local library or at the town hall to run an activity. Financial support from CCGs also does not appear to be common. This perhaps is to be expected given that the focus of interventions here is on the healthy older person population with the transfer of public health responsibilities to local authorities in 2013.

3.1.5 What do we know about effectiveness evaluations of these services?

Very few of the local services identified (the Dorset Wayfinders and the Village Agents in the Cotswolds being exceptions) have been (or are currently) the subject of any formal qualitative or quantitative evaluation. Even in these cases evaluation was undertaken initially as part of nationally funded initiatives, although there has been some further evaluation follow up. In general, the more national the organisation the more likely it would appear to have monitoring systems in place for contact and engagement – as for instance is the case at national level when looking at the impact of the many University of the Third Age Groups to be found in the local case study areas (Third Age Trust, 2014). In all cases where any evaluation or monitoring has been conducted the emphasis is on process measures and

qualitative experiences rather than seeking to quantify the effectiveness or even cost effectiveness of the services and activities.

3.2 Limitations

This review will not have mapped every singly relevant service in any locality. It has only focused on activities that are specifically targeted at older people (many of these services define older people as anyone over the age of 50). It represents a snapshot of currently provided services and does not look at what may have happened to relevant services that were previously available but no longer operate in case study areas.

It will therefore have missed out on relevant activities that help promote mental wellbeing and independence that are focused at the general population. Examples of these activities include various working men's, sports and other social clubs; the review will also not pick up on some commercial focal community venues that can play a role in reducing social isolation, most notably community pubs. It will also not have included many of the different organisations and institutions where people of all ages, including older people can volunteer to help others. This would include groups such as the Salvation Army and the Rotary Club. It also will not have picked up on all interventions that fall outside of scope for the review, most notably different ways of delivering physical activities and some services that are targeted towards people who have already been identified as having substantial health and/or social care needs.

Table 3: Activities clustered by Review 1 Evidence Statements

Cluster	Blackpool	Cotswolds	East Dorset	Sandwell	Tower Hamlets	Total
1.1: Multi-component multi-location social support interventions	2		5	1	2	10
1.2 Participation in single location, multi-component activity programmes	17	20	48	29	44	158
1.3: Mentoring for older people and signposting to activities	3	17	12	7	2	41
1.4: Educational health promotion interventions delivered by volunteers and peers					1	1
1.5: Participation in a singing programme		1	1	1		3
1.6 Using a national arts festival celebrating creativity in older people						0
1.7: Using arts to promote and protect mental and wellbeing	5	1	10	8	3	27
1.8: Support for older caregivers	1		1			2
2.1 School-based intergenerational activities		1	2		1	4
2.3 Intergenerational activities: volunteering	1	3	5	1	1	11
3.1: Building friendships		2	14	4	3	23
4.1 Face to face participation in further and continuing education	1	1	5	1	1	9
6.1: Training courses on computing and use of the Internet	2	3	8	4	3	20
6.2: Telephone and internet communication		1	1	1	2	5
6.3 ICT interventions for carers			6			6
6.4: Computer gaming			1			1

Figure 2: Types of activities identified in local case study areas

4. Local Case Study Examples

This section of the mapping review contains selected examples of activities found in different case study areas. The case studies have been chosen to cover a broad range of different interventions, but no assumptions are made here on whether these services are more efficient or effective than other activities in localities that we have not described in detail.

Case Study Example 4.1: Christchurch Angels [Befriending Service]

Location: Christchurch, Dorset

Operating Hours: variable. Co-ordinator Office Hours: Tuesdays 9-1pm; Thursdays 2 - 6 pm

Aims and objectives:

Christchurch Angels, part of the Christchurch Community Partnership, is a befriending service for people who need short-term help in times of difficulty or crisis. This is one of a number of activities that are aimed at older people, including help with transport, weekly excursions and various community events.

The project started in 2013 and the services are provided by the volunteers (Angels). The Angels make home visits and help engage with people who feel lonely. The service is predominantly for older people but can also be used by younger people who feel isolated.

How it works

Volunteers provide a range of support including picking up prescriptions, helping with correspondence, going on walks and trips, encouraging and supporting social activities and providing companionship. Volunteers are committed to a minimum number of hours each month. They are paid all associated costs including travel, telephone and parking. Training and support is provided by a paid co-ordinator and there are regular meetings with other volunteers. Volunteers can be reallocated to engage with a different older person tthey feel more comfortable with where it becomes apparent that there has been a mismatch between

the volunteer and the person they had originally been allocated to engage with. Individuals can be referred by professionals or self-referral via project coordinator

Funding: Christchurch Angles project is funded by Dorset Community Foundation, Sovereign Housing, NHS Dorset Clinical Commissioning Group and Christchurch Borough Council.
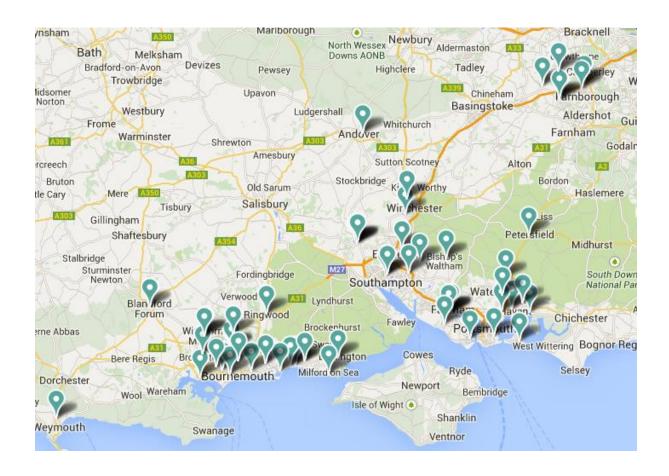
Further information:

http://www.christchurchcommunitypartnership.org.uk/ourprojects/christchurchangels/

http://www.bbc.com/news/uk-england-dorset-21860822

Case Study Example 4.2: Brendon Care Friendship Clubs [Social activities]

Location: Multiple locations in Dorset, Bournemouth and elsewhere (see Fig 2)

Figure 2: Location of Brendon Care Friendship Clubs

Operating Hours: Variable – usually 2 hours per week for one weekday afternoon

Aims and objectives

Brendon Care Friendship Clubs are part of Brendoncare, a registered charity dedicated to improving the lives of older people. Club Dorset, a subsidiary to the Brendoncare Foundation, is a registered charity and a company limited by guarantee. Club Dorset has seven clubs with around 400 members. The club is very much dependent on its volunteers (44 volunteers in 2014), who provide support to the club members and organise club activities. They are supported by a small paid staff. Attendance at Club Dorset at the end of March 2014 was 6,300, an increase of 3 per cent compared to 2013 attendance figures of 6,100 (BrendonCare, 2014)

Club Dorset's mission is to tackle social isolation through provision of friendship and wellbeing clubs. Individual clubs provide opportunities for older people to meet new friends and enjoy a range of activities including quizzes, entertainers, outings, and speakers.

The aims of the clubs are:

- To help older people maintain their independence and meet others in a friendly environment;
- To reduce social isolation among older people living in their own homes;
- To offer older people choice of what types of activities they would like to see or be involved in;
- To improve their quality of life.

How it works

Brendoncare Club types range from lunch clubs to afternoon clubs and activity clubs. There are also clubs that run on a Saturday. They include d*rop-in clubs* that are open to all providing opportunities to meet and get to know others (fee £1). *Companions clubs* have a variety of things including the chance to take part in a quiz, play a game of curling or simply enjoy a chat and a cup of tea or coffee (fee £2.50). *Activity clubs* are based around organised activities such as an interesting speaker, games, creative activities, information and advice, and outings. Refreshments are provided during the activities (fee £4).

Evaluation: The Brendoncare Clubs were evaluated to assess the value of their services to their service users. A Social Return on Investment (SROI) Pilot Report found that for every £1 invested in Brendoncare Clubs, £1.40 is saved to society at large (BrendonCare, 2011).

Funding: The clubs are funded from the members' subscriptions, transport charges, local authority's contributions (in total around £35,000 per annum), with a need to find another £90,000 from fundraising and the Brendoncare Foundation.

Further information:

http://www.brendoncare.org.uk/clubs/our-clubs/dorset

Video

http://www.brendoncare.org.uk/about/videos/friendship-clubs

Social Return on Investment Report:
http://www.brendoncare.org.uk/images/uploads/downloads/September-SROI-report.pdf

Case Study Example 4.3: Churn Project: Cirencester Good Neighbours [Befriending]

Location: Cotswold District

Opening hours: Variable

Cirencester Good Neighbours is one of the activities of The Churn Project (http://www.churnproject.org.uk/), a registered charity which focuses on the Cirencester community. It is a befriending service for older people over the age of 65 living alone in the Cotswold District Council area. It has been running since January 2008.

Aims and objectives

The Good Neighbours project was set up in recognition of the need to reduce isolation for the many older people living in the town and the stated aims of the service are to:

- To help reduce isolation of older people in the community, either through receiving the service or through volunteering for it.

- To help clients develop their confidence and resilience and increase their wellbeing, through the opportunity to form a trusting relationship over time.

- To offer social support in a cost-effective and locally-sourced way.

- To offer a service where none existed before, and to complement services already offered locally to older people by other agencies, whether voluntary, community, statutory or private.

- To increase volunteering in the local community.

- To keep the service as simple as possible – so as to be as easily self-sustaining as possible – whilst offering volunteers and clients effective support.

- To use home visiting/befriending as a means of opening up other social opportunities for older people in Cirencester.

- To develop the service in the light of local circumstances and needs, working in partnership with all client referral agencies locally.

How it works

Each participating older person is paired with a volunteer who they can meet once a week for a chat, to go for a walk or whatever they would like to do. The visit lasts for at least an hour. The service provided by volunteers is purely befriending. They do not become involved in doing tasks for their "friend", but they can signpost people to further services via the part-time manager of Good Neighbours. Potential service users get to hear about the service through referrals from professionals such as health visitors, district nurses, community mental health workers and social workers, through family and friends, or by picking up a leaflet and referring themselves.

Two thirds of volunteers are over the age of 50. The scheme has about 40 volunteers; they also have more people who want a visitor. Since 2008 there have been more than 7,000 befriending visits. While evaluation and monitoring have been discussed no quantitative evaluation of the scheme is available; instead qualitative vignettes on individual experiences have been prepared.

Funding: Originally funded by Cotswold District Council, it has relied on funding from charitable trusts since 2010. Funding has been on a year on year basis, but a Reaching Communities grant from the Big Lottery Fund in 2013 has allowed the scheme to be extended from just covering Cirencester town to reach the whole of the Cotswold District

Council area. It also meant the scheme could cover people over 65 rather than just over 75. The main expenses of the scheme are the salary for the part time manager (15 hours per week) and mileage paid to volunteers.

Other activities

The Churn Project also aims to promote mental wellbeing with its 'Thursday Club'. This is a social group for local people aged 50+ to get together for activities or just to have a chat and a cup of tea. There are similar clubs just for cake or lunch and a chat for older people on Tuesday and Sunday every week. There is also an intergenerational befriending service, but this is targeted at people living in residential care facilities: in the Churn Young Neighbour Project young volunteers from local schools and colleges visit older people living in several residential care homes in Cirencester.

Further information:

See more on the scheme via You Tube

https://www.youtube.com/watch?v=DKGZKryFgTE&feature=youtu.be

http://www.swcouncils.gov.uk/media/RIEP/Stronger%20Communities/Churn_Case_Study_Final_Version.pdf

Case Study Example 4.4: West Bromwich African Caribbean Resource Centre [Choir]

Location: West Bromwich

The West Bromwich African Caribbean choir is one of a range of activities of the West Bromwich African Caribbean resource centre, a registered charity, which provides the services for people living in Sandwell. It is a group-based singing activity for older people aged 50 and over, who may experience a feeling of isolation at home or in their communities. It has been running since 2006. It was initially led by a local champion and funded by the Sandwell Council of Voluntary Organisations (SCVO).

Aims and objectives

- To help reduce isolation in community dwelling older people through participating in a singing group
- To help increase older people's social networks
- To develop activities to reflect the needs of the local people

How it works

Participants rehearse for concerts and perform at various business events, such as conferences, corporate functions and family events including christenings, weddings and funerals across Sandwell. They also perform in schools, clubs and churches and have also produced a series of albums since 2007. Potential service users, who are members of the day care service user group can self-refer themselves to the choir. The songs that they perform vary from traditional songs of West Indian origins, through to gospel and contemporary songs. While there is no formal evaluation of the activity, some narrative anecdotal case studies have been reported.

Other activities

The West Bromwich African Caribbean resource centre also aims to raise awareness of the importance of a healthy life style and promote healths in older people through befriending, exercise and day care services. In addition, day care services support caregivers. The services are available twice a week, on Mondays and Wednesdays from 10 am to 3 pm.

Further information: http://www.wbacrc.org.uk/

Case Study Example 4.5: Gloucestershire Village and Community Agents [Signposting, Mentoring]

Location: 38 agents operating across Gloucestershire

Village Agents initially started in 2006 as part of the LinkAge Plus[2] scheme funded by the Department for Work and Pensions. The project was inspired by the need to provide older people in the county's rural communities with easier access to information and services. It is now managed by Gloucestershire Rural Community Council.

There were 38 Village & Community Agents in 2014 operating countywide in both rural areas and in the urban centres of Cheltenham and Gloucester. This includes Gloucestershire Community Agents, working specifically with black and minority ethnic (BME) communities across the county. They were introduced initially as a pilot for the first six months of 2008 and are now an integral part of the team.

Aims and objectives

The main aims are:

- To help older people in Gloucestershire and older members of the BME communities across the county feel more independent, secure, cared for, and have a better quality of life.
- To promote local services and groups, enabling the Agent to provide a client with a community-based solution where appropriate.
- To give older people easy access to a wide range of information that will enable them to make informed choices about their own wellbeing.
- To engage older people to enable them to influence future service planning and provision (Darch, 2014).

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[2] The LinkAge Plus pilots ran from 2006 to 2008 in Devon, Gateshead, Gloucestershire, Lancashire, Leeds, Nottinghamshire, Salford and Tower Hamlets. The aim was to bring local authorities together with their partners in health and the voluntary and community sector to explore new ways to improve local services for older people. This included providing access to all services through a number of points of contact such as in person, by phone, electronic or paper communications. (https://www.gov.uk/government/collections/linkage-plus)

How it works

Gloucestershire Village and Community Agents are trusted members of the communities and parishes in which they work, and all have good local knowledge. They are aware of the members of their community who may need access to help and assistance.

Each Village Agent is assigned a geographic area to work in. Agents usually live within their area. They work part time and the majority are contracted for ten hours per week. They visit lunch clubs, social groups, community events and get to know key players through parish councils and community groups. The idea is that if an older person requires help, the community should know that the agent is the person to contact. The agents also publicise their services through parish magazines.

Agents receive monthly training sessions on a range of topics, delivered by district and countywide organisations. They are given information about other local services that are available and contact points. Where possible, organisations are added to their 'gateway' referral system so that agents can make a direct referral to that service (Darch, 2014).

Gateway forms are completed by agents whenever they visit someone at home, visit a lunch or social club, hold an information session/surgery, or attend an event. The gateway forms are completed even if the contact with agents does not necessarily result in a referral to an agency. This creates a picture of activity and records an agent's involvement with a client and the work carried out in order to promote the service in the wider community. In the period between April 2013 and March 2014, a total of 7,425 gateway forms were completed by Agents, an increase of 1,544 compared to the previous year (Darch, 2014). 57% of clients were women.

An evaluation of the Village Agent project based on achievement of DWP targets, as well as questionnaires, focus groups, Village Agent and older persons' diaries and case studies came to the following conclusions:

- Older people were more likely to get in touch with statutory organisations;
- They were better informed about preventative measures;
- Their social networks were supported and promoted;
- Initiatives and information could be directly targeted to the intended recipients;
- Village Agents could identify older people at risk (Darch, 2014).

The scheme has been very popular and some other local authorities have been in contact to obtain advice on how to set up their own schemes.

Funding: The Village and Community Agents are funded by Gloucestershire County Council

Further information:

http://www.villageagents.org.uk/About_Us.aspx

Case Study Example 4.6: Connect [ICT for carers]

Location: Gloucestershire

The Connect project has been successfully run by the Gloucestershire Rural Community Council (GRCC)[3] since January 2011 with funding from the Nominet Trust.

The project provides free help to older people who are carers in Gloucestershire to get started, feel more confident online and learn computer basics on their own terms. A team of volunteers offer help and advice for both beginners and more experienced users who want to further their knowledge on using computers and the internet. Since the start of the project, more than 55 volunteers from GRCC's Connect project have helped over 450 older people learn to use a computer.

Aims and objectives

The aims of the project are:

- To help people over the age of 55 and living in Gloucestershire to use a computer and the internet;
- To help people, especially those living in the more rural areas of the county, to become more confident in using a computer and the internet[4].
- To reduce social isolation of older people;

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[3] Gloucestershire Rural Community Council (GRCC) is a Charitable Company Limited by Guarantee, established in 1923. http://www.grcc.org.uk/overview/about-us

[4] http://www.nominettrust.org.uk/what-we-support/blogs/connect-projects-helps-older-carers

- To provide opportunities for the volunteers to develop skills and offer support to older people.

How it works

Connect offers an opportunity for carers to learn and familiarise themselves with the computers at their own pace either individually or in a small group.

The Connect scheme is run by a team of volunteers who provide eight hours of free help either in a person's own home or within a small, informal group setting. The training provided is free of charge. The sessions provided in people's homes are usually delivered by the locally based volunteers. In a group setting, there is a maximum of two people per volunteer[5].

Feedback received indicates that the success of the project lies in the informal setting for learning and in the older learners being able to search for the information that they are interested rather than being told what to look for by a teacher in class[6]

Funding: Nominet Trust

Other activities

Among the other activities related to the GRCC's Older People's Projects in Gloucestershire is *In Touch* Project (Fig 3). The aim of this scheme is to enable older people to access health related and social activities in their communities, through the provision of information, advice and signposting. This the project argues would benefit older people in that they would have greater independence and improved sense of physical/mental wellbeing. In Touch activities include:

- Providing older people with information, advice and access to health related and social activities in Gloucestershire (existing and new);

- Liaising with and further developing relationships with health and social care professionals providing information and learning relating to the work of the project;

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[5] Ibid
[6] Ibid

- Continuing to hold events relating to health, the transformation of social care and emerging needs of older people;

- Remaining visible and engaging in strategic activity to ensure the needs of older people living in the county are considered in the planning process[7].

Further information:

Connect project http://www.grcc.org.uk/connect/connect

http://www.nominettrust.org.uk/what-we-support/blogs/connect-projects-helps-older-carers

GRCC Annual Review 2013/14 http://www.grcc.org.uk/downloads/resources/grcc-annual-review-13-14-website.pdf

In Touch project http://www.grcc.org.uk/older-people---in-touch/older-people---in-touch

Figure 3. The In Touch Project

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[7] http://www.grcc.org.uk/older-people---in-touch/older-people---in-touch

Case Study Example 4.7: Opening Doors London [Older LGBT support]

Location: Tower Hamlets

Opening Doors London (ODL) aims to specifically meet the needs of older LGBT (Lesbian, Gay, Bisexual and Transgender) communities. It is aimed at men and women who identify as LGBT and are over the age of 50. ODL provides regular social activities, including cinema, theatre and pub trips, information and signposting services and a befriending service. The service matches a volunteer with an older person for regular social contact. This could be to go along with someone to social groups and community activities, go to exhibitions or events, or just to have a cup of tea and a chat. The organisation highlights the greater likelihood that older LGBT will be living alone, with limited family networks and being at greater risk of poor mental health than the general population. ODL works with Age UK Camden as the lead agency, as well as with other local offices of Age UK across London to provide services. It is funded by grants from different organisations including the Big Lottery Fund, Trust for London, The City Bridge Trust and The Esmée Fairbairn Foundation. Membership is free and most activities are also provided free of charge to ODL members .

More information: http://openingdoorslondon.org.uk/
Also see youtube http://www.youtube.com/watch?v=JpKSRU900y0

Case Study Example 4.8: Dorset Wayfinders [Signposting, Mentoring]

Location: All of Dorset (except Bournemouth and Poole)

The Dorset Wayfinders programme was originally set up as part of Dorset's Partnerships for Older People Project. Initially funded by the Department of Health, it is now funded jointly by Dorset County Council and Dorset Clinical Commissioning Group. There are no charges to service users. The Wayfinders work with people over the age of 50 to help maintain their health and independence. They operate across all of Dorset with the exception of Bournemouth and Poole. Their activities include signposting older people to social activities, lunch clubs and coffee mornings that can help to reduce social isolation. They are based in

various community settings including GP practices, libraries and shopping centres and also provide home visits for more complex cases. In an evaluation of the Wayfinders scheme (Harflett and Bown, 2014), it was reported that 2,049 (33%) of all complex home visits over the 12 months to May 2013 were made to address and signpost people to social integration activities, while another 1,117 contacts (18%) were to support good health in body and mind. There would have been a total of 11,373 contacts of all types to address social integration if the share of complex cases were to be repeated for all contacts. In an economic threshold analysis in this evaluation it was estimated that if 82 contacts meant that the need for a GP consultation and cognitive behavioural therapy for depression could be avoided then the scheme would be cost saving.

Further information

https://www.dorsetforyou.com/376773

Case Study Example 4.9: St Albans's befriending service "Our Friend is Your Friend" [Befriending]

Location: Sandwell

Our Friend is Your Friend is one of the activities of St Albans's (http://stalbans-cc.co.uk/), which is a charity, providing services for people in the local community. Founded in 1983 this charity is funded by multiple sources including the local authority, as well as grants, donations, and user charges. This particular befriending service is funded by the Big Lottery.

Aims and objectives

- To help identify older people at risk of social isolation, who may have experiences of bereavement, deteriorating health and/ or are having a transitional period from hospital discharge to community.
- To help maintain their social contacts as one preventive measures
- To help older people access local services
- To encourage social participation via club/group-based activities
- To promote peer-support by meeting people sharing similar lifestyles or life events

How it works

Older people, who are at risk of being isolated or already feel a sense of loneliness, are offered face-to-face contacts on a regular basis by trained volunteers. They also provide help to older people to get out of the house and encourage them to take part in social activities. The time commitment for each volunteer is usually from one to two hours each week, with arrangements made in advance between the volunteers and the older people.

Older people can refer themselves to the service, or be referred by family members or by other agencies. After the initial contact, a needs assessment can be carried out to help better match an individual with a volunteer befriender. Staff from the Our Friend is Your Friend office keep in regular contacting with volunteers and older people each week to monitor progress.

Other activities

St Albans' also has a lunch club that has been running for four years. It provides hot meal for older people and an opportunity for a chat. This is operating in a partnership with the Friendship club, which hosts events with six different themes every year, including a Christmas festive event, providing food and entertainment.

Case Study Example 4.10: Blackpool FC Community Trust's walking football programme [group social activity]

Location: Blackpool

Blackpool FC Community Trust's Inclusion Department provides a walking football programme for older men aged 50 and over at a local sports centre. This new programme is working in collaboration with the Older Men's Network and other local bodies including Age UK Blackpool and the local Council.
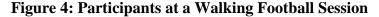
Aims and objectives
- To encourage older men who may have a lack of confidence to socialise with others through opportunities to participate in physical activity and social gatherings.
- To help older men to stay fit physically, mentally and socially

- To provide a chance to socialise with other men sharing the same lifestyle in their community

How it works

The key difference between standard football clubs and this particular walking football programme lies in minimising running and in encouraging walking at a slow pace to maximise the chances of socialising. Hour-long sessions operate twice per week on Mondays lunchtimes and late Thursday afternoon at Stanley Park Leisure Centre in Blackpool (See Figure 4). There is a user charge of £3 per session, and the session is open to any man regardless of level of skill.

Figure 4: Participants at a Walking Football Session

Expansion

In response to the growing interests in the walking football programme, Blackpool FC Community Trust and its partners have developed a new Fylde session at Lytham Town FC on Friday lunch time. These sessions are free of charge and are sponsored by Sainsburys, Age UK and Blackpool FC Community Trust. Qualified coaches based at Blackpool FC Community Trust also run these sessions.

Case Study Example 4.11: The Chinese Association of Tower Hamlets (CATH)'s luncheon club [Group social activity]

Location: Tower Hamlets

This lunch club is run by the Chinese Association of Tower Hamlets (CATH) set up in 1983 for the Chinese and Vietnamese Communities (http://www.thchinese.org.uk/).

Aims and objectives

- To support disadvantaged older people of Chinese and Vietnamese origin to integrate with the mainstream society.
- To offer a safe and compassionate environment to older people of Chinese origin
- To improve the quality of life and the well-being of Chinese older people
- To help overcome cultural barriers in a more welcoming and warm atmosphere
- To help facilitate access to services
- To help older people meet their emotional, physical and social needs

How it works

The lunch club provides a common space not only for lunch but for group-based cultural activities. The Chinese Association's co-ordinator monitors club activities by contacting all service users every day. The website states that the number of service users is increasing but no specific figures are provided.

Other activities

Other social events include day trips and talks to raise awareness of health issues. The Chinese Association also hold cultural events with people from other ethnic groups, and participate in traditional festive events organised by the wider Chinese community in London, such as the Dragon Boat and Mid-Autumn Festivals. These events include musical performances, dance and martial arts.

Case Study Example 4.12: The Tower Hamlets Friends & Neighbours (THFN)'s befriending services [Befriending]

Location: Tower Hamlets

Tower Hamlets Friends & Neighbours (THFN) is an independent charity supporting older people aged 60 and over (http://www.thfn.org.uk/) (Figure 5). Initially it was established in 1947 as Stepney Old People's Welfare Association. In 2003, it became a charitable company to reflect its befriending service in the borough of Tower Hamlets. At present the team consists of 6 Befriending workers and 40 volunteers from diverse ethnic backgrounds providing a total of 11,200 hours of direct befriending support during the year, including 2,135 hours of volunteer time – roughly one hour to two hours per week per volunteer (THFN, 2012). 55% of the service user population are from BME communities and there are people in the team who can speak different languages such as Bengali, Sylheti and Somali.

The service helps more than 400 people every year. Most service users are over the age of 80, with some over 100. Most participants tend to have chronic health problems and/or are housebound people with restricted mobility. They are more likely to have language barriers as many are non-native English speakers and some older people also have symptoms of dementia.

Aims and objectives

- To reduce social isolation and loneliness
- To promote the wellbeing of older people physically and mentally
- To help older people to stay independent in the best possible ways
- To provide emotional and practical help

How it works

Paid and/or unpaid befrienders visit service users' houses on a regular basis, for 'tea and a chat' and maintain phone contacts. The service is provided free of charge and self-referral is accepted

Funding: The programme is funded by NHS Trusts, companies, individuals, the Big Lottery Fund and the London Borough of Tower Hamlets.

Other activities

In addition to the key elements above, they also offer a range of other services such as signposting to facilitate access to services, and accompanying people on excursions

Further information: http://www.thfn.org.uk/

http://www.befriending.co.uk/assets/downloads/publications/THFN%20Befriending%20Report.pdf

Figure 5: Tower Hamlets Friends and Neighbours

Case Study 4.13

Location: Blackpool

Figure 6: The Hanging Gardens of Blackpool [Group arts and craft activity]

Although not targeted solely at older people, they represent the main participants of the Hanging Gardens of Blackpool project (Figure 6). The scheme, which has been running since 2013, provides an opportunity for local people who do not have their own garden or only have a small yard space to come along and take part in a relaxing and enjoyable activity that mixes gardening skills with creativity. Participants design, plant and grow their very own Hanging Baskets to brighten up their small gardens. Workshops take place twice a week on Wednesday and Friday afternoons at a local community centre.

Further information https://claremontparkcc.wordpress.com/2014/07/02/the-hanging-gardens-of-blackpool/

Case Study 4.14 Chatterboxes [Befriending]

Location: Blackpool

With the support of an ITV Text Santa Grant to Age UK- "Chatterboxes" is a pilot project designed to help volunteers engage with older people who are feeling lonely and /or socially isolated for any reason. The project encourages conversation & aims to provide a supported pathway into some form of meaningful activity to improve health & wellbeing. To access this service, clients must be: over the age of 50, a resident of Blackpool Borough and be experiencing loneliness or social isolation. There is no charge for this service.

Further information http://www.ageuk.org.uk/blackpool/our-services/chatterboxes/

5 National Case Studies

There are also services that operate at a national level, although they may have local franchises. A number of examples of different types of service are described here. They include major national volunteering organisations, telephone helplines, a national scheme for lunch and tea clubs and the University of the Third Age movement. Much of their experience is similar to that of the local case studies, but there has been a greater level of formal evaluation and funding structures tend to be more secure.

Case Study 5.1: The University of the Third Age [Education]

Location: UK wide

All of the case study areas have a University of the Third Age (U3A). The first U3As began to appear in the UK in the early 1980s. At the end of April 2014 there were 925 U3As with 321,966 members, which represented an increase in U3As of 4.3% and in U3A members of 7.9% (Third Age Trust, 2014). 41 new U3As joined the Trust in the most recent financial year; one in Northern Ireland, one in Scotland, one in Wales and 38 in England, of which nine were in the South East region. Three U3As closed: two from the South East region and one from the North West region. Sheffield became the first U3A to have more than 3,000 members.

U3As differ from services seen in countries such as Spain and France which have been hosted and led by university faculty members. Instead they rely on volunteers to guide and co-ordinate learning efforts. As the U3A website notes – "*retired and semi-retired people come together and learn together, not for qualifications but for its own reward: the sheer joy of discovery! Members share their skills and life experiences: the learners teach and the teachers learn, and there is no distinction between them.*" The emphasis is on social interaction and help in guiding on a range of activities, for instance in Sandwell (Figure 7) varying from language and computer classes to theatre visits, knitting, tai chi and yoga. Each U3A is self-funded with membership subscriptions and costs kept as low as possible; through modest membership fees. These are nominal – total member income in 2013/2014 was £1,117,878 or less than £4 per member. There may also be some nominal fees for some activities and outings. The individual U3As are backed up by the Third Age Trust which

provides help and support, as well as liability insurance of up to £5 million. While there have been evaluations of similar initiatives outside the UK, e.g. in Hong Kong, and despite the number of U3As, we did not find any formal evaluation of their impact.

Figure 7: The University of the Third Age Programme in Sandwell

Group List			
ANCESTRY	Thursday p.m. Wednesbury Library	ART	Wednesday a.m. Monthly-Central Library
COMPUTERS	Monday a.m. Monthly-Central Library	CROWN GREEN BOWLING	Thursday p.m. Monthly-Dartmouth Ladies Bowli
HISTORY/ENVIRONMENT	Tuesday p.m. Monthly-WB Town Hall	HOLIDAY GREEK CONVERSATION	Monday a.m. Monthly - Central Library
HOLIDAY SPANISH	Monday p.m. Monthly-Central Library	ITALIAN	See News In Brief
KNIT, NATTER & SEW	Wednesday p.m. Monthly Central Library	LATIN	Monday a.m. Monthly-Kenrick Park Com.Cnt
LINE DANCING	Friday p.m. Monthly, St Bernard	LITERATURE	Tuesday p.m. Monthly-WB Town Hall
LUNCH CLUB	See News In Brief	MUSIC APPRECIATION	Monday p.m. Monthly-Town Hall
OUTINGS	See News In Brief	PLAY READING	Thursday p.m. Monthly-Central Library
SWIMMING	Tuesday a.m. Leisure Centre West Bromwich	TAI CHI	Tuesday p.m. Weekly-Central Library
THEATRE VISITS	See News In Brief	YOGA	Tuesday a.m. Weekly-Central Library

Case Study 5.2: Golden Oldies - 'Goldies' [Choral singing]

Location: South West England and Wales

The Golden Oldies is a registered charity, supported by the National Lottery, that organises group singing and other activity events. There are now almost 100 groups, known as 'Goldies' now in existence. The 'Goldies' singing sessions first started in January 2008 led by a Bath choir leader Grenville Jones, a founder of the Golden-Oldies charity. People attending the sessions are those older people who are socially isolated, as well as people with learning difficulties or dementia.

There are now over 30 session leaders and hundreds of volunteers. There over 70 monthly sessions in England and the scheme is now being expanded into Essex in partnership with Greenfields Community Housing[8].

Figure 8: Goldies attending a BIG SING at Writhlington School near Bath in 2012

Aims and objectives

The Goldies project aims to:

- Reduce social isolation by giving people something to look forward to, a reason to get out of their homes and be with others (e.g. monthly singing sessions in a sheltered housing community room, singing sessions in a local church or community hall, a trip to a local school, or a concert or a visit to meet and sing with another Goldies session)[9].

[8] http://www.golden-oldies.org.uk/about-us.html
[9] Ibid

- To improve physical and mental wellbeing through singing sessions (recognising the benefits of singing for good breathing and giving older people a chance to meet other people).

How it works

Weekly daytime singing and activity sessions are based on the well-known sing-along hits of the 50s, 60s, and 70s. During the sessions people are encouraged to clap in rhythm to the music, tap their feet, smile and get up and dance (See Fig 8). Among the popular hits are Bring me Sunshine – Summer Holiday – Magic Moments – Downtown - and Hi Ho Silver Lining. Singing session leaders are paid a fee and their travel expenses.

Other activities

In England with Lottery English Heritage funding, Goldies is now working with primary schools encouraging them to engage with older people in their communities on World War One projects.

Further information:

http://www.golden-oldies.org.uk/about-us.html

Goldies Newsletter http://www.golden-oldies.org.uk/uploads/1/5/6/5/1565479/newsletter-6pga4-english_newest_layout_1.pdf

Case Study 5.3 The Silver Line [Befriending]

Location: UK wide

The Silver Line is the confidential, free (0800 number) helpline for older people across the UK open 24 hours a day. The national service began in November 2013, although in Scotland the service is delivered by Age Scotland and operates between 8am-8pm Monday to Friday. Helplines are manned by trained volunteers who offer information, friendship and advice and can signpost callers to local groups and services. The helpline can also be used to help older people who have been experiencing abuse or neglect – with the callers' permission Silver Line will refer them to specialist safeguarding organisations.

Befriending calls can be offered on a regular basis between an individual volunteer and an older person. There are also group calls – Silver Line Friends – which provides a weekly friendship call or e-mail. Silver Circle groups provide regular calls focusing on a particular subject or hobby. Silver Line also provides online chat forums for those people who prefer to use that medium. This is operated in partnership with Gransnet.

Volunteers are trained and work in pairs for safeguarding and support. Volunteers can be of any age as long as they reside in the UK and have access to the internet and a home phone. Silver Lines states that they "*hope that many of our callers will volunteer to become Silver Line Friends*" Volunteers never meet or know the address of the person that they call.

In the first year of national operation more than 275,000 calls were received (by November 2014) and 850 volunteers had been matched to matched with 1200 older people with 1100 keeping in touch calls taking place every week (The Silver Line, 2014). 40% of callers to the service are male and 34% callers aged between 60-69, 23% between 70-79, 18% between 80-89 and 5% are over 90 years of age. Two-thirds of calls take place at evenings or weekends. 67% of callers reported that they were lonely or isolated, 88% lived alone and 54% said they have no one else at all to speak to.

The service was piloted and subject to a process evaluation before being rolled out nationally. This determined that the service was successfully referring older people onto other services and qualitative data collected also indicated that e using the befriending service helped psychological wellbeing. Many respondents would however also wanted to have face to face contact with befrienders (Callan, 2013).

A grant from the Big Lottery Fund will cover half the cost of running The Silver Line until the end of 2015. Other founding sponsors are Comic Relief, Swiss Re and BT who made the pilot phase of The Silver Line possible. One continuing challenge is the need to recruit more volunteers as there is currently a waiting list for callers who wish to use the befriending service.

Further information

The Silver Line launch video http://www.youtube.com/watch?v=ZCcuVViM02M

https://www.thesilverline.org.uk/wp-content/uploads/2013/11/The-Silver-Line-First-Birthday-Press-Release.pdf

Evaluation of the pilot service http://www.thesilverline.org.uk/wp-content/uploads/2013/11/Evaluation-of-The-Silver-Line-Helpline-pilot-_When-I-get-off-the-phone-I-feel-like-I-belong-to-the-human-race_.pdf

A series of short films http://www.thesilverline.org.uk/what-we-do/videos/

Case Study 5.4 Independent Age [Signposting and befriending]

Location: UK and Ireland

Independent Age is a charitable organisation founded 150 years ago. In 2013, there were 1,556 Independent Age volunteers across the UK & Ireland providing advice, information, befriending services, and campaigning for older people. The charity provides a voice for older people, their families and carers, offering free advice and information on care and support, and helping to reduce loneliness with befriending services.

In terms of funding it relies on voluntary donations, grant-making trusts and other institutional funders, major donors, legacies, and fundraising events. In 2013, it employed 85 staff, 68 based in the head office in London and the remainder in local areas across the UK and Ireland.

Aims and objectives:

Independent Age aims:

- to reach and engage with older people through advice and information services;
- to help older people to make informed choices by sharing information;
- to support older people who are feeling lonely or socially isolated through befriending services;
- to campaign for the issues affecting older people.

How it works

Independent Age provides a range of services to older people including:

- Advice and information services such as expert personalised support by phone and email. In 2013, some 6,417 people contacted their advice service (compared to 3,500 in 2012)[10].

- Advice on social care provision includes care options and assessments, finding and paying for care, funding concerns and making a complaint.

- Some 25,000 older people and their families receive information and support via range of Independent Age free publications and detailed information guides.

- Benefits advisers provide detailed assessments and casework support.

- Further information is provided in a form of *Wise Guides* - practical handbooks for older people. *Wise Guides* offer information and advice for over 65 on finances, staying independent and getting the most out of later life, drawn from the charity's extensive experience of helping large numbers of older people across the UK

- Befriending services provide regular face-to-face or telephone support to people who are lonely or isolated.

- The telephone book and discussion group, *TalkTime*, enables older people take part in a stimulating discussion with others from the comfort of their own home[11].

Other activities

Future plans and investments are likely to focus on commissioning new Wise Guides and increasing their distribution over the next few years. There are also plans to significantly scale up the *telephone book and discussion group* service, in order to address the issues of social isolation and loneliness.

Further information:

Independent Age: advice and support for older people http://www.independentage.org/

Annual report and accounts 2013
http://www.independentage.org/media/739063/independent-age-annual-report-and-accounts-2013-2.pdf

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[10] Annual report and accounts 2013 http://www.independentage.org/media/739063/independent-age-annual-report-and-accounts-2013-2.pdf
[11] http://www.independentage.org/about-us/how-we-help/

Case Study Example 5.5. Silver Links [Volunteering]

Silver Links is a network of older people (50 – 91) volunteering to provide peer support, particularly on housing and care. They deliver services via home visits, small group talks, blogging and phone support. They are Big Lottery Funded and have been independently evaluated. Benefits for volunteers known as "Slinkies" include increased confidence and wellbeing (See Figure 9). The independent evaluation also found positive (but non-significant) increase in Warwick-Edinburgh Mental Wellbeing Scale) for recipients of services, but it did not assess the impacts on the mental wellbeing of the volunteers.

Figure 9: Experiences of a Slinkie Volunteer

Silverlinks volunteer Jeanne has also written this piece about her experience of volunteering at the open day:

Jeanne at the open day

The sun shone, people came, and signs blew over.

I dressed up brightly and wore my Dangley. So happy to finally have a dangley to wear again, makes me feel legitimate again had so missed my prison and NHS ID's

Judy was worried that the carefully devised flow system to safely channel visitors round the centre had developed its own version of the Bemuda Triangle. We waved them in and then waited and waited for them to emerge into the courtyard,

Finally they emerged blinking into the sunshine to enjoy the tasty heaps of many crusty kinds of bread, cheese, grapes and mango juice...

Further information: http://silverlinksprogramme.wordpress.com/

Case Study Example 5.6 The Retired and Senior Volunteer Programme (RSVP) [Volunteering]

Location: England, Scotland and Wales

The retired and senior volunteer programme (RSVP) is part of the Community Service Volunteers (CSV) organisation. RSVP started as a programme in 1988 with the aim of utilising the skills and expertise of older people for the benefit of local communities. Since 2000 the number of volunteers has more than doubled from about 5000 to over 14,750. The volunteers donate their time and skills to around 400 wide ranging community activities, including school support, primary care help, befriending and conservation projects.

The programme is funded through donations. Individuals can offer financial help through one off donations, leaving a legacy in their will, or making regular monthly donations. The funds raised are used to cover volunteer expenses (travel, phones, stationery, etc.), recognition events, support staff, publicity and publications, training events and networking meetings.

Aims and objectives

The aim of the programme is to encourage people aged 50 and over to volunteer in their local areas across England, Scotland and Wales.

Volunteering is seen as not only to be beneficial to communities, but directly helps the volunteers. The emphasis is on the volunteers and finding something that will suit their interests and talents. The life experience of RSVP volunteers is used to the full where people with experience lead and organise local and national RSVP groups.

How it works

RSVP groups seek to reflect the communities in which they volunteer and encourage volunteers from all community groups. There are local structures e.g. see the RSVP in East Dorset (Figure 10). This includes a schools project where more than 50 volunteers work with children whose first language is not English.

There is no age limit to become a volunteer with RSVP. The programme covers a wide range of activities related to education, environment, health and social care, heritage, knitting, and

other areas. RSVP volunteers are also entitled to claim out-of-pocket expenses incurred as a result of their voluntary work.

Volunteers are provided with on-going support by their local RSVP organisers who keep in regular contact. Further support for volunteers is provided through local meetings and social events in order to enable them to share their experiences and support each other. There is no set amount of time that volunteers need to commit. It is down to individuals to determine how much of their time they can allocate to volunteering.

Other activities

Another of the CSV's current initiatives is the Grandmentors programme which is an innovative project where older volunteers (50+) provide support to young people (age 16 to 25) to find work, stay on in education or take up training[12]. The project only operates in Islington, Hackney and Hounslow.

Another project is LifeLines, a volunteer-led programme aimed at people aged 50 and over who would like to get involved in their community[13]. The aim is to improve the health and wellbeing of isolated and vulnerable older people. Currently, LifeLines' work is focused on the Queens Park, Tarner and Craven Vale areas of Brighton, areas known to have a high concentration of isolated and vulnerable older people. This programme is supported Brighton and Hove City Council.
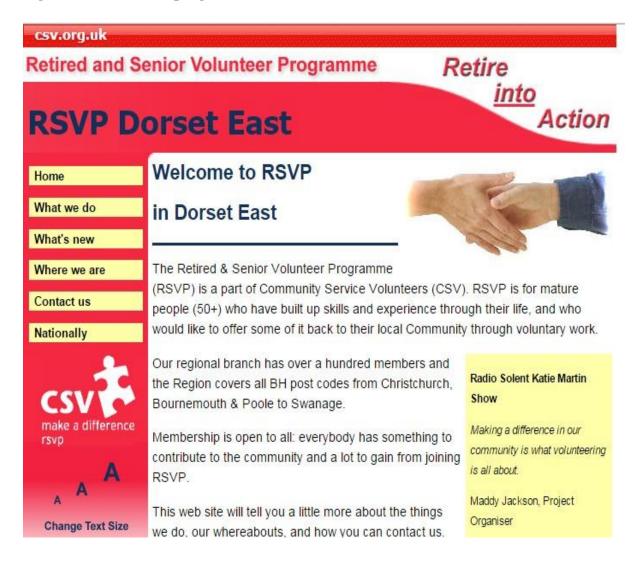
Further information:

About the Retired and Senior Volunteer Programme

http://www.csv-rsvp.org.uk/site/home.htm

About Community Service Volunteers (CSV) http://www.csv.org.uk/about-us

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[12] http://www.csv-rsvp.org.uk/site/grandmentors.htm
[13] http://www.csv-rsvp.org.uk/site/lifelines.htm

Figure 10: The RSVP programme in East Dorset

Case Study Example 5.7 Contact the Elderly [Befriending]

Location: parts of England, Scotland and Wales

Contact the Elderly is a national charity dedicated to tackling loneliness and isolation among older people. Founded in 1965, the charity provides services for people aged 75 and older who live alone and are socially isolated and excluded. Since its foundation it has worked with more than 100,000 isolated and lonely older people. The service is free and is supported

by a network of over 6,000 volunteers. There are over 470 groups nationwide working with almost 4,000 older people every month. This includes 3 groups in Tower Hamlets

Aims and objectives

The main aim of Contact the Elderly is to reduce the loneliness of isolated older people living alone and with limited support from family, friends and care services.

How it works

The organisation runs free monthly Sunday afternoon tea parties for small groups of older people in local communities throughout England, Scotland and Wales. Contact the elderly volunteer drivers use their cars to take one or two older people to afternoon tea in a volunteer host's family home, where they join a small group for tea, chat and companionship. At the end of the afternoon, the volunteers then drive the guests back home.

The group is welcomed by a different host each month, but the volunteer drivers and older guests remain the same. This is intended to allow relationships to be developed over long time periods.

In addition in Tower Hamlets and Birmingham only there are additional telephone chat and support groups. This is because the participants at tea parties wanted to keep in touch with each other during week.

Further information:

http://www.contact-the-elderly.org.uk/

Case Study Example 5.8 Henpower [Volunteering, Intergenerational activities]
The Henpower programme is managed by Equal Arts, a registered charity which aims to provide creative opportunities for older people. Henpower started as a pilot project aimed at providing opportunities for active older people, particularly men, to take part in introducing hens in their local communities and develop activities that improve the outdoor areas of older people care settings. The volunteers also work with school children. The project is funded through the Big Lottery Fund's Silver Dreams programme.

The pilot Henpower programme was implemented in local communities across North East England. With hen keeping as a core activity, older people were given opportunities to volunteer as hen keepers. It also enabled other people to participate in hen-related activities.. With additional Lottery funding the programme has been expanded to 8 different localities

Aims and objectives

The main aims of the Henpower pilot project were:

- To reduce isolation and improve the health and wellbeing of 30 older community dwelling people (mainly men), by helping them establish hen houses in care settings and improve their skills and confidence in delivering activities with less able older people
- To assist these 30 older people to be active agents in making changes in the types of care activities provided in 8 care settings in order to improve the culture of care provision.
- To improve their confidence by helping them set up 'Friends of' groups to increase their involvement in care settings.
- To demonstrate the benefits of keeping hens in care homes and encourage active older people to influence the type of activities available in care homes.
- To introduce other groups (such as school children) to keeping hens and taking part in hen-related activities.

How it works

A Henpower management group recruits active community dwelling older people to become Henpower volunteers. In the pilot study, although the aim was to recruit men, in fact 16 women and 14 men volunteered (Cook et al., 2013). The aim was for the volunteers to use their existing knowledge and interests in the programme and to develop expertise in henkeeping.

With the support of community development workers volunteers designed a hen house and hen run, and provided day to day care for the animals. The volunteers were invited to take the hens to local schools and to give talks about henkeeping. In some cases, school children visited the henkeeping sites and took part in hen-related activities. These events were so

successful in generating interest in the hens that, as a result, three schools now keep hens with support from the 'Hensioners'. This activity enables inter-generational exchange of skills and experiences.

A Henpower programme was also developed to be introduced in care home settings. The volunteers and project workers visited care homes in small groups and they met with the manager, care staff and residents to discuss the possibility of introducing hens to the care home.

Figure 11. The Hen Power project in action

A Hensioner introducing one of their hens to a Bangladesh Elder during their visit.

Eight care homes were selected to take part in the project. The impact of the project has been such that, for instance, North Tyneside Homes has implemented a new 'pet policy' in their care homes.

Further information:

Henshioners moving onwards and upwards with dream Lottery funding
http://www.biglotteryfund.org.uk/global-content/press-releases/england/010314_eng_sd_henshioners-moving-onwards-and-upwards

Henpower project and evaluation: http://www.equalarts.org.uk/pages/henpower.php

6 Discussion

6.1 Overview

Over 100 organisations and community groups delivering more than 320 activities to promote mental wellbeing and independence in five case study areas have been identified. Together with examples at a national level they cover all of the areas of activity set out in the Evidence Statements for Review 1. The focus is predominantly on the potential risks to wellbeing caused by social isolation and loneliness. Strategically, while local authorities in all case study areas can be seen to be taking some actions to address the issue of loneliness, there is a considerable variance in their level of activity. The East Dorset and Cotswold District case studies stand out, as substantive statutory sector funding has been provided for signposting and information services that are targeted at older people in good health, as well as those that are in a more frail state. In both cases these initiatives have evolved out of previous national programmes and have been subject to some local as well as national monitoring and evaluation. Detailed mapping exercises looking at the risks of social isolation have also been published (Hennessey-Ford, Howard and McKay, 2014).

In the main, however, the nature of these services and supports has meant that the majority of services are both funded and delivered by third sector organisations and community groups. This inevitably means that many of the activities offered are modest in scope and also very 'traditional'. About half of all activities identified in case study areas in this review focus on lunch, tea and some social activities being delivered in a single local community venue. These traditional activities may not always be appealing to healthy older people and may also not cater that well for some groups such as men and BME populations.

All areas do provide some less traditional activities such as internet and computer training activities and University of the Third Age groups appear to be buoyant in all areas and have a more ambitious set of social, cultural and educational activities than traditional venues for older people to socialise in.

6.2 Information deficits and equity implications

It is unclear whether all those people that could benefit from a more diverse set of activities have the opportunity to do so in their local areas. A significant problem in all case study areas is a lack of information in the public domain on who precisely makes use of any service, how often they engage with that service, and what they get out of it. The lack of statutory funding for many organisations has reduced their incentives to collect such data. It is important to provide even some very basic , not only on the number of contacts with a service but also their gender and age profile, and ideally some further socio-demographic information, such as education and work history, income levels, ethnicity and availability of family. Without this information it is difficult to judge whether the provision of some services may actually widen inequalities in access. Who precisely is attending computer classes and who is benefiting from third age educational opportunities? Equally what do we know about the profile and characteristics of older volunteers – volunteering can have substantive benefits for health, but is it just the most healthy and affluent who actually volunteer? What do we know about the involvement of BME and other minority groups with services? These are just some of the questions that are currently difficult to answer for many of the services that have been identified. Answering these questions will also be important for national as well as local priority setting.

It is also important for the statutory sector and others to distribute information on the availability of services. This is a role that in some parts of the UK may be played by community navigation /signposting services, such as the Village Agents in Gloucestershire. But signposting services can be much more limited. In one of the case study areas, Sandwell, there were recommendations several years ago for the council to do more to "*promote a range of non-traditional opportunities and activities to older people including; the University of the Third Age and Volunteer Centre Sandwell*" (Health and Older People Scrutiny Panel, 2010). It is unclear how well this has been achieved. Information provision generally has to improve and be made more accessible through different means of communication, including in GP centres and local community venues. A one-stop information hub in each local authority area, whose role would be to facilitate access to and circulate relevant information, may be helpful in generating information on available services. Local newspapers could play a more active role as well.

In undertaking this review exercise, online directories of services were examined. In general they were not very helpful – web links were sometimes out of date and often there was insufficient information to know just what the service offered and how it could be accessed. Many services turned out to be solely for people with severe health problems such as dementia, while some third sector services were not listed at all.

Again, the success or failure of any investment in local, or indeed national, information campaigns to encourage greater contact with services, can only be made if there is a good system for monitoring service use and uptake, and ideally one that can be coordinated for different service providers, including the local authority and CCGs in any one locality.

6.3 The need for evaluation

Looking at the effectiveness of information campaigns is just one aspect of needed local evaluation strategies. Very few of the local services identified have been (or are currently) the subject of any formal qualitative or quantitative evaluation. Evaluation is largely restricted to services that are funded at a national level, for instance with support from the Big Lottery Fund. Where any evaluation or monitoring has been conducted at a local level the emphasis has been on process measures alone. Little is know about a service's theory of change, i.e. why it believes that it can have an impact and rationalise how these impacts will be achieved. It is important to assess and understand reasons for uptake and engagement, levels of effectiveness, resource implications and even cost effectiveness of the services and activities. Resources for evaluation may be limited, but potentially joint evaluations might be conducted across localities pooling resources where comparable services are being delivered.

6.4 Sustainability

In mapping services a number of very long standing institutional structures that deliver programmes were identified, for instance many services are linked to faith groups. But equally there are services that only run for short time periods and some services cite short term funding challenges have impacted on activities provided and indeed have threatened their future security. This is particularly a challenge at the moment as public sector support

for voluntary sector services is subject to substantive resource constraints. In terms of local authority public health budgets, £387 million was available for miscellaneous public health services in 2013-2014 – with the remaining £2.2 billion being spent on traditional public health activities, such as sexual health and tackling obesity, alcohol and smoking.

6.5 Comparisons with other service mapping exercises

While there does not appear to be any previous mapping review of services to promote mental wellbeing and independence in older people in UK, the findings of this review are not dissimilar to a recent mapping review of services to tackle loneliness and social isolation in North Yorkshire (Bernard, 2013, Bernard and Perry, 2013). While there was variation in the number of services in different districts of North Yorkshire, befriending, visiting, information services and traditional group-based social activities, such as lunch clubs and services at day centres were prevalent everywhere. Cultural/arts based social activity service provision was more patchy, accounting for less than 10% of all services reported in two districts.

The review of services in North Yorkshire also reported that only 8% (9 of 114) of services were predominantly funded by local authorities or other statutory service providers, although another 28% of services received some statutory funding. Information and signposting services were more likely to receive some local authority funding. These results are consistent with the findings of the current mapping review which also documented little substantive funding support from local authorities or NHS services for most services that were identified.

6.6 Limitations

This mapping review needs to be placed in context. It will not have mapped every single relevant service in any locality. It has only focused on activities that are specifically targeted at older people (many of these services define older people as anyone over the age of 50). It represents a snapshot of currently provided services and does not look at what may have happened to relevant services that were previously available but no longer operate in case study areas. It has also focused almost entirely on the situation in England rather than in the UK as a whole.

It will therefore also have missed out on relevant activities that help promote mental wellbeing and independence that are focused on the general population. Examples of these

activities include various working men's, sports and other social clubs; the review will also not pick up on some commercial focal community venues that can play a role in reducing social isolation, most notably community pubs. It will also not have included many of the different organisations and institutions where people of all ages, including older people can volunteer to help others. This would include groups such as the Salvation Army and the Rotary Club. It also will not have picked up on all interventions that fall outside of scope for the review, most notably different ways of delivering physical activities and some services that are targeted towards people who have already been identified as having substantial health and/or social care needs. Any national or local strategy to promote mental health and wellbeing will also need to take account of these complementary services and supports.

7 Conclusions

This mapping review paints a picture of a very fragmented mix of services and supports that are provided and funded largely by third sector and community organisations. Examples of services that have a evidence base in the academic literature can be identified and services covered in Review 1 are in place. However, there is inconsistent information available on how these services are actually used and whether or not they are being used by those individuals who might most benefit. These information deficits need to be addressed, especially if more public funds are to be made available. There is also a need to foster innovation in service provision in local areas, where traditional centre based social activities are still preeminent. National initiatives that are carefully evaluated may be one way forward. Local authorities may also wish to consider how best strategically they can use some of their limited public health funds to facilitate service provision and foster innovation.

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9 Appendix: Questionnaire on mapping services for mental wellbeing, independence and prevention of loneliness in older people

1. What is the name of the service?

2. Please provide contact details for the service if known

   Address:
   City/Town:
   Post Code:
   E-mail address:
   Phone number:

3. Please provide a brief description of the main objectives of the service

4. In what way does the service help support the mental wellbeing and independence of older people (select all that apply)

   - Information, signposting putting in touch with other services

   - Individual support for individuals including home visits and phone contact (including befriending)

- Group activity (primarily social – including outings, visits to sporting events, interactions between different generations)

- Group activity (focus on arts, music and cultural activities – e.g. singing, dancing, making music, theatre and museum visits)

- Wider community engagement and volunteering (includes local area coordination)

- Training course for use of computers and/or social media

- Higher and continuing education e.g. education courses targeted at older people

- Training and support for older people with caregiving responsibilities

- Other (Please describe)

5. Approximately how many older people use the service or activity each week?

- Less than 10
- 10 – 20
- 21 – 50
- 51 – 100
- 101 – 500
- More than 500
- Don't know

6. Approximately how many older people are involved in the service or activity as volunteers each week?

- Less than 10
- 10 – 20

- 21 – 50
- More than 50
- Don't know

7. How long has the service been in existence?

- Less than 6 months
- Between 6 months and 1 year
- 1 – 2 years
- 2 – 5 years
- More than 5 years
- Don't know

8. How do/ can people access the service (select all that apply)

- Refer themselves
- Suggested by health service, e.g. GP
- Suggested by local authority
- Other (Please Describe)
- Don't know

9. How is the service or activity funded (select all that apply)

- Funded by local authority
- Funded by local NHS
- Funded by other statutory authority (e.g. police or fire authority)
- Funded by voluntary organisation e.g. Age UK
- Funded through grant (e.g. from Big Lottery Fund, Arts Council etc.) (please name granting body if possible
- Funded through payments by service users
- Other (please describe)

- Don't know

10. How is the service or activity provided (select all that apply)

- Provided by local authority
- Provided by local NHS (including GP)
- Provided by other statutory authority (e.g. police or fire authority)
- Provided by voluntary organisation
- Self-provision by service users
- Don't know

11. Is the future of the service or activity you have described secure
- Yes
- No
- Don't Know

12. If you answered No to question 11 is this because of (select all that apply)
- Funding problems
- Contractual problems
- Staffing / volunteering shortfall
- Transport problems
- Charges to service users
- Low uptake of service/activity
- Lack of evidence that service/activity works
- Competition from other services
- Other (Please Describe)

13. Has the service/activity been evaluated?
- Yes

- No
- Don't Know

14. If the service has been evaluated can you provide weblinks to the evaluation report or indicate where these may be obtained?