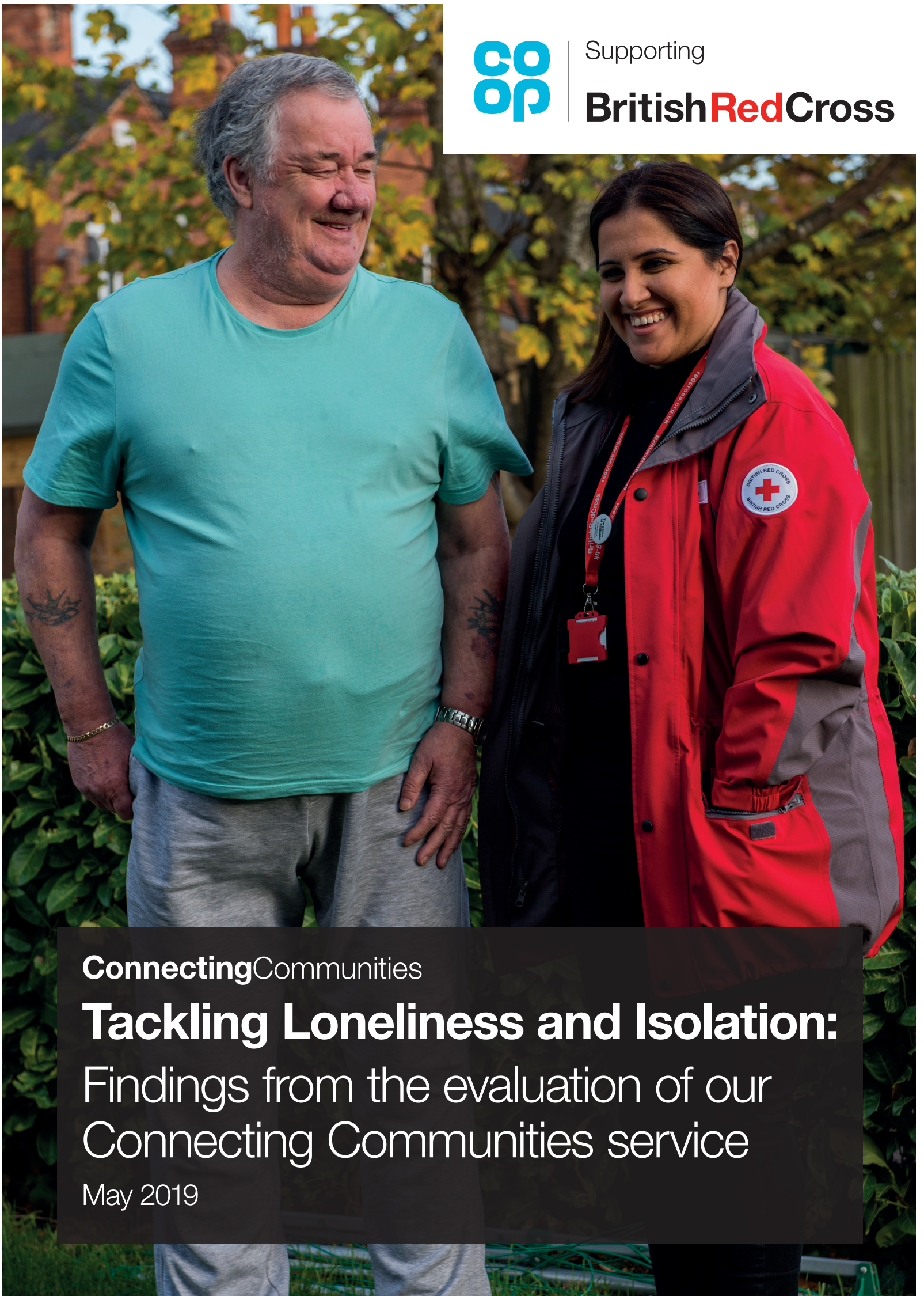**Connecting**Communities

Tackling Loneliness and Isolation:

Findings from the evaluation of our Connecting Communities service

May 2019

In May 2017 the Co-op and British Red Cross launched the Connecting Communities service in over 30 locations around the UK. We commissioned the School of Health and Related Research at the University of Sheffield to independently evaluate the service and the outcomes for service users. It is one of the first evaluations of a large-scale national social prescribing scheme to reduce loneliness and which tracks changes in loneliness over time. The evaluation has provided a significant amount of learning about how our service, and other social prescribing services can be used to reduce loneliness and social isolation. The key findings are presented here and are explained further in this report.

" I couldn't expect anyone better to help me get back to the real world... after a marriage breakdown... When she found out about my background, she said she would come and see me at home. And she was really very calm and really wanted to know how she can help me. And I think anyone who works for the Red Cross, I've found they are very interactive. But she went extra miles visiting me at home and sitting with me, making a plan how we could go forward."

Connecting Communities service user

" ...she actually listened to what I wanted personally. Rather than; these are the baby groups you can do. These are for children and these are for mums. It was more; what do you want to do? What do you want to get out of things? And then she came back with loads of stuff. Absolutely tons of stuff."

Connecting Communities service user

What is the Connecting Communities service?

A form of social prescribing, Community Connectors and volunteers on the service work to re-connect people feeling lonely or socially isolated back to their communities by signposting to groups and activities in their area and providing emotional and practical support. The aim is to offer person-centred support to build self confidence and resilience so people can go on forging social connections once our short term support has ended.

Key findings

Our person-centred approach was key to success. People valued the positive relationships we built with them and how the service was personalised and tailored to their individual needs.

Loneliness is generally perceived as an issue affecting older people but half of all the people we supported were aged under 70. Age was also related to change in loneliness, those aged under 60 had a greater reduction in loneliness at the end of our support.

Our support was meeting a need by taking the pressure off statutory services. They were the main source of referrals but two thirds of the organisations we connected people into were third sector/community organisations or groups.

Having accessible community-based support which meets peoples needs and interest was critical to sustaining improvements. The health needs and mobility limitations of some people restricted their ability to continue engaging in the activities we had connected them to once our support came to an end.

Our services are **making a difference over and above what would be expected if they weren't available**. The people we supported were more likely to feel less lonely and move from being classed as lonely to not lonely.

Over 9,000 people supported

between May 2017 and April 2019

69% less lonely

Our services have helped **over two thirds of the people* feel less lonely** (*820 people with start and end scores)

76%

of people* had **improved well-being** (*67 people with start and end scores)

More than 400 volunteers

recruited to help support people in their communities (between May 2017 and April 2019)

£2.04 of social value

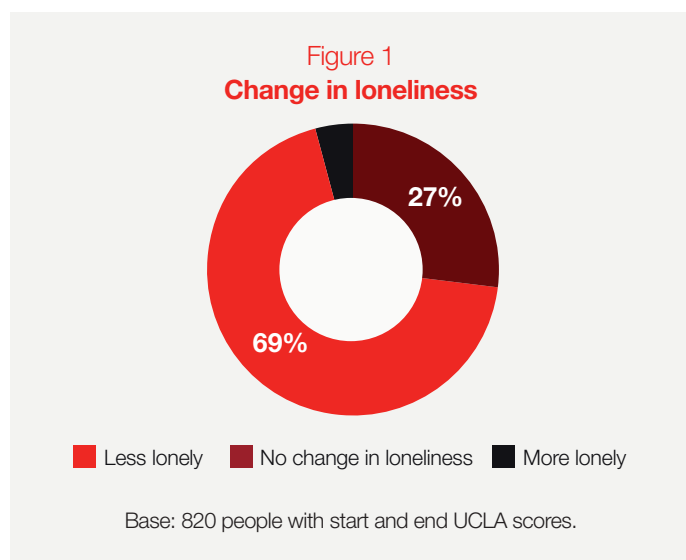generated for every £1 invested (including running costs only)

The difference we make: reducing loneliness

The measures we used:

We've been using the UCLA scale to measure loneliness in the people we support at the start of their support and at the end.[1] The scale is a short but accurate measure of loneliness and has recently been recommended for use by the Office for National Statistics. We collected start and end of support scores for 820 people during the evaluation period, giving us a high level of confidence that the scores are representative of everyone supported.

At the start of our support…

- **82% of the people we supported were lonely** according to their UCLA score[2], over half (54%) had a score at the higher end of the loneliness scale (scores 8 or 9) indicating our services are supporting people experiencing the greatest levels of loneliness.

Figure 1
Change in loneliness

27%

69%

■ Less lonely   ■ No change in loneliness   ■ More lonely

Base: 820 people with start and end UCLA scores.

Changes in loneliness at the end of our support…

- **Over two thirds (69%) of people were less lonely at the end of our support**, and a further 27% didn't experience any increase in loneliness during our support. As shown in figure 1.

- The average change was a positive movement of between 1.7 and 1.9 points on the scale of loneliness.

- Of the people we classed as lonely at the start of our support (82%), **almost half had an improvement** which meant that **at the end of our support they were classed as not lonely**.

Factors influencing improvements in loneliness

- We found that the **people who were most lonely** (scored 8 or 9 on the UCLA scale) were **more likely to feel less lonely and have a greater improvement at the end of our support** compared to the other people we supported.

- **People aged under 60 had more improvement in their loneliness** than those people we supported aged over 60.

- There was a **significant reduction in loneliness amongst people identified as being in a life transition**, but those who weren't identified as being in a life transition were less likely to have improved.[3]

- **One contact was less likely to result in an improvement in loneliness** but there was **no significant difference in the likelihood or scale of change depending on whether you received 2 contacts or up to 12**. This could indicate that support is being tailored to individuals needs.

---

[1] The UCLA scale has 3 questions, each scored on a scale of 1 to 3. The scores added together to provide a combined score between 3 (least lonely) and 9 (most lonely).

[2] We grouped people with a UCLA score of 3-5 as 'Not lonely' and those with a score of 6-9 as 'Lonely' as in the Steptoe et al (2013) study cited in the Campaign to End Loneliness' Measuring your Impact on Loneliness in Later Life guidance https://www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-Measurement-Guidance1.pdf

[3] The life transitions referenced were identified through our report Trapped in a Bubble, https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness.This includes people experiencing health issues, people with mobility limitations, young new mums, people recently bereaved, those divorced or separated and people recently retired or with children who have left home.

The difference we make: improving wellbeing

The measures we used:

We used the Short Warwick Edinburgh Mental Wellbeing Scale to measure subjective wellbeing, a tool which has been validated for use in community settings.[4]
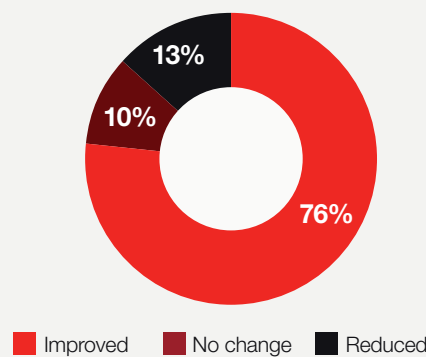
At the start of our support…

- The people we supported[5] had lower than average wellbeing scores,18.9 compared to the national average of 25.2 (Office for National Statistics, 2019).

- 83% of people with data had wellbeing scores less than the national UK average.

Figure 2
Average wellbeing at start and end of support

Start 18.2

End 22.3

National average | 25.2
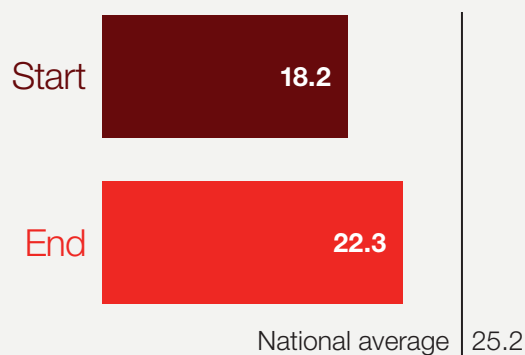
Base: All people with start scores = 338. All people with end scores = 111.

Figure 3
Change in wellbeing

13%

10%

76%

■ Improved   ■ No change   ■ Reduced

Base: 67 people with both start and end scores

Changes in wellbeing at the end of our support...

- **Most people** we supported, who had start and end scores, **had an improvement in their wellbeing**, as illustrated in figure 3.

- **The average improvement was 3.6 points** (±1.2 points), in line with what researchers identify as being a **meaningful change**.

- Whilst the average end wellbeing score was still below the national average, as seen in figure 2, at the end of our support the number of people we supported who had **scores equal to or above the national average more than doubled (17% at start, 39% at end)**.

- We also asked people if their physical or mental health was impacting on their social activities. At the start of our support 38% of people answering reported it impacted all the time, but at the end of our support this had decreased to 14%. Although it is based on a very small sample this could indicate that Community Connectors are helping people to better manage their health issues so that it has a less detrimental impact on their social activities.

---

[4] https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/ During the evaluation period we collected start wellbeing scores for 338 people and end scores for 111. We have matched start and end scores for only 67 people supported during the evaluation period. This means that we have less confidence that the findings related to change in wellbeing are representative of all people supported. We have less wellbeing scores as we started collecting this data later than the UCLA scores.
[5] Based on 338 people supported with a start wellbeing score.

Interviews with the people we supported revealed that….

- Small changes to their daily lives started through the Connecting Communities service, such as catching public transport or attending a weekly activity, made a big difference to them:

> **I'm back to where I want to be.**
>
> Service user

> **I feel a lot more productive and confident.**
>
> Service user

> **I built up so much energy, I'm getting back to what I like doing and I'm moving forwards going into doing my other volunteer job later in the year. And I am meeting all sorts of new people and it's great.**
>
> Service user

> **I think if all connectors are working on that person-centered approach and managing expectations, I think you're opening a door for a person has been wedged shut for a very long time… And when I think that a person's lost hope and if you're able to just show them a little bit of light at the end of the tunnel, that's a huge thing for somebody. Absolutely huge.**
>
> Community Connector

> **I think it's really important because people are lonely… we need someone there to build our resilience and build our confidence… we go in when people are feeling most vulnerable but then we leave when we have built their confidence. It's like a different person.**
>
> Community Connector

- Many of the people interviewed by the researchers spoke about the impact of the programme on the development of self-esteem and confidence, therefore relating to wellbeing rather than specifically talking about loneliness. This was also reinforced in examples given by our Community Connectors:

A lady we supported who had recently come out of hospital wanted someone to accompany her on a bus into town. After four visits she felt that she was confident enough to do it on her own.	One gentleman supported had been mugged and had lost his confidence. The Community Connector worked with him to build up his confidence going out into his local community.	A housebound service user was helped to use a laptop, so they could connect with the world. The Community Connector felt this had a profound effect on the person's mental wellbeing.

[6] As we started collecting this data later, it is based on a small sample which limits the confidence we can have in it being representative of everyone we supported.
[7] Putz, R., O'Hara, K., Taggart, F., & Stewart-Brown, S. (2012). Using WEMWBS to measure the impact of your work on mental wellbeing: A practice-based user guide. Coventry. Available at: https://www.corc.uk.net/media/1244/wemwbs_practitioneruserguide.pdf. Last accessed 27.02.19.

Were the outcomes of our service maintained?

We wanted to explore whether the people we supported sustained any changes in loneliness during the period after finishing in the Connecting Communities service. We collected data for 71 people at least three months after the end of their support. Whilst the number of people we have this data for is small there were no differences in this sample which were shown to be related to changes in loneliness at the end of their support. This means the findings from this sample could apply to all people supported.

From the sample of people who had follow up data:

- Most people in the sample still felt less lonely (42%; 33 people) at follow up, or the same (35%; 27 people) as they did when they started our support. Only a fifth (21%; 18 people) felt more lonely at follow up than they did at the start of our support.

- Even though the majority of people in the sample didn't feel as lonely as they did at the start of our support, almost two thirds (65%; 48 people) had experienced some level of decline in their score at the point of follow up.

- Over a third (39%, 28 people) moved from not feeling lonely at the end of support to feeling lonely during the follow-up period.

This shows that although most people we support feel less lonely at the end of our support, there could be issues for some people in sustaining this improvement. However, given the small number of people this is based on we are collecting more data to be certain about how long the benefits from our service last.

The interviews with the people we supported, and the Community Connectors highlighted several factors that impact on the sustainability of outcomes.

" **When I was seeing the Community Connector I felt more confident and like reassured in a way. I'm not sure what the right word is... Sort of motivated to do things. Afterwards I felt like less sure of myself.... I noticed my mood, what's the word, deteriorating?** "

Service user

Ending our support

- Community Connectors and volunteers had a positive impact on people's lives and so ending support was often hard. This might account for the increased feelings of loneliness some people felt after our support.

" **...living in [a rural location] there isn't, and you see, I don't drive, so it makes it so much harder. I mean she [Community Connector] was limited to where she could take me, because if she wasn't with me, I'd have to walk or get the bus or something...** "

Service user

" **I think transport is a major issue for a lot of people and that's why they're isolated. And having us for a short period of time is amazing for them and then they're stuck then when we leave...** "

Community Connector

Community infrastructure

- There were challenges in signposting people to appropriate community-based support due to complex needs and services and activities not being available in the locality.

- The lack of adequate transport networks proved to be a major barrier for some people in continuing with the activities and groups they had been signposted to.

" **......it's such a complex issue, loneliness and isolation. Because it can bring a barrage of other things, like anxiety, depression, so many things it can impact. And when you think about it, as much as a person doesn't like their circumstances and doesn't like feeling alone and isolated, it's what they know, and what's safe in a way. So, taking the time to build and go to a group session, people can take a long, long time.... Because if [loneliness] is more chronic, it's a lot harder to get them out the door.** "

Community Connector

Complexity

- The ill health of the people supported, particularly those with health issues, meant they were unable to continue with activities.

- Chronic loneliness is a complex and multifaceted issue, which may require longer term, intensive support above the 12 weeks provided through our service.

Comparing our results to national findings…

The UCLA scale is used in the English Longitudinal Study of Ageing (ELSA) so we can compare our changes in loneliness to other similar 'matched' people in this national survey who we did not support. Comparisons over time for those in ELSA group were done using the most recent data available, 2014/2015 and 2016/2017. People were matched based on available demographic data, but there could be differences between the groups that couldn't be seen in the data, it's important to consider that this may affect outcomes reported below, but there is no way of identifying this.

This shows the Connecting Communities services are having an impact over and above what would be expected if the services weren't available.

Compared to the matched control group from ELSA we found that:

- More of the people we supported had improvements in their loneliness (63-66% compared to 40-45%), this shows a 20% difference that may have been attributable to our Connecting Communities service.

- The people we supported were more likely to move from being lonely to not lonely (around 30% compared to 16-20%).

- Less people became lonely at the end of our support (1-2% in the people we supported compared with 2-6%)

Delivering value for money…

A social return on investment analysis was undertaken to identify the economic impact of the Connecting Communities services. This analysis was shaped by the costs of delivery and the benefits that have developed over time and so helps us to make judgments about its value for money.

This analysis found a social return of £2.04 per £1 invested (based on running costs with set up costs removed).

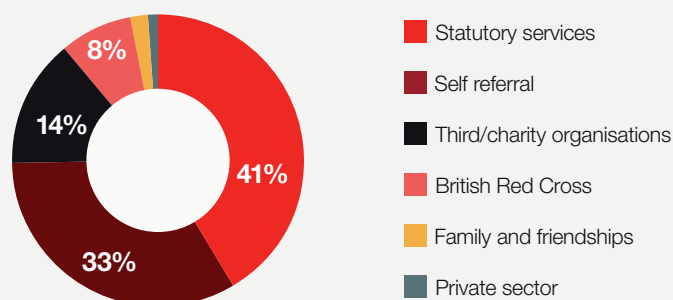| Table: SROI ratio with no set up costs	
Total Present Value of outcomes	£4,692,192.31
Present Value of investments	£2,300,639.80
Net Present Value	£2,391,552.51
Social Return £ per £	£2.04

When all costs are included, including set up and co-ordination costs, the social return was £1.48 for every £1 invested. The strength of our data means we can be confident that if we were to deliver the services again in the same way, as a minimum they would return our investment (£1.00), but that the return may also be up to £1.95. [8]

---

[8] We calculated the upper and lower 95% confidence intervals for the mean wellbeing values for service users, these were then used to calculate the minimum and maximum SROI ratio.

The support we provide

How people were referred into our services

- Statutory services
- Self referral
- Third/charity organisations
- British Red Cross
- Family and friendships
- Private sector

41%
33%
14%
8%

Base: 5,787 referrals to our Community Connectors services received up to 31/12/2018. Referral sources under 1% not shown are other, unknown and national government

- People were most likely to be referred through statutory health and care services such as the NHS (22%) and local authorities (19%). This demonstrates a clear need for these services.

- The wide range of ways in which people found out about our services shows they have been widely promoted in their local communities.

Who we supported

Whilst our service was developed to support people going through the life transitions identified in our Trapped in a Bubble research, particularly health issues and mobility limitations, we didn't restrict who could be referred for our support. To help our service reach more people recently bereaved and young new mums we have been working with Cruse Bereavement Care and Home-Start UK.[9]

Life transition	Number of people supported
Health issues (physical and mental health)	2,511
Mobility limitations	1,319
Recently bereaved	377
Divorced/separated	134
Empty nesters/retirees	653
Young new mums	89
No transition identified	2,764

- We supported more females (65%) than males (35%) which is the same as other similar services.

- Although loneliness is generally perceived as an issue affecting older people, loneliness affects all ages; half (51%) of all the people we supported were aged under 70.

- Our Connecting Communities services have reached out to people of all ethnicities, the people we supported were reflective of the national ethnicity profile, but we weren't always reflective of the local ethnicity profile.[10]

Person centred approach

Our person-centred approach was acknowledged by the people we supported, they valued the positive relationships we built with them and how the service was personalised and tailored to their individual needs.This tailored approach was evident in our data which showed a wide variety in the length of support and how we delivered it.

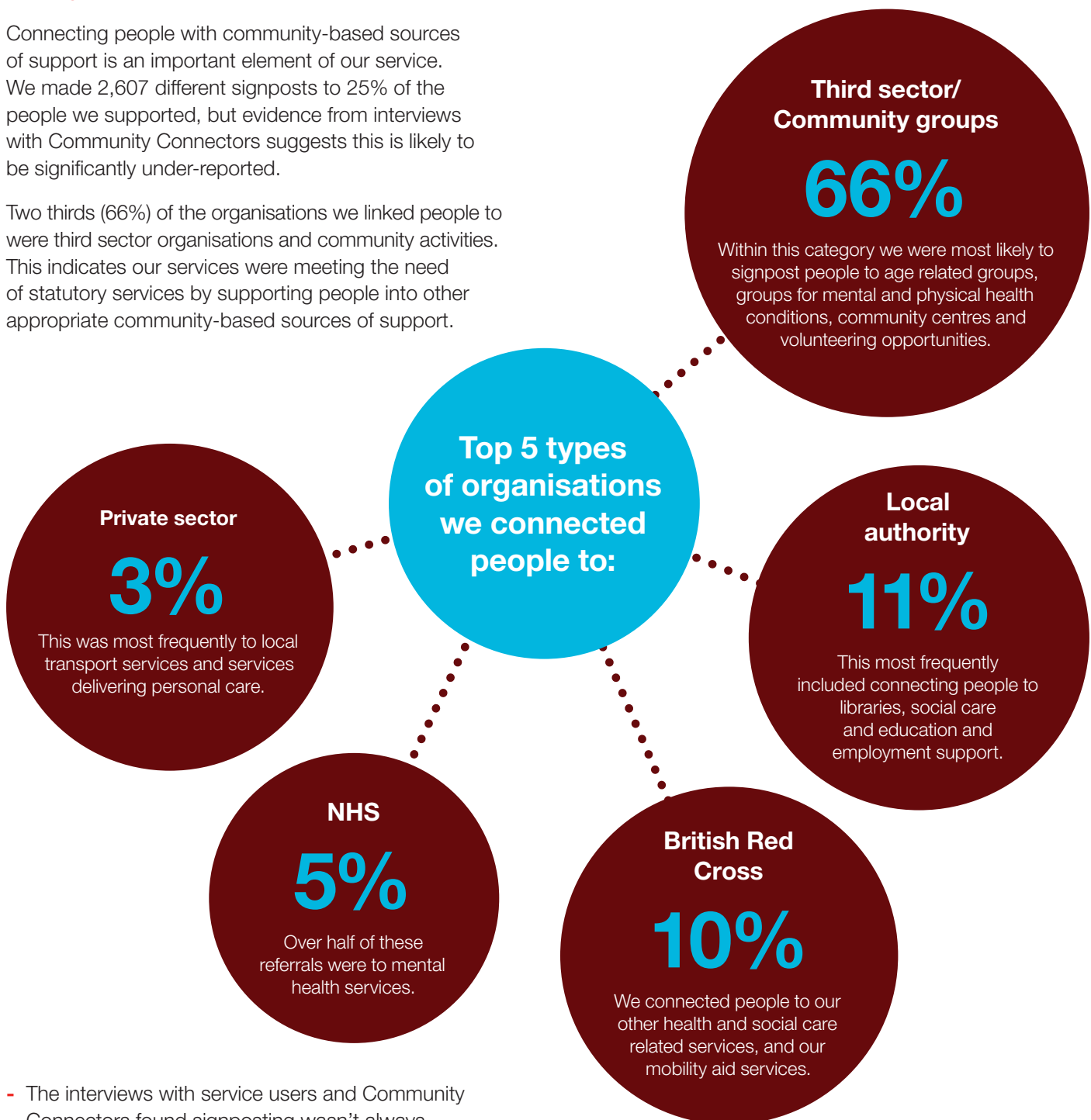| Length of support	Type of support	Amount of support
- Most people (75%) received less than 13 weeks of support - Over a quarter (27%) received support for just one day	- A third of people (34%) had both telephone and face to face support - 20% received face to face support only - 10% received phone calls only	- People typically had 3 contacts with us, but the majority (75%) received eight or less - People received an average of 2.5 hours of support in total - Most people (75%) were supported no more than once a week

[9] Their activities are not included in this evaluation.
[10] The analysis of ethnicity profiles a local level was undertaken by the British Red Cross.

Helping connect people to their communities…

Connecting people with community-based sources of support is an important element of our service. We made 2,607 different signposts to 25% of the people we supported, but evidence from interviews with Community Connectors suggests this is likely to be significantly under-reported.

Two thirds (66%) of the organisations we linked people to were third sector organisations and community activities. This indicates our services were meeting the need of statutory services by supporting people into other appropriate community-based sources of support.

Top 5 types of organisations we connected people to:

Third sector/ Community groups

66%

Within this category we were most likely to signpost people to age related groups, groups for mental and physical health conditions, community centres and volunteering opportunities.

Private sector

3%

This was most frequently to local transport services and services delivering personal care.

Local authority

11%

This most frequently included connecting people to libraries, social care and education and employment support.

NHS

5%

Over half of these referrals were to mental health services.

British Red Cross

10%

We connected people to our other health and social care related services, and our mobility aid services.

- The interviews with service users and Community Connectors found signposting wasn't always easy because:

  - some people didn't want to engage in community activities and groups;

  - there weren't the community groups or activities available to signpost people to which met the needs and interests of the people supported, this was particularly the case for the younger people we supported, and those who wanted longer term befriending services.

- To fill gaps in community provision some of our Community Connectors have set up groups and activities of interest for the people they are supporting, with the goal being for them to become self-sustaining.

"...If I remember, I think somebody suggested for me to take part in a group of some sort. But, there is nothing, for me, to be honest, I'm not the kind of person anyway, that can just go to a group and make friends. That's just not me."

Service user

Moving forward:
Putting our learning into practice

Loneliness is a serious public health issue and our evaluation results demonstrate that loneliness is incredibly complex, requiring a tailored approach adopted to meet the individual needs of the people supported. Here are some of the key learnings from our evaluation, and recommendations for future practice and service delivery.

Building on existing local provision and knowledge is essential to success.

Community Connectors were recruited from their local areas and spent extensive periods of time making links with community organisations. This helped to build a local model of support that fits the needs of the people they support, and which complements and fills the gaps in existing service provision. To help ensure success both of these factors should be considered when establishing new social prescribing services.

Our service is having a clear and positive impact on loneliness and general wellbeing over a short period of support.

Where we gave people more support it didn't always mean better outcomes. Whilst one session with our Community Connector was enough for some people, it isn't for the majority. Social prescribing services must ensure that sufficient needs led support is provided to help ensure that the intended outcomes can be delivered.

Sustaining improvements from our short-term support requires accessible community-based activities.

Our evaluation found that for some of the people we supported, particularly those with health and mobility issues, finding appropriate activities for the needs and ensuring that they could get to these on their own after our support was a key barrier to reducing loneliness in the long term. Longer term befriending support provided in people's home was clearly desired and a need we were unable to meet for some people we supported.

Supporting people with complex needs was difficult and greater clarity and guidance is needed.

There isn't an agreed definition of complex need for our services, and our Community Connectors found this challenging. There was variation in if and how they supported people they deemed to have complex needs. Further work with mental health and social services would help to clarify the role of social prescribing services. As a result of the learning from this evaluation we are now working on developing a definition of complex to support development and improvement of our services.

redcross.org.uk