

Time to Shine Evaluation

Interim Findings from the Time to Shine Common Measurement Framework (CMF) Evaluation Questionnaire

Produced for Leeds Older People's Forum

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Summary

About the report

This report considers the reach and impact of the Time to Shine (TTS) programme in Leeds five years since it began in 2015. TTS forms part of the Fulfilling Lives: Ageing Better Programme (AB) which is funded by the National Lottery Community Fund and aims to reduce social isolation and loneliness amongst older people (aged over 50). As of February 2020, there have been 8518 older people participating in 101 projects in Leeds. This report answers the following questions:

- Who is participating in Time to Shine activities?
- Has Time to Shine engaged with isolated and/or lonely older people?
- Has Time to Shine reduced isolation and/or loneliness, and improved well-being?

The report presents data from the Time to Shine Evaluation Questionnaire, also known as the Common Measurement Framework (CMF). The same questionnaire has been used by all AB partners for the purposes of programme wide evaluation. As of February 2020, there have been 1893 TTS respondents at entry to the programme, which means that 22% of older people involved in TTS have completed a questionnaire at least once. This report presents findings from the participants who completed the questionnaire one or more times, hereby referred to as respondents. It should be noted that this report does not describe the full range of experiences for all participants (including those who have not completed a questionnaire), but this will be captured in the comprehensive report at the end of the programme in spring 2021.

Who has engaged in Time to Shine?

- The majority of TTS respondents are white (78%), heterosexual (97%) and female (63%), which reflects both the general population and wider trends in service uptake.
- The majority of TTS respondents live alone (56%) and/or are living with a long standing disability or illness (62%).
- TTS has been successful in recruiting higher proportions of groups considered more at risk of loneliness and isolation when compared to the UK population aged over 50, including the very old, people who live alone, BAME (Black, Asian and Minority Ethnic) groups, LGBT+ (Lesbian, Gay, Bisexual and Transgender) groups, and people reporting living with a long standing illness or disability.
- TTS has engaged with a smaller proportion of respondents who reported that they were carers (15%) compared to other people their age in the UK (17%) and other AB projects (21%).
- TTS has higher proportions of male respondents (37%) when compared to AB as a whole (31%). Considering that men are harder to engage in services that reduce isolation and loneliness, this should be noted as a success.

Has Time to Shine engaged isolated and/or lonely older people?

- TTS has had some success in engaging people who are lonely. The majority of TTS respondents (55%) scored as lonely on the UCLA scale (6 or above), which is a higher proportion when compared to AB as a whole (51%).
- TTS respondents scored lower across two measures of social contact than respondents in AB as a whole, suggesting that those involved in TTS have less contact with family, friends, and local people and are more likely to be experiencing higher levels of social isolation.
- Higher proportions of TTS respondents perceive that they are less likely to take part in social activities compared to other people their age (50%), when compared to

responses from people aged over 50 in the UK (44%) (TNS Omnibus 2016). This suggests that TTS respondents are more socially isolated.

Which Time to Shine respondents are most at risk of loneliness and/or isolation?

- Those who live alone, BAME groups and people who reported living with a long term disability or illness are more likely to be lonely.
- Respondents living with a long term disability or illness, BAME groups, and male respondents are less likely to have social contact and are more at risk of isolation.
- Male respondents have less contact with friends and family than female respondents, but when considering contact with local people, there are no differences between male and female respondents.
- Respondents living with a long term disability or illness and those who are living alone are less likely to report that they feel they can participate in social activities as much as other people their age.

Has Time to Shine engaged people with low well-being?

- Respondents of TTS and AB overall have lower average well-being when compared to the UK population average.
- Respondents who are BAME, those living with a disability or illness, those who are lonely and those who live alone have the lowest average well-being.

What are the outcomes for TTS respondents at follow up (loneliness, isolation and well-being)?

- TTS respondents experienced statistically significant reductions in loneliness and isolation across all measures between entry and follow up. In most cases, the reductions were slightly larger than those experienced by respondents in the AB programme.
- 42% of TTS respondents experienced a reduction in loneliness compared to 37% of respondents in AB as a whole.
- Respondents who were lonely at entry experienced greater changes across all measures, suggesting TTS is working best with lonelier respondents.
- Some groups experienced a greater impact than others. BAME respondents, men and people living alone experienced the greatest reduction in loneliness and isolation.
- Respondents experienced a statistically significant increase in well-being between entry and follow up. 66% of TTS respondents improved their well-being compared to 59% of AB respondents. BAME respondents and respondents who scored lonely at entry to TTS experienced the greatest improvements in well-being.

Conclusion and next steps

This report has presented key findings about the experiences of the respondents to the Time to Shine Questionnaire. It shows that TTS has been successful at recruiting groups at risk of, or experiencing, isolation and/or loneliness. TTS respondents have experienced statistically significant reductions in isolation and loneliness across all measures between entry and follow up, and an improvement in well-being. A later report will bring together data from the wider evaluation to capture the experiences of participants who did not complete the questionnaire, and use case study, focus group, and interview data to further explain findings reported here.

Introduction

1.1 About Time to Shine

This report considers the reach and impact of the Time to Shine (TTS) programme five years since it began in 2015. TTS forms part of the Fulfilling Lives: Ageing Better Programme which is funded by the National Lottery Community Fund and aims to reduce social isolation and loneliness amongst older people (aged 50+). Since the start of 2015, Fulfilling Lives: Ageing Better (AB) has worked with 118,249 participants across 14 similar programmes in England. TTS is being delivered in Leeds, overseen by Leeds Older People's Forum, for a total of six years with a budget of almost £6m. As of February 2020, 69 organisations in Leeds have received funding to deliver 101 projects. TTS originally aimed to reach at least 15,000 people across the city and so far has involved 16,755 beneficiaries of all ages, including 8518 older people who have regularly participated or volunteered.

1.2 The purpose of the report

The purpose of this report is to present key findings about programme impacts for respondents to the Time to Shine Evaluation Questionnaire. A more comprehensive and detailed report presenting findings from the wider programme evaluation will be published in spring 2021. This report considers the following questions:

- Who is participating in Time to Shine activities?
- Has Time to Shine involved isolated and/or lonely older people?
- Has TTS reduced isolation and loneliness, and improved well-being?

1.3 The data used for this report

This report presents data from the Time to Shine Evaluation Questionnaire, also known as the Common Measurement Framework (CMF). The same questionnaire has been used by all AB partners for the purposes of programme wide evaluation. The questionnaire is completed by all consenting participants at entry to a project and then once more approximately six months later. The questionnaire records demographic information such as age, gender and ethnicity, and also asks questions about known risk factors of isolation and loneliness, including whether the participant lives alone, is a carer, or has a longstanding disability or illness. The questionnaire also measures outcomes for respondents. It includes two validated measures of loneliness and isolation (the De Jong Gierveld Loneliness Scale and the UCLA Loneliness Scale), and a widely used measure of well-being (the Shortened Warwick Edinburgh Mental Well-Being Scale) (see Table 1 for more details). It also includes four questions to measure social isolation; two measures of social contact and two measures of social participation (see Table 1).

It is important to note that this report can only comment on participants in TTS who have completed the questionnaire, hereby referred to as respondents. As of February 2020, there have been 1893 TTS respondents at entry and 893 at follow up. This means that 22% of older people who have regularly participated or volunteered in TTS have completed a questionnaire at least once. The report does not describe the full range of experiences for all participants (including those who have not completed a questionnaire), which will be captured in the comprehensive report at the end of the programme.

Throughout this report, the data from TTS will be compared to AB respondents as a whole, and to the UK average from the Census Data 2011 for people aged 50+. To date, there have been 34,285 respondents at entry across all AB Projects and 7930 completed a questionnaire

at follow up, which is a follow up rate of 23%. TTS has a follow up rate of 47% which shows that TTS have been successful at collecting follow up data. Despite some limitations with the questionnaire, it has provided reliable and insightful information about the outcomes for a large number of respondents.

Table 1. Measures of loneliness, isolation and well-being in the TTS Questionnaire (CMF)

Measures of Loneliness and Isolation		
Measure	Details of questions	Significance of responses
De Jong Gierveld Loneliness Scale Measure of social and emotional isolation, and loneliness	Six questions measuring social and emotional isolation, and overall loneliness.	Scale 0-6, where 6 represents the loneliest. An decrease in score shows a reduction in loneliness.
UCLA Loneliness Scale Measure of loneliness	Three questions measuring loneliness as a whole.	Scale 3-9, where 9 represents the loneliest. A decrease in score shows a reduction in loneliness. A score of 6 and above represents people who are lonely.
Measures of Isolation: Social Contact		
Measure	Details of questions	Significance of responses
Social Contact Friends/Family Social contact with children, family and friends	Not counting the people that you live with, how often do you do any of the following with children, family or friends? (meet up in person, phone (including FaceTime or skype), email or write, text message).	Scale 0-5, where 5 is the most social contact. The score is calculated from an average of responses to all questions. An increase in score shows an increase in social contact.
Social Contact Local people Contact with non-family and friends / local people	Thinking about the people in your local area, how often do you speak to anyone who isn't a family member. Please include local friends, neighbours, acquaintances, people who come in to help you, people you see if you go out, and so on.	Scale – 0-8, where 8 is the most social contact. An increase in score shows an increase in social contact.
Measures of Isolation: Social Participation		
Measure	Details of questions	Significance of responses
Membership of Social Groups Social participation in clubs, groups, organisations and societies	Are you a member of any clubs, organisations or societies? (political party, trade union, environmental group, tenants group, church or religious organisation, charitable organisation, education, arts or music club, social club, sports class, gym, exercise class).	Scale – 0-8, where 8 shows more membership of groups. Each category is scored as 1 if a member, 0 means the respondent is not a member of any group. An increase in the average score shows greater participation in different categories of membership.
Taking Part Taking part in social activities	Compared to other people your age, how often would you say you take part in social activities?	Scale - 0-4, where 0 is much less than most and 4 is much more than most. An increase in score shows greater participation in social activities.
Measure of Well-being		
Measure	Details of questions	Significance of responses
Shortened Warwick Edinburgh Mental Well-Being Scale	Seven questions measuring well-being.	Scale 7-35, where 35 represents the highest well-being. An increase

		in score represents an increase in well-being.
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2. Who has engaged in Time to Shine projects?

Key Points

- The majority of TTS respondents are white (78%), heterosexual (97%) and female (63%), which reflects both the general population and wider trends in service uptake.
- The majority of TTS respondents live alone (56%) and/or are living with a long standing disability or illness (62%).
- TTS has been successful in recruiting higher proportions of groups considered more at risk of loneliness and isolation when compared to the UK population aged over 50, including the very old, people who live alone, BAME (Black, Asian and Minority Ethnic) groups, LGBT+ (Lesbian, Gay, Bisexual and Transgender) groups, and people reporting living with a long standing illness or disability.
- TTS has engaged with a smaller proportion of people who reported that they were carers (15%) compared to other people their age in the UK (17%) and other AB projects (21%).
- TTS has higher proportions of male respondents (37%) when compared to AB as a whole (31%). Considering that men are harder to engage in services that reduce isolation and loneliness, this should be noted as a success.

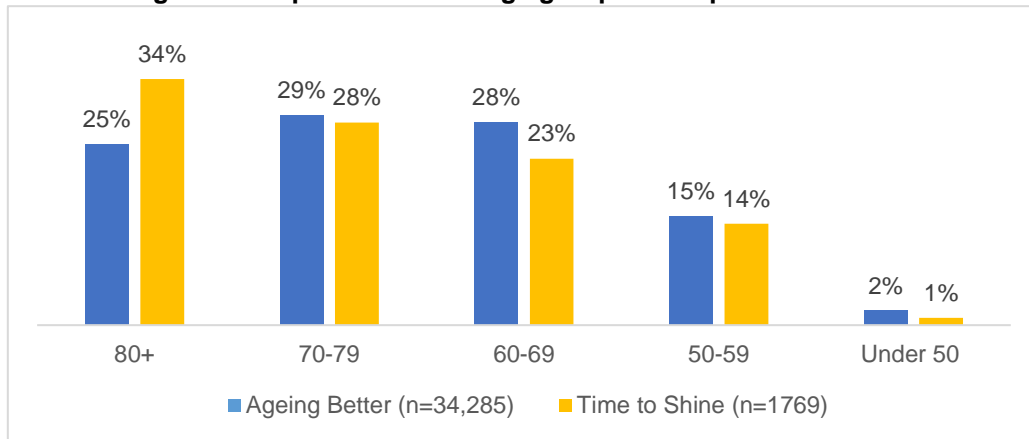
2.1 Introduction

This section presents data from respondents at entry to TTS projects to show who has engaged with the programme. AB and TTS aim to reach groups identified in the wider literature as likely to be more at risk of, or experiencing, social isolation and/or loneliness than the general population. These groups include Black, Asian and Minority Ethnic (BAME), Lesbian, Gay, Bisexual and Transgender (LGBT+), Carers, those living alone, participants with a longstanding illness or disability, and those aged 80+. This section considers whether TTS has been successful at engaging these groups.

2.2. Ages of respondents

The mean age of TTS respondents is 73, which is two years older than AB respondents as a whole (71). This reflects a trend that TTS projects are working more with much older people than AB (see Figure 1). Notably there are nearly 10% more TTS respondents aged over 80 and the greatest proportion of TTS respondents are in the 80+ age category. 62% of TTS respondents are aged over 70, compared to 54% of AB respondents as a whole. This demonstrates a success in recruiting older people, and the very old, to TTS.

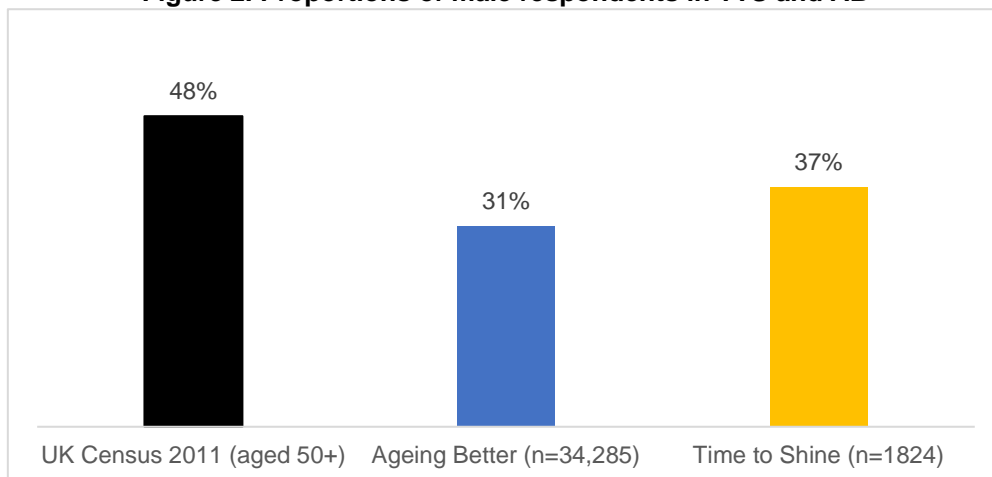
Figure 1. Proportions of the age groups of respondents in TTS



2.3 Gender of respondents

The majority of TTS respondents are female (63%) which reflects a wider trend in service uptake that women are more likely to engage in services to reduce isolation and loneliness than men. TTS has higher proportions of male respondents (37%) when compared to AB as a whole (32%) (see Figure 2). TTS has a deliberate focus on involving male participants as it is known that men are harder to engage in services that reduce isolation and loneliness, so this can be considered a success.

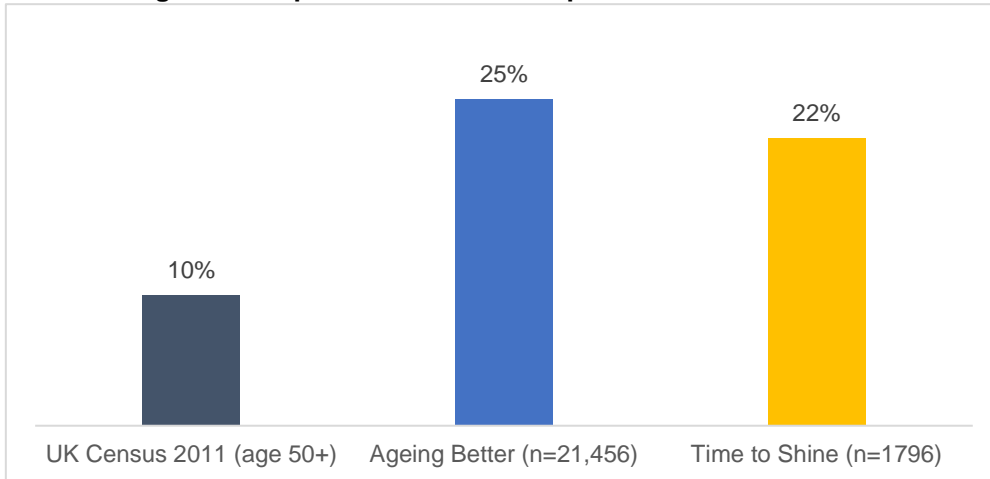
Figure 2. Proportions of male respondents in TTS and AB



2.4 Ethnicity of respondents

TTS has engaged a larger proportion of BAME respondents (22%) when compared to the UK as a whole for people aged over 50 (10%) (see Figure 3). This shows that TTS has been successful at involving BAME communities in Leeds. TTS has engaged a slightly smaller proportion of BAME respondents when compared to all AB projects (25%).

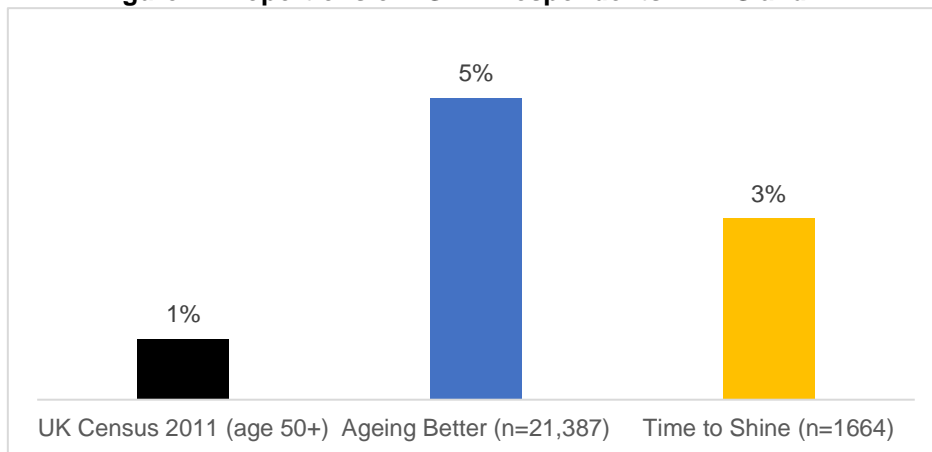
Figure 3. Proportions of BAME respondents in TTS and AB



2.5 Sexuality of respondents

The vast majority (97%) of those who gave responses reported being heterosexual, and 3% identified as LGBT+ (see Figure 4). This represents a slightly smaller proportion of LGBT+ respondents when compared to AB as a whole (5%). However, the proportion of LGBT+ respondents is three times the proportion of people aged over 50 that reported being LGBT+ in the UK 2011 Census, so TTS has had some success in recruiting from this community.

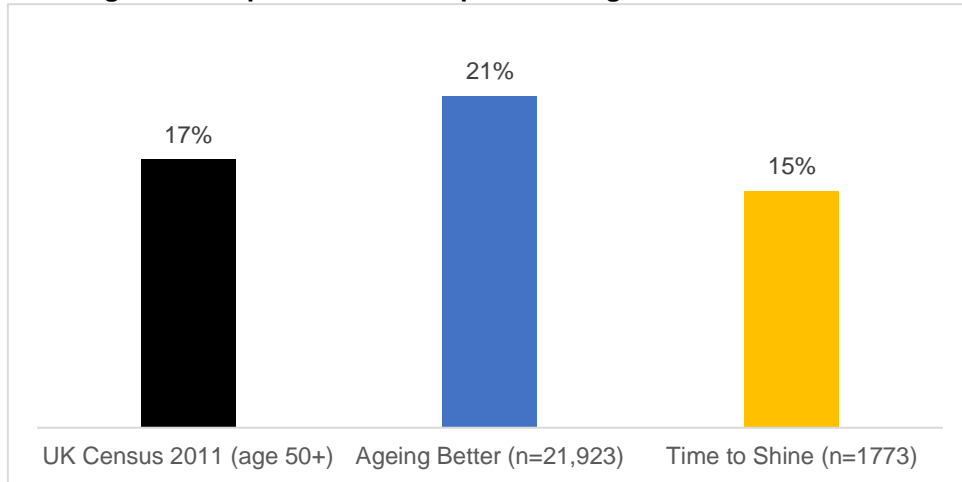
Figure 4. Proportions of LGBT+ respondents in TTS and AB



2.6 Respondents who are carers

15% of TTS respondents reported that they are carers, slightly less than the UK proportion for the over 50 age group (17%), and a smaller proportion than AB as a whole (22%) (see Figure 5).

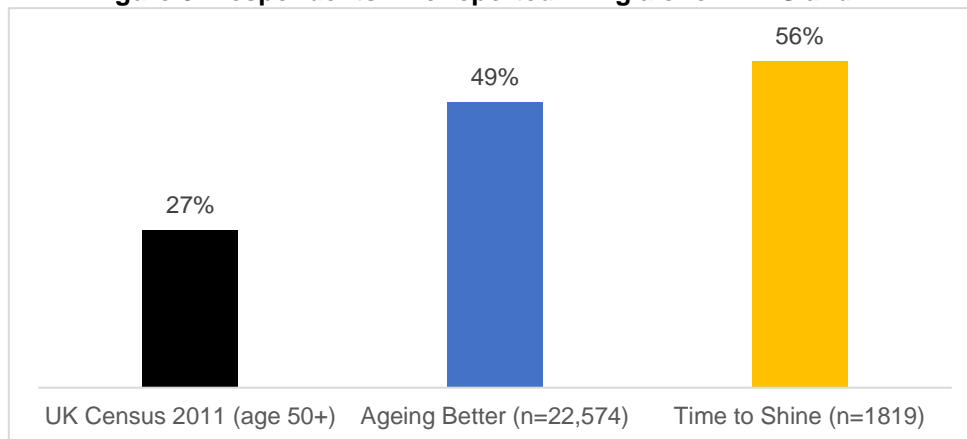
Figure 5. Respondents who reported being carers in TTS and AB



2.7 Respondents who live alone

TTS has been successful at engaging people who live alone; more than double the proportion of TTS respondents are living alone (56%) when compared to other people their age in the UK (27%) (see Figure 6). TTS has also involved a higher proportion of respondents who reported living alone when compared to AB overall (49%) (See Figure 6).

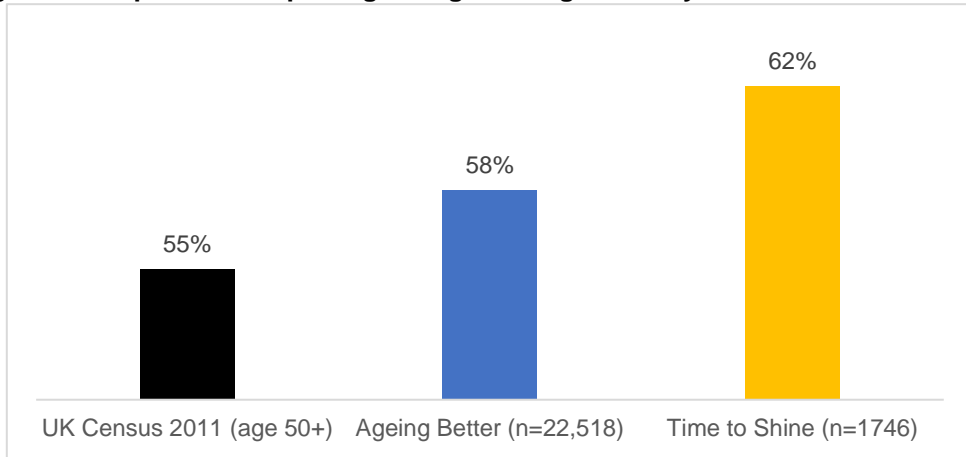
Figure 6. Respondents who reported living alone in TTS and AB



2.8 Respondents reporting living with a long standing disability or illness

TTS has engaged with a higher proportion of people who reported having a long standing disability or illness (62%) when compared to other people their age in the UK (55%). TTS has a higher proportion of people living with a disability or illness when compared to AB as a whole (58%) (see Figure 7).

Figure 7. Respondents reporting a longstanding disability or illness in TTS and AB



3. Has Time to Shine engaged isolated and/or lonely older people?

Key Points

- TTS has had some success in involving people who are lonely. The majority of TTS respondents (55%) scored as lonely on the UCLA scale (6 or above) which is a higher proportion when compared to AB as a whole (51%).
- TTS respondents scored lower across two measures of social contact than respondents in AB as a whole, suggesting that those involved in TTS have less contact with family, friends, and local people and are more likely to be experiencing higher levels of social isolation.
- Higher proportions of TTS respondents perceived that they are less likely to take part in social activities compared to other people their age (50%), when compared to the UK population for people aged over 50 (44%) (TNS Omnibus 2016). This suggests that TTS respondents are more socially isolated.

3.1 Introduction

AB and TTS aim to reduce social isolation and loneliness among older people. However, wider research indicates that reaching older people for the purpose of engaging them in social activities, or services to reduce isolation and loneliness, can be difficult. This section presents responses from TTS respondents at entry into projects (see Table 1) to assess whether TTS successfully engages isolated and lonely older people. Where data is available, TTS respondents are compared to those across the AB programme.

3.2 Respondents who are lonely

The majority of TTS respondents at entry (55%) scored as lonely on the UCLA scale (6 or above) (see Figure 9), which shows that TTS has had some success at engaging lonely older people. This was 4% higher than the proportion of AB respondents who scored as lonely (51%). Respondents at TTS also recorded higher levels of loneliness at entry across both the UCLA and De Jong Gierveld measures of loneliness (see Figure 8), which shows that TTS has involved people who are lonelier when compared to AB.

Figure 8. Respondents who scored as lonely on the UCLA scale (6 or above) in TTS and AB

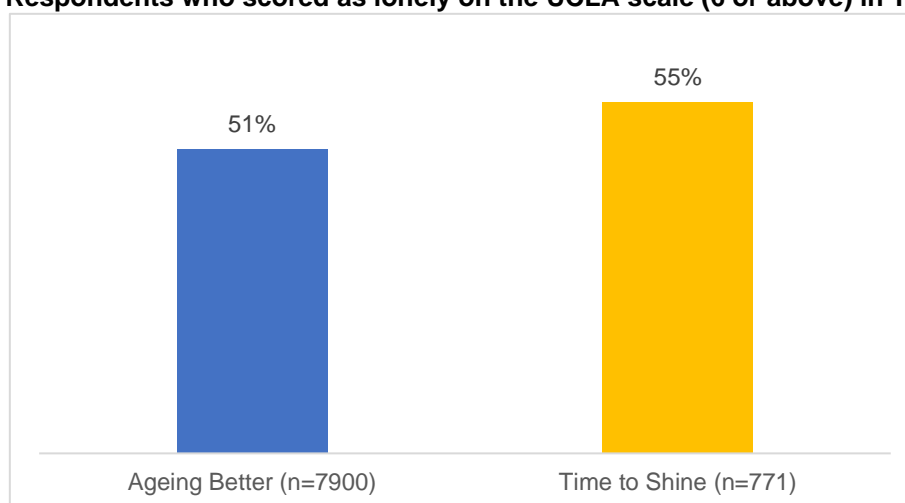
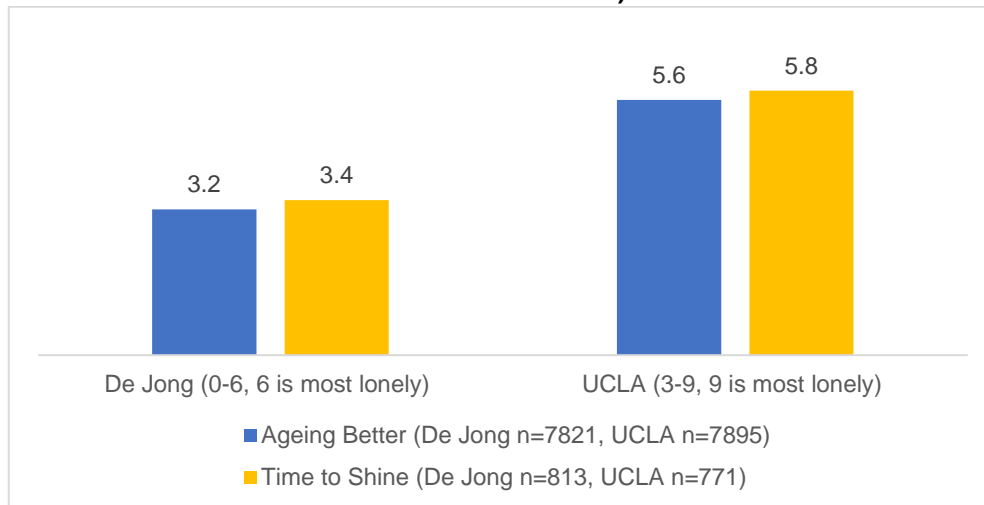


Figure 9. Scores on measures of loneliness at entry to TTS and AB (De Jong Gierveld and UCLA)



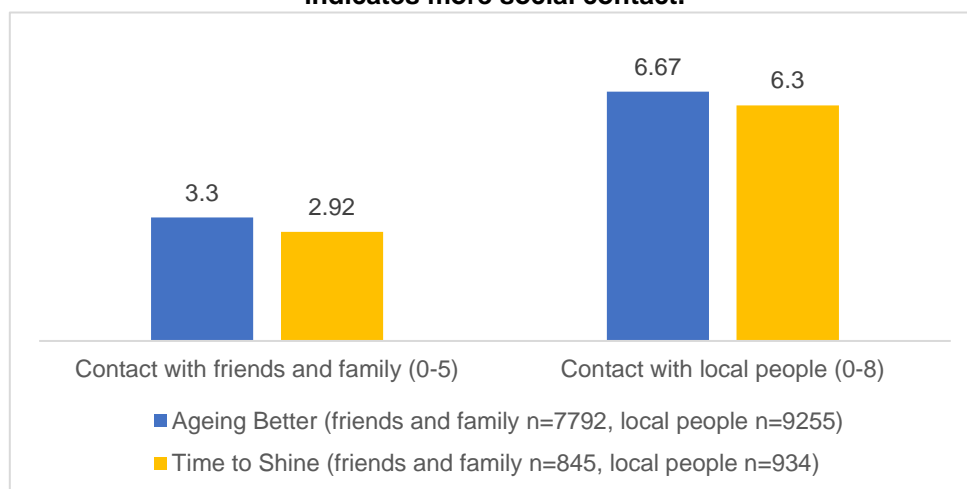
3.3 Social isolation

The TTS Evaluation Questionnaire collects data about social isolation across two sets of measures taken at entry; one measures social contact and the other measures social participation (See Table 1). These will now be considered in turn to assess social isolation.

Social Contact

TTS respondents score lower across two measures of social contact than AB respondents (see Figure 10). This shows that TTS respondents have less contact with family, friends, and local people than those in AB, and are therefore likely to be experiencing more social isolation.

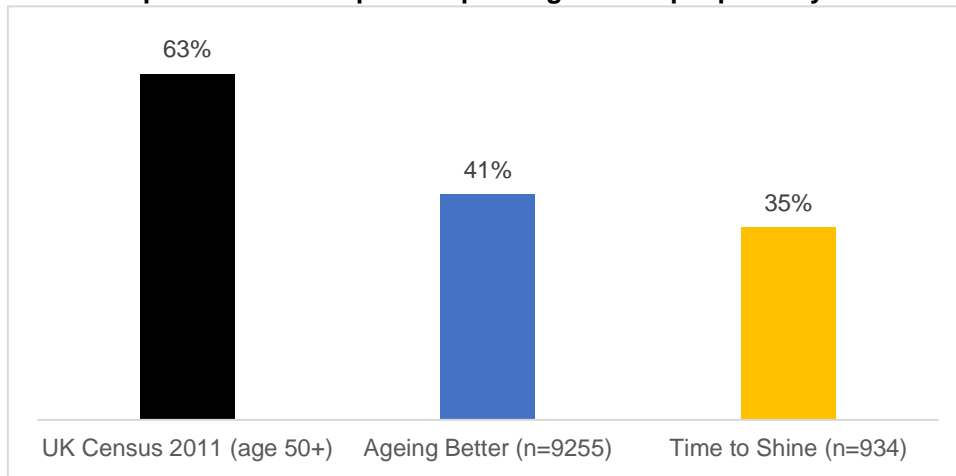
Figure 10. Scores for measures of social contact at entry in TTS and AB. A higher score indicates more social contact.



When considering the proportions of respondents who report speaking to local people daily, only 35% of TTS respondents have contact, close to half the proportion of people aged over 50 in the UK Census (63%) (see Figure 11). TTS respondents also have less contact when

compared to AB (41%). This suggests that TTS respondents are more socially isolated than other people their age in the UK and respondents in AB programmes as a whole.

Figure 11. Respondents who reported speaking to local people daily in TTS and AB

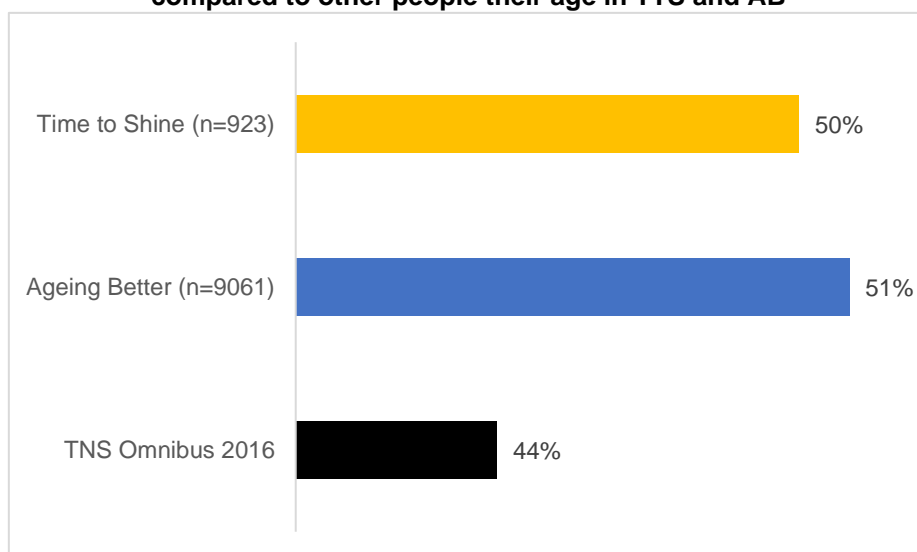


Social Participation

There are no differences between respondents in TTS and AB when considering scores across the two measures of social participation. This means that respondents in TTS and AB are members of similar amounts of social groups, and are similar in their perception of how likely they are to take part in social activities.

When considering respondents' perceptions of how likely they are to take part in social activities, higher proportions of respondents in TTS (50%) and AB (51%) reported that they are less likely to take part in social activities compared to other people their age in the UK (44%) (see Figure 12). This suggests that TTS and AB have successfully engaged people who are more likely to be experiencing social isolation when compared to the UK population.

Figure 12. Respondents who perceive that they are less likely to participate in social activities compared to other people their age in TTS and AB



4. Which TTS respondents are most at risk of loneliness and/or isolation?

Key Points

- Those who live alone, BAME groups and people who report living with a long term disability or illness are more likely to be lonely.
- Respondents living with a long term disability or illness, BAME groups, and male respondents are less likely to have social contact and are more at risk of isolation.
- Male respondents have less contact with friends and family than female respondents but when considering contact with local people, there are no differences between male and female respondents.
- Respondents living with a long term disability or illness and those who are living alone are less likely to report that they feel they can participate in social activities as much as other people their age.

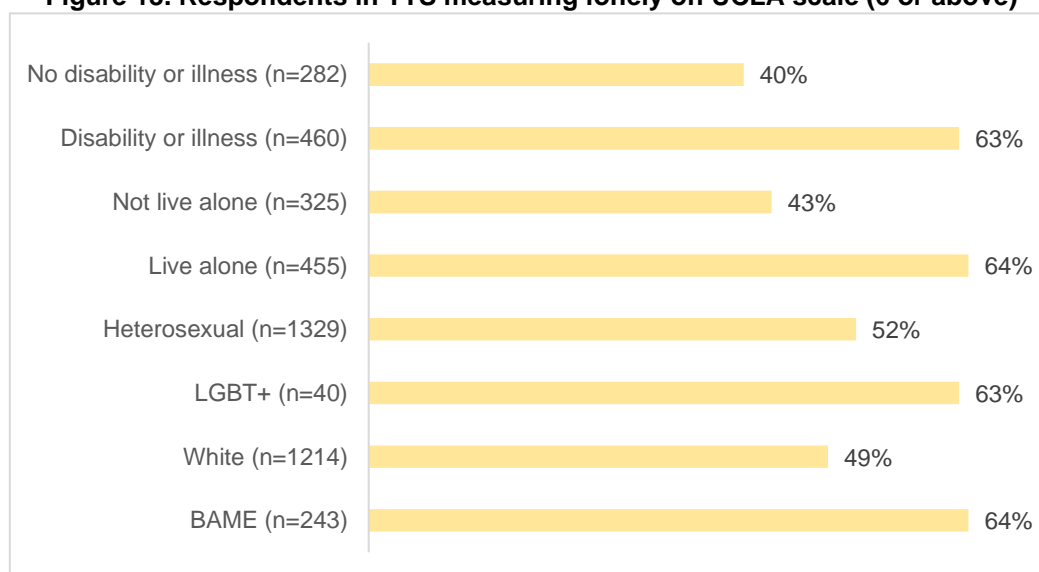
4.1 Introduction

AB and TTS aim to reach groups identified in the wider evidence base as likely to be more at risk of, or experiencing, social isolation and/or loneliness than the general population. These groups include BAME, LGBT+, carers, those living alone, and participants with a longstanding illness or disability. This section presents responses by TTS respondents to see which groups at entry are most at risk of loneliness and/or isolation.

4.2 Respondents most likely to be experiencing loneliness

There are clear differences between proportions of TTS respondents across the groups discussed above who reported loneliness at programme entry. Considering responses to the UCLA Loneliness scale, the groups which contain the highest proportion of lonely respondents (scoring 6 or above) include people living alone (64%), people living with a disability or illness (63%), LGBT+ respondents (63%) and BAME respondents (64%) (see Figure 13). These differences are statistically significant¹.

Figure 13. Respondents in TTS measuring lonely on UCLA scale (6 or above)



¹ Live alone/not live alone, Chi Square = 22.67, p = 0.00, disability or illness/no disability or illness, Chi Square = 27.59, p = 0.00, BAME/White Chi Square = 17.703, p = 0.00

There is only a small difference between the proportions of respondents who are lonely if they are carers (53%) compared to not being carers (54%), and men (53%) compared to women (52%). These differences are not statistically significant.

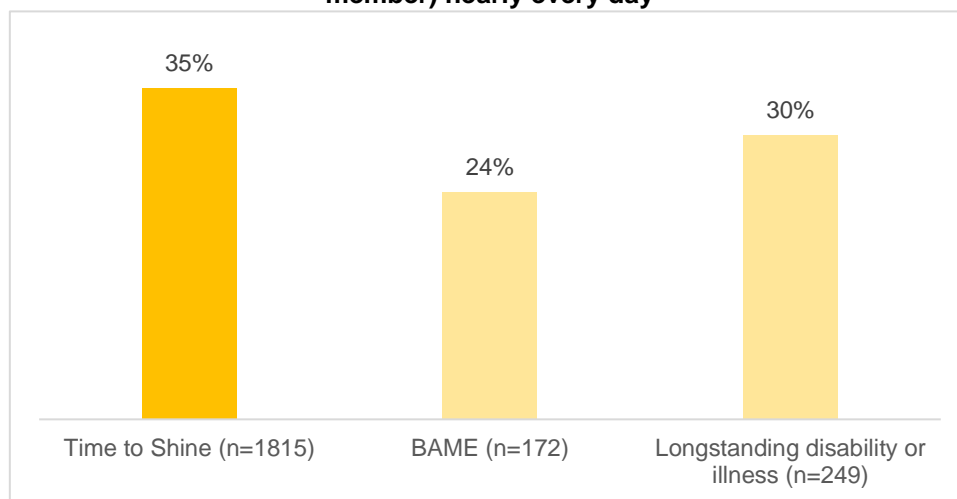
4.3 Respondents most likely to be experiencing social isolation

There are some statistically significant differences between proportions of TTS respondents who are socially isolated at entry across groups considered more at risk of isolation (see Figures 14, 15 and 16). Measures of social contact and social participation used to assess isolation as a whole are considered separately.

Social contact

Respondents living with a longstanding disability illness, men, and BAME respondents are less likely to have frequent social contact with family members and friends and/or their local community, and these findings are statistically significant². Considering contact with local people, smaller proportions of respondents who are BAME (24%) and/or living with a longstanding disability or illness (30%) reported speaking to someone locally daily when compared to those who are white (39%) or those not living with a disability or illness (40%) (See Figure 14).

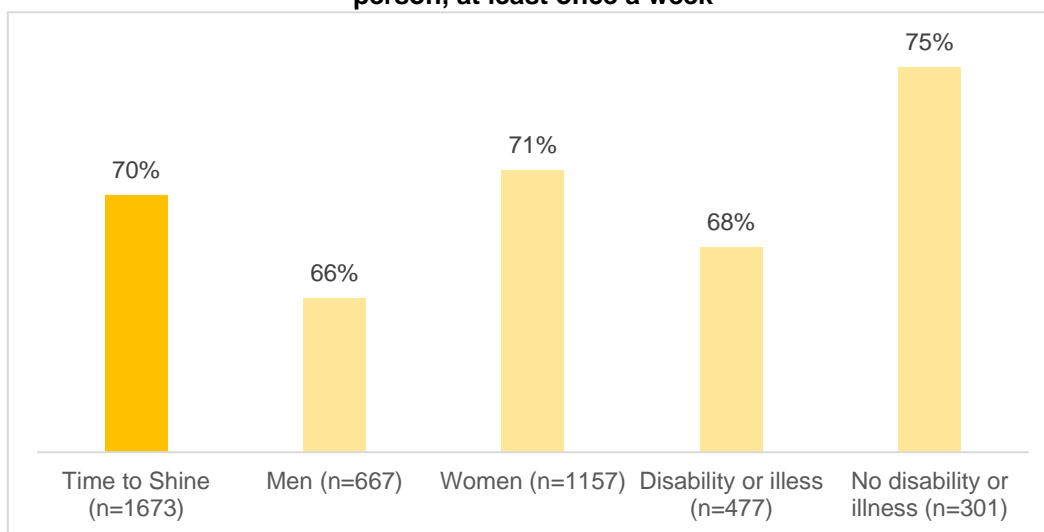
Figure 14. TTS respondents at entry who reported speaking to a local person (not a family member) nearly every day



Considering contact with friends and family, smaller proportions of male respondents (66%) and people living with a long standing disability or illness (71%) reported speaking to a family member or friend in person at least once a week when compared to female respondents (71%) or people without disability of illness (75%) (See Figure 15). This suggests that these groups are more at risk of social isolation through lack of social contact.

² BAME/White Chi Square = 52.97, p = 0.00, disability or illness/no disability or illness Chi Square = 48.22, p=0.00, male/female Chi Square = 6.205, p=0.01

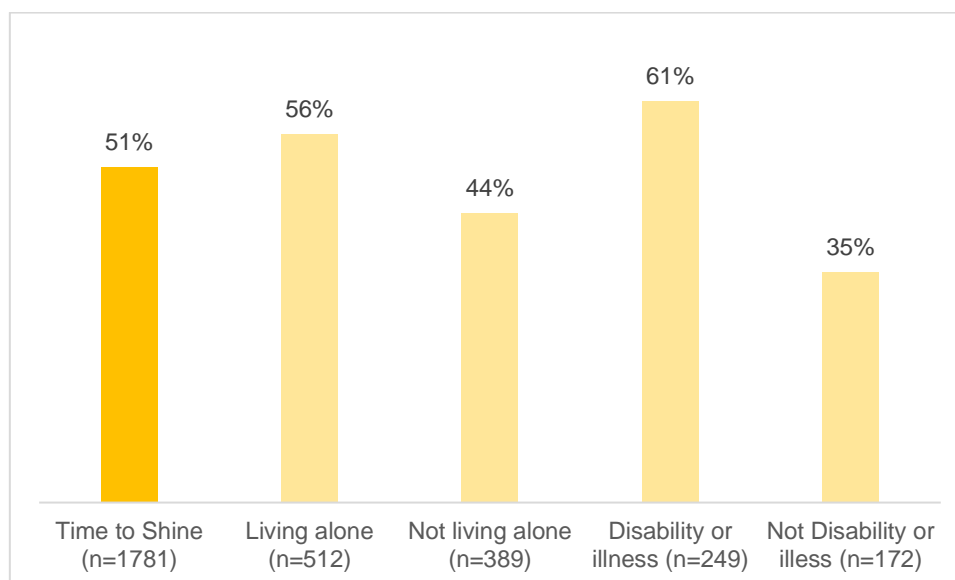
Figure 15. Respondents at entry to TTS who reported speaking to a family member or friend, in person, at least once a week



Social Participation

There are higher proportions of respondents who reported living with a longstanding disability or illness (61%), and/or live alone (56%), who perceive they are less likely take part in social activities when compared to those who live with others (44%) and those without a disability or illness (35%). This finding is statistically significant³ (See Figure 16). This suggests that people living alone or with a longstanding disability or illness are more at risk of social isolation through having less social participation.

Figure 16. Respondents at entry to TTS who perceived that they are less likely to participate in social activities when compared to other people their own age



³ Disability or illness/no disability or illness Chi Square = 53.639, p = 0.00, living alone/not living alone Chi Square = 12.975, p = 0.000.

5. Has TTS engaged people with low well-being?

Key Points

- Respondents at TTS and AB have lower average well-being levels when compared to the UK population average.
- Respondents who are BAME, living with a disability or illness and those who live alone have the lowest levels of well-being.

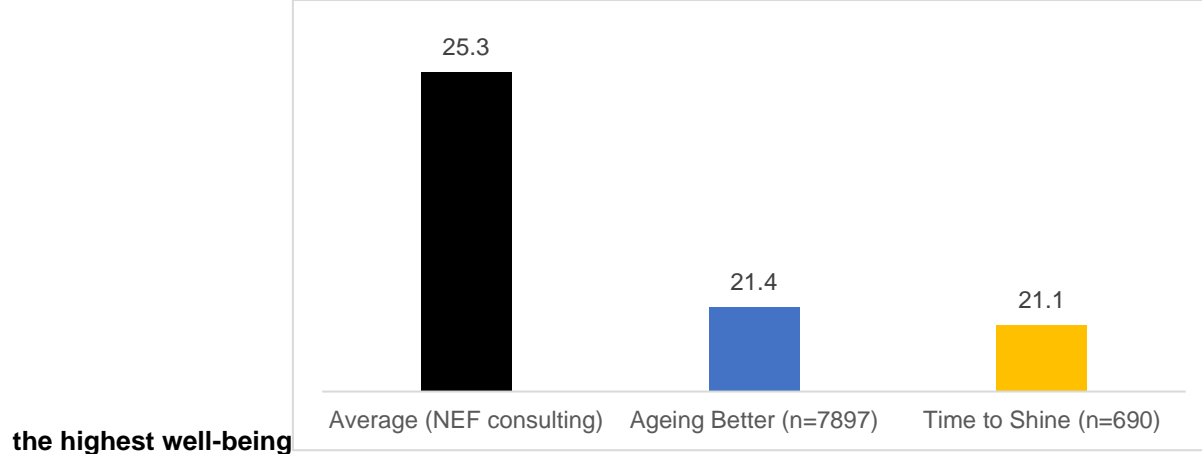
5.1 Introduction

The main purpose of TTS and AB is to reduce isolation and loneliness among older people. Another aim is to improve the overall well-being of programme participants. This section considers the well-being scores of respondents at entry to TTS as measured on the Shortened Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) (see Table 1). TTS scores are compared to those of respondents at AB.

Well-being scores of respondents at entry to TTS

Respondents at entry to AB and TTS projects have lower average well-being than the population average for people aged over 50 (see Figure 17). There is not much difference between respondents at TTS when compared to AB.

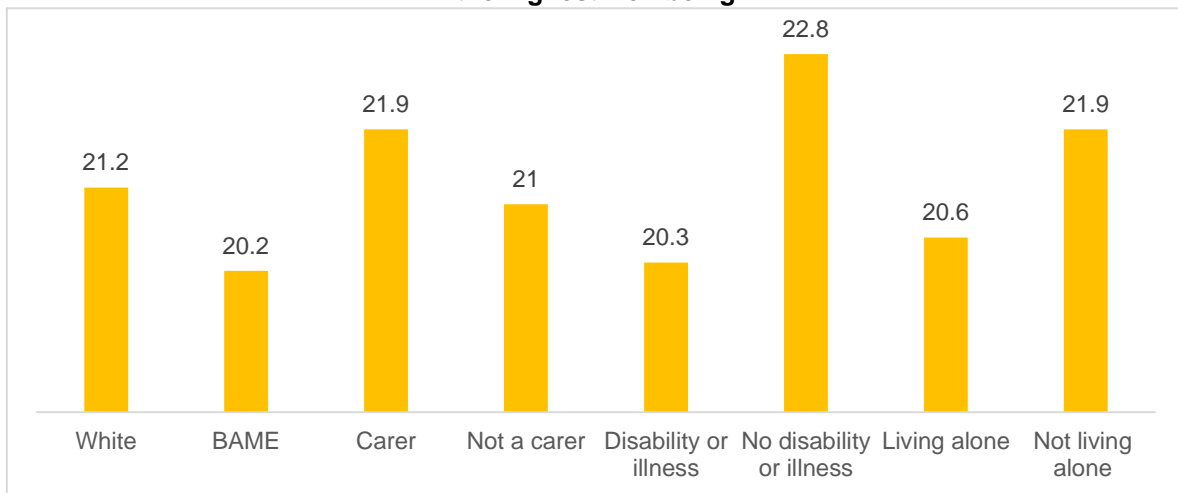
Figure 17. Respondent well-being (SWEMWBS) in TTS and AB (scored 7-35, where 35 shows



the highest well-being

Respondents who are BAME, living with a disability or illness, and those who live alone have the lowest levels of well-being (see Figure 18). There is little difference between male and female respondents. Carers have higher levels of well-being than people who are not carers, which is an unexpected finding as carers are widely considered to be more likely to have lower well-being.

Figure 18. Well-being scores (SWEMWBS) across groups in TTS (scored 7-35, where 35 shows the highest well-being)



6 Outcomes for TTS respondents: loneliness; isolation; and well-being

Key Points

- TTS respondents experienced statistically significant reductions in loneliness and isolation across all measures between entry and follow up. In most cases, the reductions are slightly larger than those experienced by respondents in the AB programme as a whole.
- 42% of TTS respondents experienced a reduction in loneliness compared to 37% of respondents in AB as a whole.
- Respondents who were lonely at entry experienced greater changes across all measures, suggesting TTS works best with respondents who are lonelier.
- Some groups have experienced a greater impact than others. BAME respondents, men and people living alone experienced the greatest reduction in loneliness and isolation.
- Respondents experienced a statistically significant increase to well-being between entry and follow up. 66% of TTS respondents improved their well-being compared to 59% of AB respondents. BAME respondents and respondents who scored lonely at entry to TTS experienced the greatest improvements to well-being.

6.1 Introduction

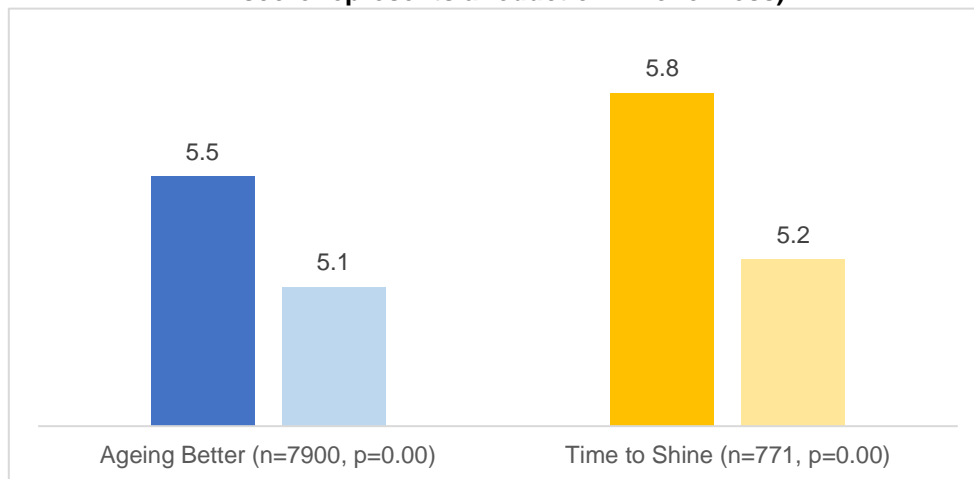
TTS and AB aim to reduce the loneliness and isolation experienced by older people aged 50 and over. The programme also aims to improve well-being of participants. This section reviews whether these outcomes have been achieved by examining changes to measures of

loneliness, isolation and well-being between entry to TTS and follow up six months later⁴. Where appropriate, the impact of TTS is compared to AB as a whole.

6.2 Reductions in loneliness

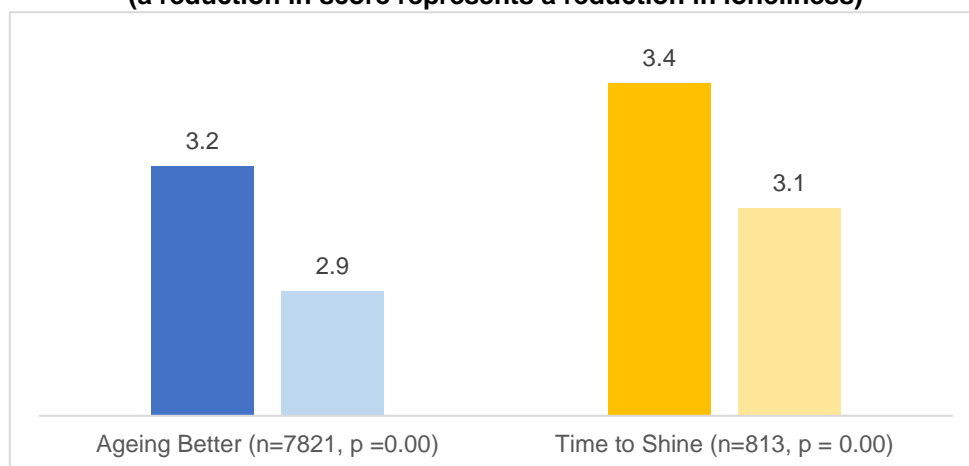
Respondents of TTS and AB both experienced statistically significant reductions in average loneliness scores on the UCLA Scale (see Figure 19) and the De Jong Gierveld Scale (see Figure 20), which shows that the programme has been successful in reducing loneliness among older people. TTS respondents experienced a slightly larger reduction in loneliness (-0.6) on the UCLA scale when compared to respondents at AB (-0.4) (see Figure 19).

Figure 19. Average UCLA Loneliness Scores at entry and follow up in TTS and AB (a reduction in score represents a reduction in loneliness)



There is no difference between the change experienced by TTS and AB respondents between entry and follow up on the De Jong Gierveld Scale (-0.3) (see Figure 20). However, TTS respondents were lonelier at entry and follow up than the AB respondents.

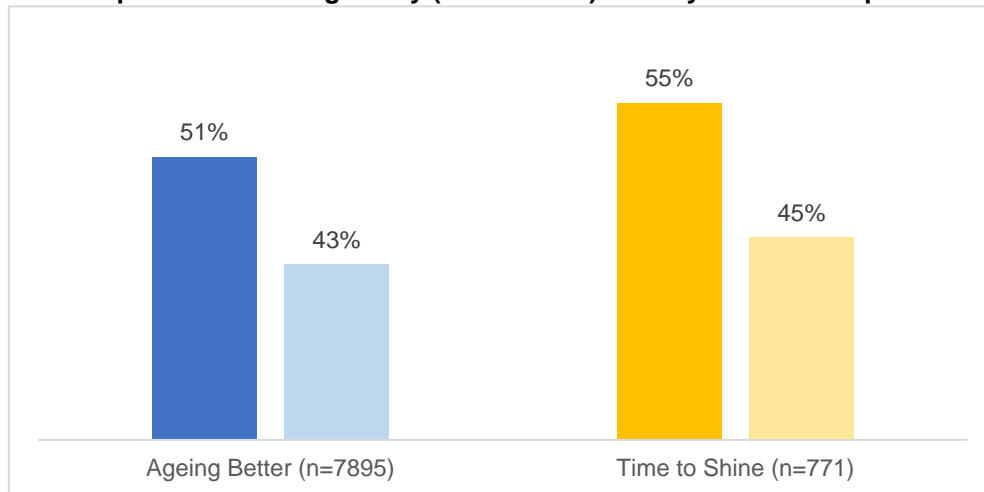
Figure 20. Average De Jong Gierveld Loneliness Scores at entry and follow up in TTS and AB (a reduction in score represents a reduction in loneliness)



⁴ The Wilcoxon signed-ranks test was used to test the statistical significance of changes to mean outcome scores on measures of loneliness, isolation and well-being between entry and follow up. All tests were computed by SPSS.

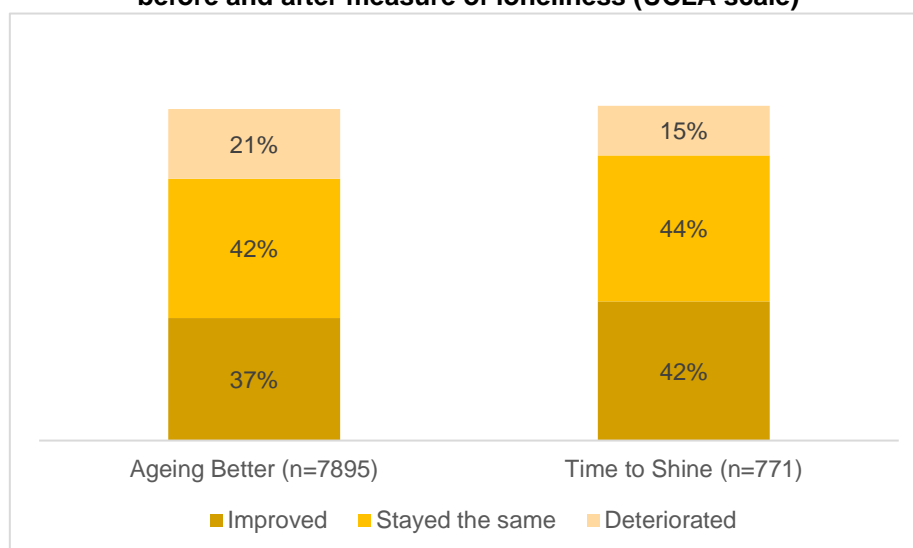
When considering the impact on loneliness at follow up for respondents who scored lonely on the UCLA scale (6 or above) at entry and follow up, the improvement was slightly greater for respondents in TTS than in AB overall. TTS projects experienced a reduction of 10% of lonely respondents at follow up, compared to AB, which saw a reduction of 8% (see Figure 21).

Figure 21. Respondents scoring lonely (UCLA scale) at entry and follow up in TTS and AB



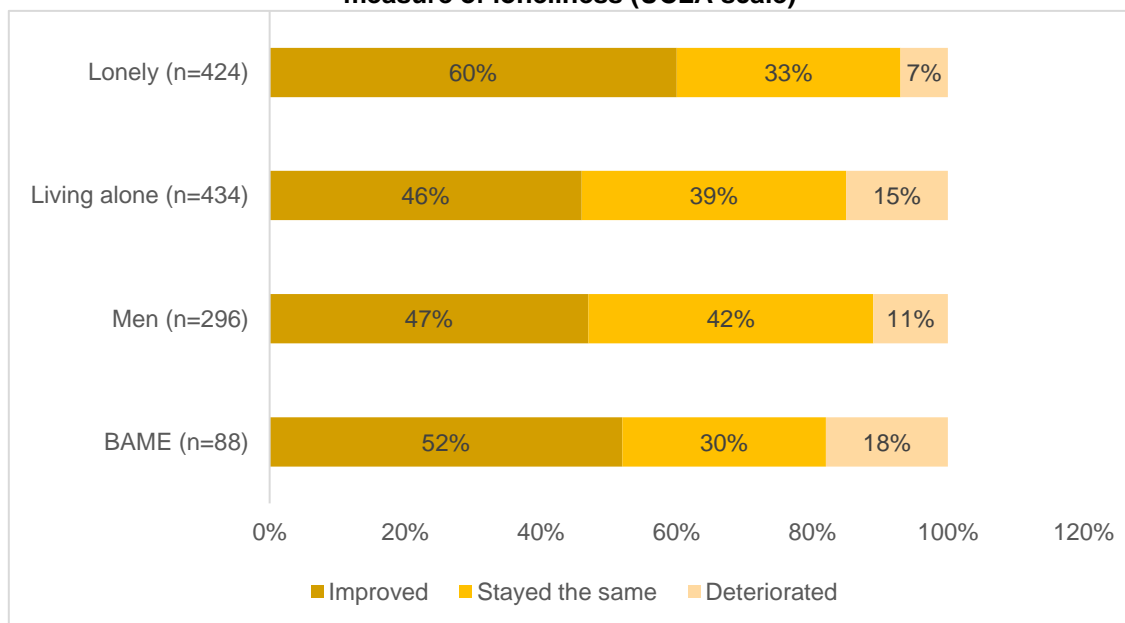
If we consider the overall changes to loneliness on the UCLA scale at entry and follow up for all respondents, not just those who scored lonely (6 or above), 42% of TTS experienced a reduction in loneliness compared to 37% in AB (see Figure 22). Only 15% of respondents deteriorated when compared to 21% of those in AB as a whole. This shows that TTS has not just been successful at reducing loneliness, it has been successful at preventing further decline.

Figure 22. TTS and AB respondents who improved, stayed the same and deteriorated on a before and after measure of loneliness (UCLA scale)



Examining changes for the key groups identified by AB and TTS to be more likely to be experiencing isolation and loneliness when compared to the general population (see Section 2), some groups have experienced greater reductions to loneliness than others. Considering changes measured on the UCLA loneliness scale, the groups which experienced the greatest proportions of respondents who had improved their scores were those who were lonely at entry (60%), those living alone (46%), men (47%) and BAME respondents (52%) (see Figure 23). Only 7% of those who measured lonely at entry reported being lonelier at follow up. There were similar trends seen in the De Jong Gierveld outcome measure, but also some differences. Full results and a detailed comparison between the two measures of loneliness (UCLA and De Jong Gierveld) will be presented in the wider report in spring 2021.

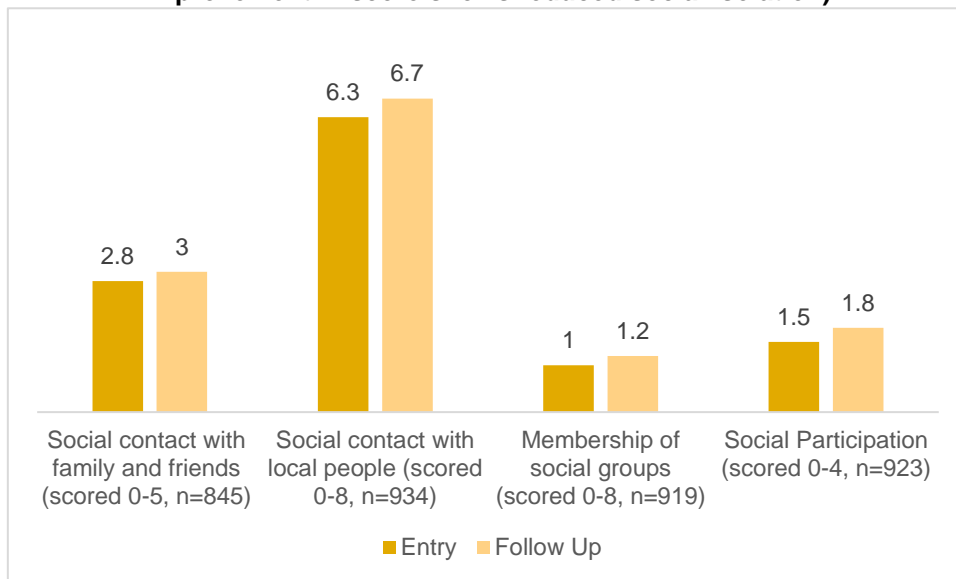
Figure 23. Respondents in groups who experienced the biggest reductions in loneliness in TTS – proportions who improved, stayed the same and deteriorated on a before and after measure of loneliness (UCLA scale)



6.2 Reductions in social isolation

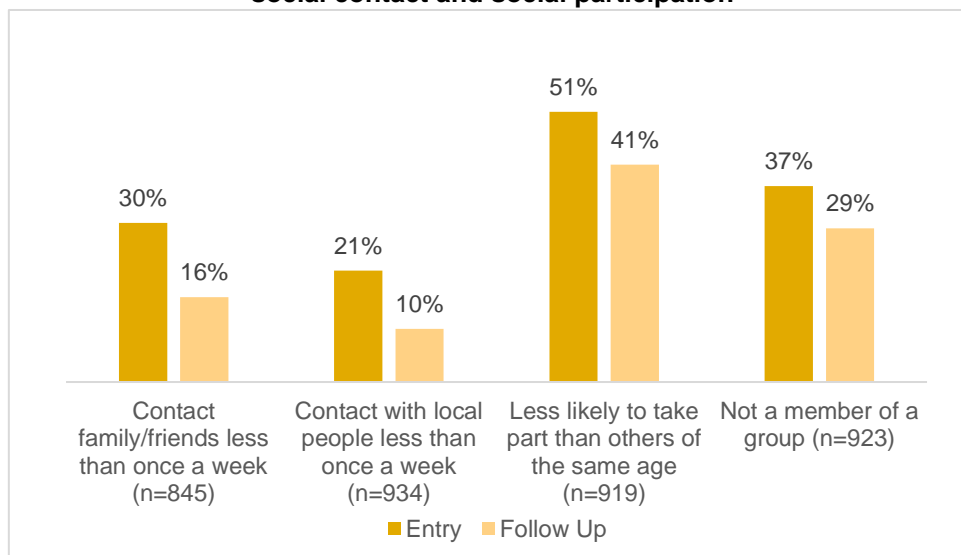
Social isolation was assessed at entry and follow up using two sets of measures that recorded social contact and social participation (see Table 1). Across all four measures of social isolation, TTS and AB respondents experienced a statistically significant reduction in isolation (see Figure 24).

Figure 24. Average scores at entry and follow up in TTS for measures of social isolation (an improvement in score shows reduced social isolation)



Considering some examples of changes to respondents' social contact (see Figure 25) the number of TTS respondents at follow up (16%) who reported being in contact with family friends less than once a week was almost half that at entry (30%). The proportion of respondents who had contact with local people less than once a week also halved, from 21% to 10%. There were smaller but also significant improvements across measures of social participation. The proportion of people reporting that they were less likely to take part in social activities than other people their age fell by 10% and the proportion of respondents who reported not being a member of a group also reduced (see Figure 25).

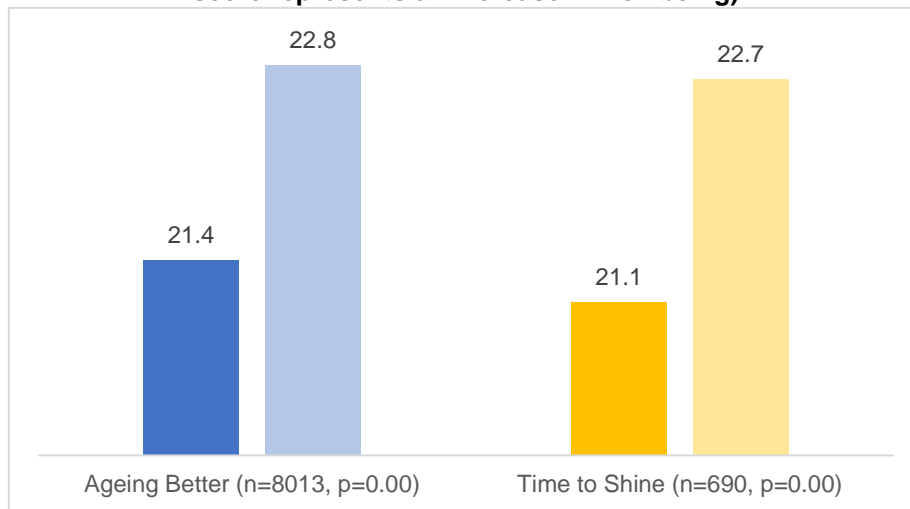
Figure 25. Respondents in TTS reporting social isolation before and after across measures of social contact and social participation



6.3 Improvements to well-being

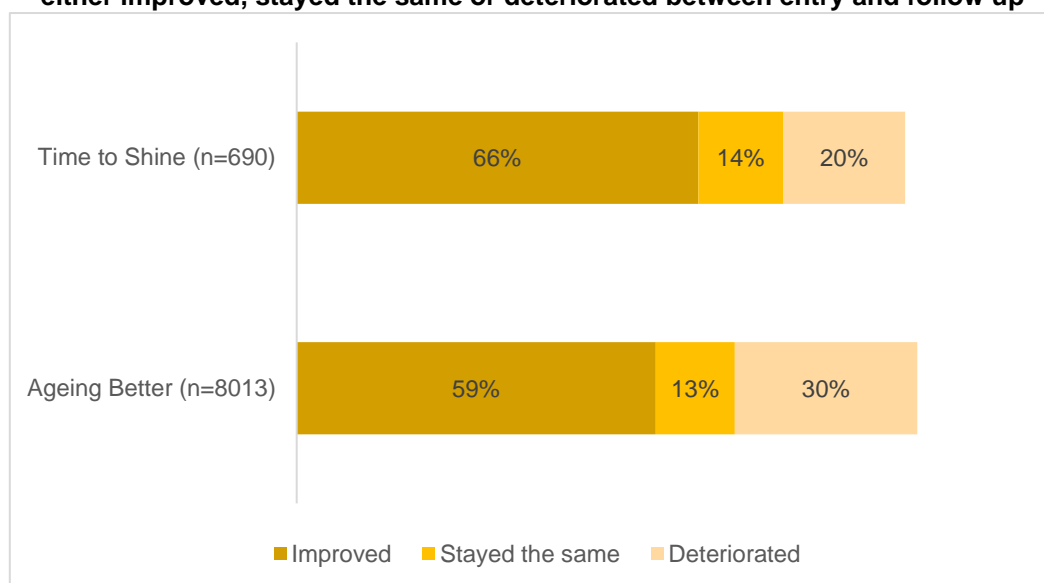
TTS and AB respondents experienced statistically significant improvements to average well-being between entry and follow up, showing that TTS improved the well-being for respondents (see Figure 26). The change was slightly higher at TTS (+1.6) compared to AB (+1.4).

Figure 26. Average well-being scores (SWEMWBS) at entry and follow up (an increase in score represents an increase in well-being)



Two thirds of TTS respondents (66%) experienced an improvement to their well-being score, which was a higher proportion than at AB (59%) (see Figure 27). Similar to the pattern seen with measures of loneliness, fewer TTS respondents (20%) experienced a deterioration in well-being when compared to AB (30%) (see Figure 27). This shows that TTS has not only improved well-being for some participants, but also prevented decline to a greater extent than the AB programme as a whole.

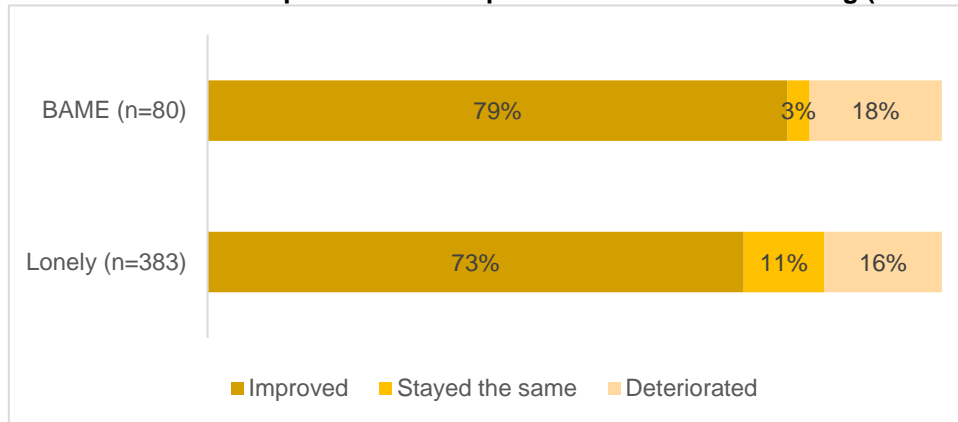
Figure 27. Proportions of respondents in TTS and AB whose well-being scores (SWEMWBS) either improved, stayed the same or deteriorated between entry and follow up



There were some groups that experienced greater improvements to well-being between entry and follow up. Respondents who scored lonely on the UCLA scale at entry to TTS and BAME

respondents showed the greatest improvements, at 73% and 79% respectively (see Figure 28).

Figure 28. Proportions of BAME TTS respondents and TTS respondents who scored as lonely on the UCLA scale who experienced an improvement to their well-being (SWEMWBS)



7. Conclusion and next steps

This report has presented key findings about the experiences of the Time to Shine Questionnaire respondents. It shows that TTS has been successful at recruiting groups at risk of, or experiencing, isolation and/or loneliness. TTS respondents have experienced statistically significant reductions in isolation and loneliness across all measures between entry and follow up, and an improvement to their well-being. A later report will bring together data from the wider local evaluation to capture the experiences of participants who did not complete the questionnaire, and use case study, focus group and interview data to further explain findings reported here.