



## Report 4 TIME TO SHINE LOCAL EVALUATION

# INTERVENTION TYPOLOGIES

Produced for Leeds Older People's Forum

**PREPARED BY:**  
Dr Charlene Martin  
Dr Andrea Wigfield  
Dr Anna Leyland

Leeds  
Older  
People's  
Forum



Time to  
Shine



The Centre for Loneliness Studies  
The University of Sheffield  
June 2022







# Contents

	<b>01 Introduction</b>
05	-About Time to Shine
06	- Scope of this report
06	- Evaluation methods
07	- Summary of findings
	<b>02 Overview of the TTS programme</b>
09	- Reducing loneliness and social isolation in older adults in Leeds
11	- Was TTS successful at reaching older adults currently experiencing loneliness or social isolation?
11	- Which of the TTS respondents were most at risk of loneliness and/or isolation?
	<b>03 Intervention typologies</b>
14	- TTS beneficiary engagement between projects with different intervention typologies
24	- Impact of the TTS intervention typologies on engaging older people who were lonely and/or isolated, or at risk of becoming so
26	<b>Conclusions</b>
26	<b>Related Reports</b>



## A quick guide to understanding how quotations are used

“Anything inside quotation marks written in italics”	These are direct quotes from beneficiaries, written as they were spoken by the individual.
...	Three dots indicate that some of the quotation has been deleted by the researcher. This may be because this section was not relevant to the overall quote or to reduce the length of the quotation.
[ ]	Anything written in square brackets has been added by the research team to help make the quote more understandable. It may also replace some of the beneficiaries' quotes that may have made it easier to identify the person speaking.

### Acknowledgements

The authors of this report would like to thank:

Lisa Fearn, Hillary Wadsworth, the Time to Shine Core Partnership and Leeds Older People’s Forum. Louise Warwick-Booth of Leeds Beckett University. Rosie Connell of Leeds Trinity University. Sarah Alden and Ruth Naughton-Doe who carried out research for earlier parts of the evaluation, and Louise Whitehead who studied co-production. Richard Dowsett of the National Lottery Community Fund. TTS trustee - Jean Townsend, the evaluation sub-group, the peer researchers, volunteer listeners, beneficiaries and volunteers of Time to Shine (including local delivery partners and stakeholders) who have given up their time to participate in the research.



## ***A quick guide to the language used at Time to Shine***

### ***Ageing Better (AB)***

The National Lottery Community Fund's national grant programme which funds Time to Shine until 2022. The full title of the programme is 'Fulfilling Lives: Ageing Better'. 14 'Ageing Better' programmes were funded in England, including TTS in Leeds.

### ***Beneficiary***

An overarching term for individuals who engaged with a Time to Shine project on at least one occasion.

### ***Delivery partner***

An organisation commissioned to deliver activities or services as part of TTS. Delivery partners were commissioned by Leeds Older People's Forum (LOPF).

### ***Participant***

A beneficiary aged 50+ who has engaged on three or more occasions with a TTS delivery partner project (for example joining in activities or receiving services).

### ***Quarterly monitoring***

A quarterly cycle used to collect qualitative and quantitative data from Delivery Partners to chart progress towards the Time to Shine targets and so that learning and case studies were captured regularly throughout the programme. Partner payments were only released when satisfactory monitoring returns were received.

### ***Test and Learn questions***

A set of questions created by members of the TTS team and Core Partnership to articulate what they would like to learn through the programme.

### ***TTS outcomes***

A list of 4 strategic outcomes that TTS worked towards. These are:

- 1 - Beneficiaries report that they are less isolated as a result of a programme intervention.
- 2 - Programme beneficiaries feel confident and able to participate in their communities
- 3 - Older people have been actively involved in managing, designing, delivering and evaluating the programme
- 4 - Our wider partnership will expand each year and will work better together to coordinate services and support for isolated older people.

### ***Common Measurement Framework (CMF) evaluation questionnaire***

The way in which the AB programme overall and TTS gathered information from older people involved in Delivery Partner projects.

### ***Volunteer***

A person who engaged on three or more occasions with a TTS project to give up their time to support any type of TTS activity. For monitoring purposes volunteers were categorised as either aged 50+ or younger.

The Time to Shine (TTS) programme, led by Leeds Older People's Forum (LOPF), aimed to reduce isolation and loneliness for older people (50+) living in Leeds between 2015-2021<sup>1</sup>. TTS was funded by the National Lottery Community Fund as part of the Fulfilling Lives: Ageing Better programme (AB)<sup>2</sup>, which invested £80 million across 14 local authorities in England to reduce loneliness for older people and share good practice. The TTS programme worked in partnership with local organisations to commission, design, deliver and evaluate a range of activities, including campaigns and specific interventions<sup>3</sup>. As part of the TTS programme a suite of ten evaluation reports have been published by the evaluation team at the Centre for Loneliness Studies based in the University of Sheffield<sup>4</sup>. An overview of the ten reports is presented in **Report 1 TTS Evaluation Executive Summary**. This report is **Report 4** in this suite of reports.

**The four main objectives of the Time to Shine programme were used to design the evaluation:**

1. Each year beneficiaries report that they are less isolated as a result of a project intervention
2. Project beneficiaries feel confident and able to participate in their communities by 2021
3. Older people have been actively involved in managing, designing, delivering and evaluating the project
4. The wider partnership will expand each year and will work better together to coordinate services and support for isolated older people

There is very little evidence of what works when tackling loneliness and social isolation<sup>5</sup>. Consequently, one of the objectives of TTS was to generate new knowledge about what works so that evidence-informed approaches can be applied by TTS and others in the future.

<sup>1</sup> As a result of the COVID-19 pandemic the TTS programme continued to operate beyond the original funded period; however, the evaluation reports were prepared at the end of the initial funded period in 2021.

<sup>2</sup> For more details see <https://www.ageing-better.org.uk/blogs/ageing-better-big-lottery-fund-story-so-far>

<sup>3</sup> Details of all TTS projects can be found at [www.opforum.org.uk/projects-and-campaigns/time-to-shine/time-to-shine-projects](http://www.opforum.org.uk/projects-and-campaigns/time-to-shine/time-to-shine-projects)

<sup>4</sup> For more details see <https://www.sheffield.ac.uk/socstudies/research/centres-and-networks/centre-loneliness-studies>

<sup>5</sup> Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), 799-812.



## 1.1. Scope of this report

This report seeks to contribute to the generation of new knowledge and to assess whether TTS was successful in meeting its programme objectives. Specifically, this report describes the typologies of projects that the TTS programme offered throughout its duration.

Through use of a **typologies framework we have standardised the categorisation of TTS projects based on seven intervention characteristics** (see Table 3.1). The characteristics included the target group (e.g. all older people, specific subgroups of older people), the type of intervention (e.g. creative, mental health), and the method of delivery (e.g. face-to-face, telephone). The typologies referred to in this report were used across the AB programme, and as such the typologies framework facilitates comparisons between projects and locations<sup>6</sup>.

*This report explores the impact of the intervention typologies on beneficiary engagement. Specifically, this report answers the following question:*

- **What was the impact of the intervention typologies in engaging those older adults who were lonely or socially isolated, or those at risk of becoming lonely or socially isolated?**

## 1.2. Evaluation methods

A comprehensive account of the research methods used across the ten evaluation reports can be found in **Report 2: TTS Evaluation Methods**. This report uses data from TTS internal monitoring and the Common Measurement Framework (CMF) evaluation questionnaire. In total, 1893 TTS beneficiaries completed the CMF questionnaire by February 2020, representing a response rate of 22%. Although this was a good response rate, this did not provide detailed information from the other 78% of beneficiaries. Therefore, to provide a more comprehensive understanding of all the beneficiaries of TTS, we also analysed routine monitoring information collected quarterly by TTS from their Delivery Partners between April 2015 and September 2020. This included the number of beneficiaries and some demographic data. An overview of the CMF measures of loneliness, isolation and well-being is presented in **Report 2**.

The findings from the CMF evaluation questionnaire do not fully represent the experiences of all TTS beneficiaries or all TTS funded projects. Nevertheless, the findings of the CMF evaluation questionnaire combined with the routine monitoring data give valuable insights into the typologies of interventions that may have impacted on engagement of older adults.

<sup>6</sup>Wigfield, A., Gibson, S., & Hotham, S. (2019) Piloting categorisations of Ageing Better programme interventions designed to reduce loneliness and/or social isolation.



### 1.3. Summary of findings

This report categorised the TTS projects based on the intervention typologies and evaluated the impact that intervention typology had on engagement of lonely older adults. TTS funded 105 projects, 92 of which were categorised by their intervention typologies based on the projects: target group, type and aim of the intervention, method and location of delivery, the type of support, and the level of impact the project intended to have. This variety in the projects was to ensure that the projects had broad appeal to engage a diverse community of people aged 50+ living in Leeds.

The evidence presented in this report demonstrates that aspects of the **method and location of delivery and the primary aim of the intervention all had significant effects on the success of a project to engage older adults who were lonely.** Specifically, the most successful projects at engaging lonely and isolated people were those that had a primary aim of improving mental health and were delivered one-to-one, either at home or in the community.





# 02

## Overview of the TTS programme

Between April 2015 and September 2020, TTS funded 105 projects which worked with 19,934 beneficiaries, including 8475 older people engaged as participants or volunteers. TTS set targets for the number of older adults they would engage in the programme; these targets and the totals achieved with six months of the project time remaining are shown in Table 1<sup>7</sup>.

**Table 1. Target and achieved total numbers of participants, volunteers, volunteer hours and projects funded between April 2015-September 2020.**

	Targets	Achieved
Total number of people involved in the programme	15,000	19,934
Number of older adult participants and volunteers	10,000	8475
Number of volunteers of any age	1000	1797
Number of volunteer hours	No target	58,486
Number of projects funded	No target	105

### Volunteers

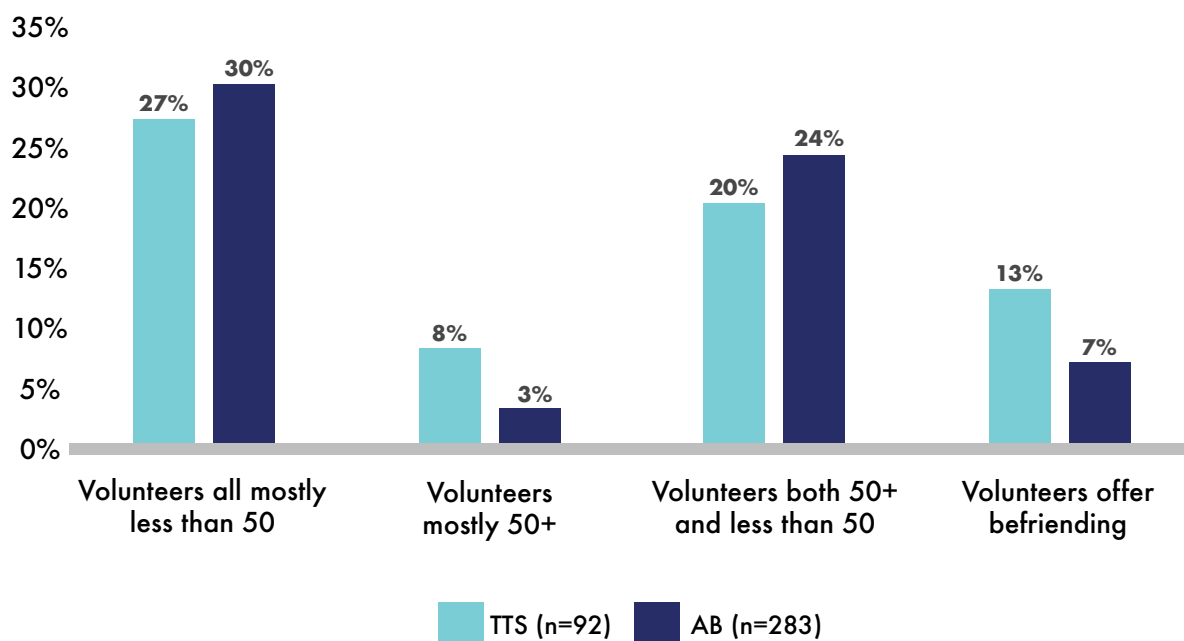
As discussed in **Report 3: Process Evaluation**, co-production formed a key value of TTS and the AB programme overall and consequently TTS was keen to create opportunities for volunteers, especially those aged 50+. This enabled them to actively involve older people in delivering services. 92 of the TTS projects were categorised using the typologies framework and, of those, 67% engaged volunteers in their projects. The proportions of different types of volunteers involved in TTS and AB overall is presented in **Figure 1**.

<sup>7</sup> The figures shown in Table 2.1 were collected at a time point where there was six months of the original project timeframe remaining and during the global COVID-19 pandemic.

## 2.1 Reducing loneliness and social isolation in older adults in Leeds

From the outset TTS aimed to recruit specific groups identified in the wider literature as likely to be more at risk than the general population of experiencing social isolation and/or loneliness. These groups included Black, Asian and Minority Ethnic, LGBT+, carers, those living alone, participants with a longstanding illness or disability, and those aged 80+. **Report 6: Participation and Engagement of Older People** concluded that TTS was successful at engaging specific groups.

**Figure 1. Proportions of different types of volunteers in TTS and AB**



The TTS internal monitoring system also monitored certain demographics of all participants and volunteers of any age involved in any TTS project between 2015-2020. In the period 2015-2017, providing demographic information was required but not compulsory and many Delivery Partners did not record this information fully, but it became compulsory to collect demographic details for the period 2018-2020. Between April 2015 and September 2020, **TTS exceeded all targets it had set to recruit specific demographics**, despite there being six months of the programme remaining, and six months of project delivery time was affected by the COVID-19 pandemic, which led to many activities being paused or adapted (see Table 2).



**Table 2. Demographic details of older adults recruited to the TTS programme for the period of April 2015 to October 2020**

Characteristic	TTS Targets (March 2021)	CMF evaluation questionnaire (Oct 2015-February 2020)	Internal Monitoring (April 2015-September 2020)
Men	2,000	667	3683
LGBT+ older people	250	46	487
Black, Asian and Minority Ethnic (Total)	600	487	2,565
White (Irish, traveller, other)		92	346
Black		87	637
Asian		289	1,374
Mixed-ethnicity		9	50
Other ethnic group		10	158

TTS also collected information on the numbers of older people who had sensory impairments, had a learning disability or had physical impairments (see Table 3).

**Table 3. Details of health or physical conditions of older adults recruited to the TTS programme**

Characteristic	Data collected from	TTS Targets	Internal Monitoring (Before October 2020)
Sensory impairment	April 2018	N/A	268
Learning disabled	April 2015	100	211
Physical impairment	April 2015	N/A	573

## 2.2. Was TTS successful at reaching older adults currently experiencing loneliness or social isolation?

**Report 6: Participation and Engagement of Older People** concluded that TTS had some success in reaching isolated and lonely older people, basing the findings of the responses to the CMF evaluation questionnaire<sup>8</sup>. When considering respondents who completed the questionnaire at baseline (before participating in TTS), 55% of TTS respondents and 51% of AB respondents scored as lonely (a score of 6 or above) on the UCLA loneliness measure<sup>9</sup>. A third of TTS respondents (35%) reported speaking to local people daily, whereas in the general population 63% of people aged over 50 years in the UK have this level of contact with local people (Office for National Statistics, 2011)<sup>10</sup>. Higher proportions of TTS respondents reported being unlikely to take part in social activities compared to other people their age (50%), when compared to the UK population for people aged over 50 years (TNS Omnibus, 2016). This suggests that upon entering the programme, TTS respondents were more socially isolated than other people their age in the UK. Considering that reaching lonely people can be difficult, this represents success.

<sup>8</sup> For more details of the CMF evaluation questionnaire and the methods used to support the findings in this report, and the other reports in this suite of evaluation reports, see Report 2 TTS Evaluation Methods.

<sup>9</sup> Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: concurrent and discriminant validity evidence. *Journal of personality and social psychology*, 39(3), 472.

<sup>10</sup> Office for National Statistics (2011) Census: Digitised Boundary Data (England and Wales) [computer file]. UK Data Service Census Support. Downloaded from: <https://borders.ukdataservice.ac.uk/>

## 2.3. Which of the TTS respondents were most at risk of loneliness and/or isolation?

TTS targeted certain demographics of older people which existing research indicated were most at risk of loneliness. Of those older adults responding to the CMF evaluation questionnaire, the same demographic groups were at highest risk of being lonely or isolated as those reported in previous research. These high-risk groups were respondents whose ethnicity was Black, Asian or Minority Ethnic, LGBT+, those living with a long-term disability or illness, those living alone, and people aged 70+. One key difference between the existing literature and the results of the TTS questionnaire was that respondents who were carers did not seem to be any more at risk of loneliness or social isolation than other older adults. **Table 4** shows the indicators of loneliness or social isolation that is associated with each high-risk group.



**Table 4. High risk groups at risk of experiencing different indicators of loneliness and social isolation**

Indicator or isolation and/or loneliness	AB Programme outcomes
Loneliness (UCLA scale)	Black, Asian and Minority Ethnic, LGBT+, people living with a disability or long-term illness, people living alone
Less likely to have regular social contact	Black, Asian and Minority Ethnic, aged 70+
Less contact with family and friends	Men, people living with a disability or long-term illness
Less likely to feel they can participate in social activities as much as other people their age	People living alone, people living with a long-term disability or illness, aged 70+
Not a member of a club or organisation	Black, Asian and Minority Ethnic, people aged 70+, people living with a long-term disability or illness

### Summary

The TTS programme set targets for recruitment of older adults as beneficiaries and volunteers, and many of these targets were met or surpassed despite the impact of COVID-19 on programme delivery. Many of the TTS respondents were lonely or socially isolated or were at risk of being lonely or socially isolated when they engaged with the TTS projects. These outcomes demonstrate successes for TTS and demonstrate that TTS met many of their aims and objectives. The following sections present the potential impact of the intervention typologies that were funded on the engagement of older adults who were lonely or socially isolated, or at risk of being so.

# 03

## Intervention typologies

As explained in **Report 3: Process Evaluation**, TTS commissioned a range of projects to help reduce isolation and loneliness. As part of the broader AB programme, these projects were grouped together into seven categories of intervention typologies (Wigfield et al, 2020; **Table 5** of this report). Of a total of 105 projects which were commissioned by TTS, 92 were categorised in this way.

**Table 5. Categories of intervention typologies**

Typology	Description	Typology categories
<b>Target Group</b>	The target group of older people that each of the projects aims to support. A primary and secondary target group were identified for each project.	<ol style="list-style-type: none"> <li>1. all older people</li> <li>2. older people at risk of social isolation/loneliness</li> <li>3. older people currently experiencing social isolation/ loneliness</li> <li>4. demographic focus</li> <li>5. living situation</li> <li>6. health focus</li> <li>7. transitions</li> <li>8. distinct groups</li> </ol>
<b>Type of Intervention</b>	The nature of the intervention taking place	<ol style="list-style-type: none"> <li>1. IT intervention</li> <li>2. asset-based community development (ABCD)</li> <li>3. creative activity</li> <li>4. social intervention</li> <li>5. culture change</li> <li>6. information-sharing/building knowledge</li> <li>7. social prescribing</li> <li>8. mental health</li> <li>9. physical health</li> <li>10. transport</li> </ol>
<b>Aim of intervention</b>	The main aim of the project/ intervention, which includes a primary and secondary aim for each project.	<ol style="list-style-type: none"> <li>1. empowering older people to become more involved</li> <li>2. improving mental health</li> <li>3. improving physical health</li> <li>4. learning or improving skills</li> <li>5. promoting a positive image of ageing</li> </ol>
<b>Level of impact</b>	The level at which the project aims to influence change	<ol style="list-style-type: none"> <li>1. individuals</li> <li>2. interpersonal</li> <li>3. community</li> <li>4. organisational</li> <li>5. public policy</li> </ol>
<b>Method of delivery</b>	The way in which the project is delivered.	<ol style="list-style-type: none"> <li>1. face-to-face</li> <li>2. telephone</li> <li>3. internet</li> </ol>
<b>Type of support</b>	The type of support the projects offer	<ol style="list-style-type: none"> <li>1. group</li> <li>2. one-to-one support</li> </ol>
<b>Location of delivery</b>	The type/s of location where the project is delivered.	<ol style="list-style-type: none"> <li>1. business venue</li> <li>2. community venue</li> <li>3. outdoor space</li> <li>4. public transport</li> <li>5. provider's venue</li> <li>6. participant's home</li> </ol>

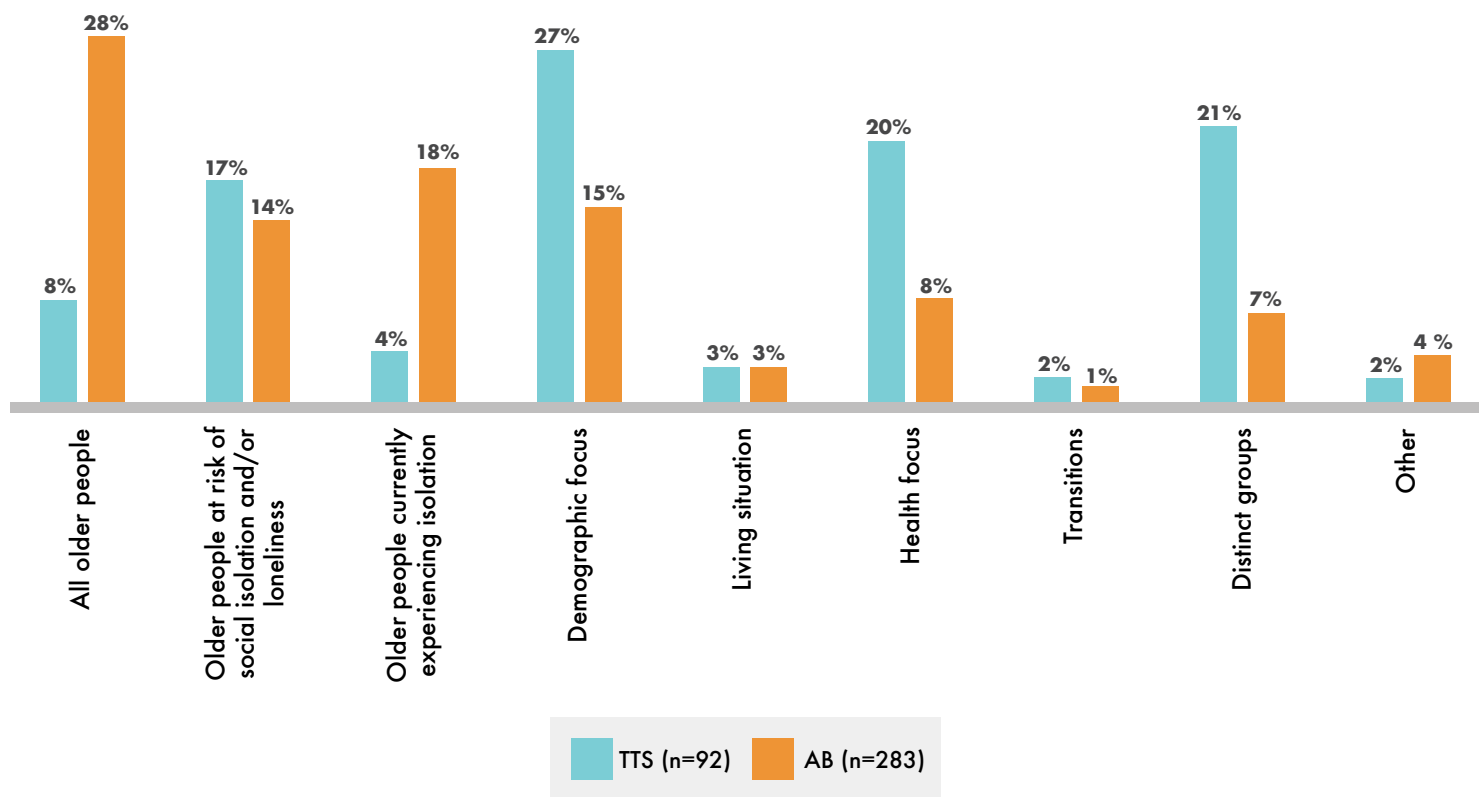


**Target group**

TTS projects used a combination of different strategies for recruiting older people to their projects including an inclusive approach targeting all people aged 50+ and a targeted approach. The targeted approach sought to identify those at most risk of loneliness or isolation and nine high risk target groups were identified. The percentage of TTS and AB projects targeting each of the nine target groups are presented in Figure 2.

Of the 92 projects that were categorised, one third of TTS's projects had a demographic target group. TTS differed to other AB projects that mostly focussed inclusively on targeting all older people, or older people at risk of isolation and loneliness, in a broad preventive delivery model. There were 42 projects that had a demographic target group (44% of the 92 projects). Of these 44%, the most common demographic target group was long term disability of illness (15%), then ethnicity (11%), gender (10%), living alone (7%), and LGBT+ (1%). Of the 92 categorised TTS projects, 18 (20%) targeted transitions, including physical health (5%), redundancy (4%), mental health (4%), becoming a carer (3%) and relocation (2%).

**Figure 2. Proportion of TTS and AB projects by primary target group**



**Note.** Some projects used more than one type of intervention

One way of recruiting older people is to commission a range of projects to work inclusively with all people aged over 50, whether they identified as lonely or isolated, or not. This involved funding projects where reducing loneliness did not appear to be the primary focus, such as woodwork groups or a walking group. This was for several reasons. First, the experience of being isolated and/or lonely can be something that older people feel ashamed of, and so removing the focus on these terms may encourage people who may have been resistant to identify as 'lonely' to engage. Second, people may not realise they are lonely or isolated, and so by removing the focus on these terms, a wide range of people may be reached who may not have thought the group applied to them if 'lonely' was in the title. Third, TTS were operating within a preventive approach, so even if an older person was well connected, attending the group was another means to expand their social networks and prevent loneliness in the future. This is explored further in [Report 5: Motivations and Barriers for beneficiary engagement](#).

### Mini Case Study 1

The Supporting Wellbeing project (later renamed SWIFT)

The typology of the Supporting Wellbeing project was:

<b>Target Group</b>	Health Focus
<b>Type of intervention</b>	Social Prescribing
<b>Aim of intervention</b>	Empowering older people to become more involved Improve Physical Health Improve Mental Health
<b>Level of impact</b>	Individuals Interpersonal Community Public Policy
<b>Method</b>	Face to Face Telephone
<b>Type</b>	One to one
<b>Location</b>	Participant's Home Community Venue Provider's Venue Business Venue

The Supporting Wellbeing project offered personalised individual support for older people who are frail or have complex needs. The process normally starts with a home visit by a project worker to establish personalised support with the individual, based on their goals. This support involves long-term engagement, in recognition that confidence to engage in social activities may take time.

The Supporting Wellbeing project is supported by five partners: Age UK; Cross Gates and District Good Neighbours' Scheme; Health for All; OPAL; and Bramley Elderly Action. Each project links with stakeholders across Leeds, including integrated teams, GPs, memory support teams, community matrons, Library at Home, local plumbers and welfare specialists. Partners have also made referrals to support emotional and social needs, including bereavement services, befriending schemes, and local Neighbourhood Networks.

### **Holistic support is helping to effectively identify the needs of participants**

Supporting Wellbeing offers the time to develop a rapport, in a setting where participants feel comfortable. For some, this was viewed as essential to ensure the necessary referrals are made:

***'One to one and tailored, is the key thing, you are visiting people in their home, it is that personal space, so you get to see the bigger picture, people are more willing to open up and talk about their lives and struggles.'***

### **An integrated approach is developing**

Key to the success of the Supporting Wellbeing project was the range of relationships being developed and nurtured across the city, including identifying those with complex needs (initial referrals) and ensuring the wellbeing of participants is improved through identifying the right follow-on support. This relationship led to more referrals in both directions. An integrated pathway, particularly for people with complex needs, was ultimately necessary to tackle social isolation and loneliness:

***'When [the participant's] health issues are addressed, we are in a better position to start thinking about social inclusion.'***

More details of the Supporting Wellbeing project can be found in the full **case study**.



TTS's **inclusive approach** was also combined with a targeted, evidence-informed strategy to fund projects that reached groups of older people who were most at risk of loneliness and isolation. Whilst isolation and loneliness can affect anyone at any time, there is evidence that certain groups are more at risk. The Fulfilling Lives: Ageing Better programme had outlined several priority areas based on the evidence and these were; people aged over 75, Black, Asian and Minority Ethnic groups, people who live alone, people reporting long term limiting illness or disability, LGBT+, and people providing informal care or carers. Another risk for increasing the experience of isolation and loneliness occurs during life transitions, such as bereavement, retirement, becoming a carer, becoming mentally or physically unwell, relocation, divorce/separation or indeed several of these happening at the same time. TTS therefore focussed on these at-risk groups and set targets to recruit certain demographics to maintain this focus.

TTS also focussed on groups who were known to be experiencing social isolation and/or loneliness. They did this in two ways. Firstly, through working with organisations which had identified relevant people and could be signposted or forwarded to engage with a project. Secondly, with Delivery Partners that were actively working with people they knew were lonely/and or isolated.

### **Type of interventions**

TTS commissioned a wide range of types of interventions to reduce isolation and loneliness amongst older people. The types of interventions were grouped into ten categories (see **Table 5**) with descriptions and examples of each of these ten categories presented in **Table 6**.



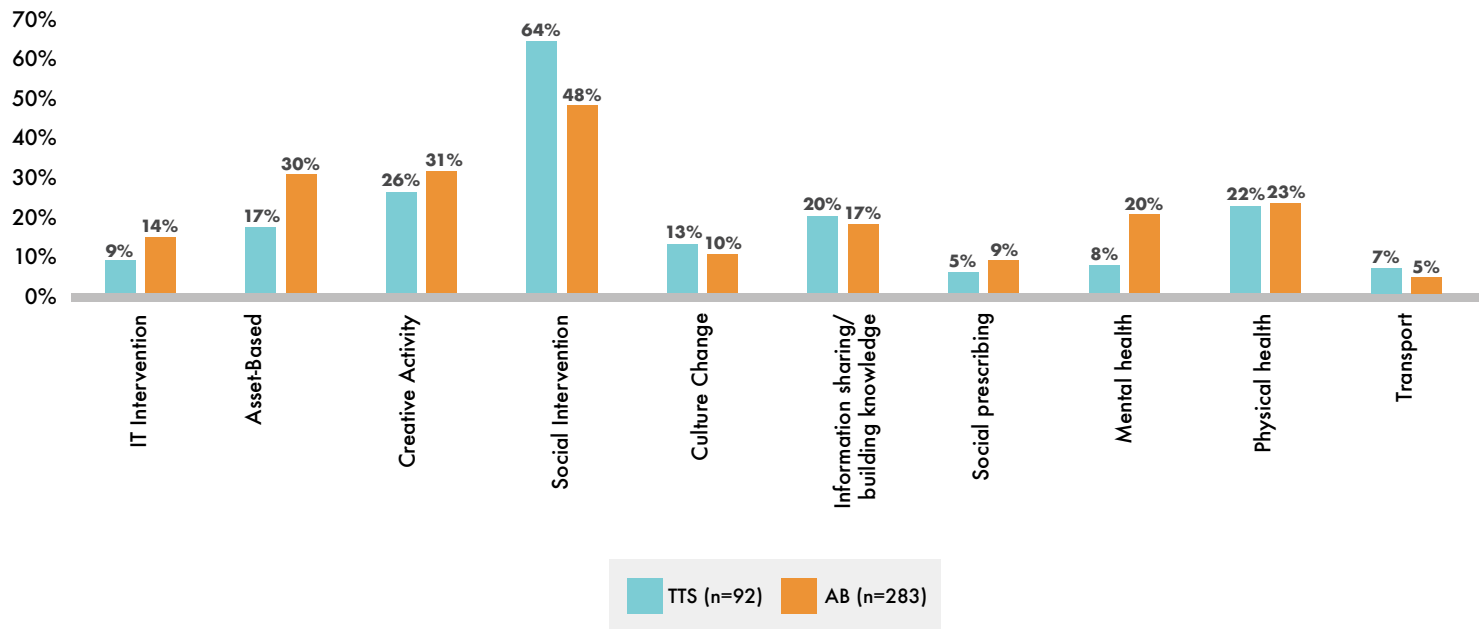
**Table 6. Type of interventions funded by Time to Shine**

Intervention type	Description	Examples
<b>IT Interventions</b>	Any project that aims to upskill IT or uses IT	Digital Angels, Find My Voice Leeds,
<b>Asset Based Community Development (ABDC)</b>	A community development project that brings together community members to create change locally	Street Links, More than a Mealtime: Time Together!, Leeds Community Connect
<b>Creative Activity</b>	Projects that bring people together for creative activity	The Great Outdoors, The Togetherness Project, Young at Arts
<b>Social intervention</b>	Projects that bring people together either in one-to-ones or groups to increase social contact	Sunshine in Leeds, South and East Leeds Friends (SELF), Late Breakfast Club
<b>Culture change campaigns</b>	Project that campaign to change culture, such as reducing ageist attitudes or making age friendly spaces	Sage, TTS Friendly Communities
<b>Information sharing or knowledge building</b>	A project where people learn new skills or knowledge	Time to Shine Local Evaluation, Pass it On, Life, loss, learning and legacy, TTS Learning Facilitation
<b>Social prescribing</b>	A project that aims to connect people to projects in their local communities	MHA community support project, Supporting Wellbeing
<b>Mental health intervention</b>	A project with a mental health focus	The Social Club, In Mature Company, South and East Leeds Friends (SELF)
<b>Physical health intervention</b>	A project with a physical health focus	Walking with Confidence, That Friday Feeling Goes Gardening, Get Moving Leeds
<b>Transport</b>	A project that aims to increase transport options or accessibility, thereby making it easier for people to get out.	Fair Ride Car Club, Get There Your Way, Minibus Development Project

**Note.** Some projects used more than one type of intervention

The proportions of each type of intervention, which were categorised in the typologies framework, funded by the TTS programme (92 projects) and the whole AB programme (283 projects) are presented in **Figure 3**. The most common type of intervention funded was social intervention for both TTS (64%) and AB (48%).

**Figure 3. Proportions of different types of interventions commissioned by TTS and AB**



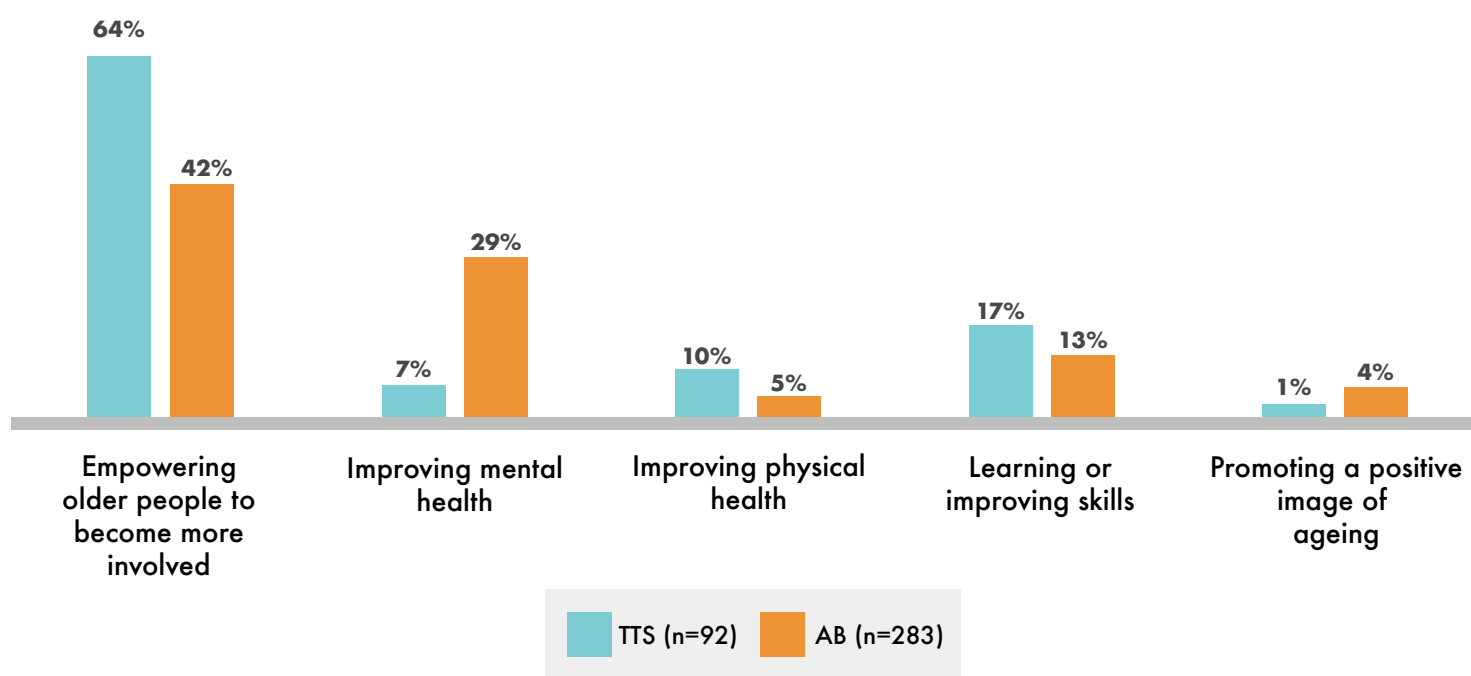
**Note.** Some projects used more than one type of intervention

### Aims of interventions

The range of interventions commissioned by TTS and AB were also categorised by their primary aim, with five distinct aims identified (see **Table 5**). The proportion of TTS and AB projects with each of the five types of primary aim is presented in **Figure 4**. The most common primary aim of intervention was empowering older people for both TTS (64%) and AB (42%). The large proportion of TTS projects with this primary aim fits with the overarching aim of the TTS programme to leave a legacy of people who are more confident and active in their communities. Other AB projects had a far larger focus on improving mental health (29%) compared to TTS (7%), and TTS had double the proportion of projects focussing on physical health (10%) compared to AB (5%).



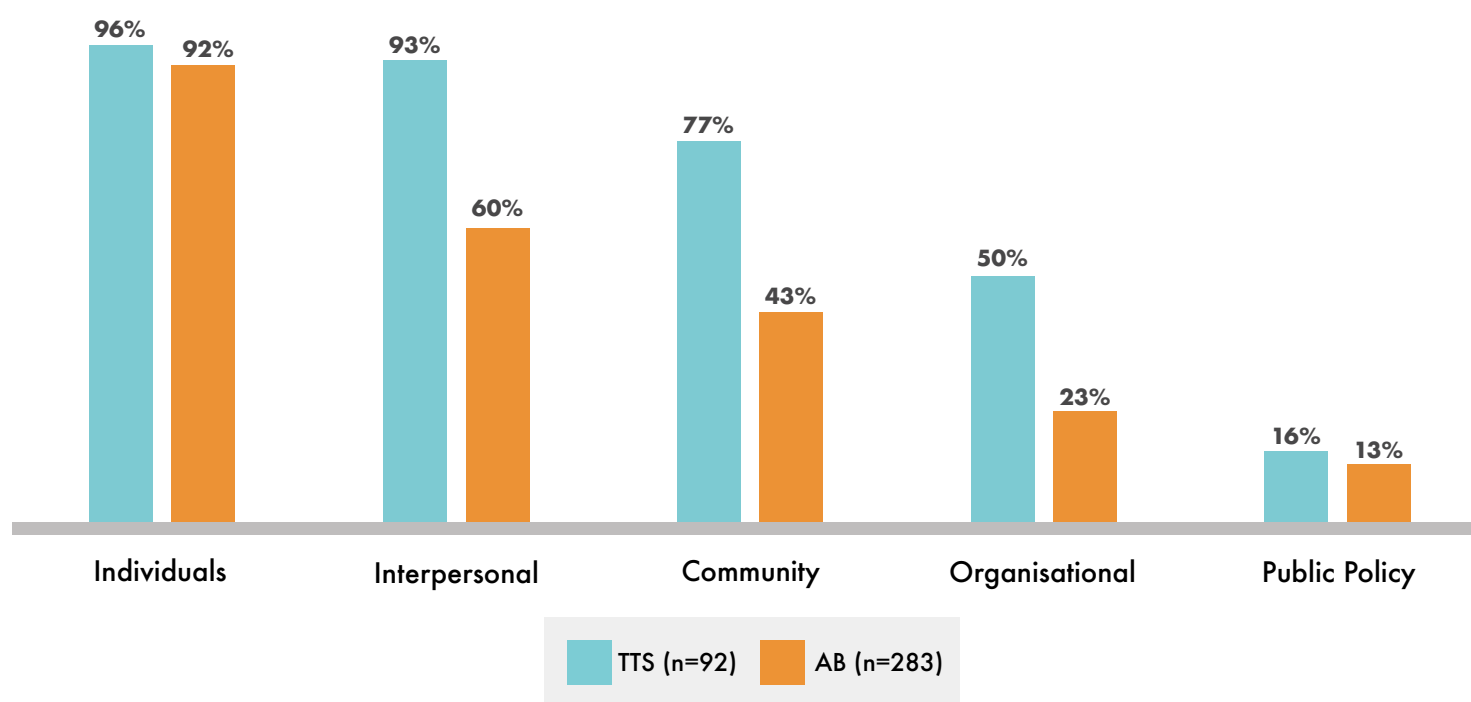
**Figure 4. Proportions of projects with different primary aims commissioned by TTS and AB**



### Level of impact

The interventions commissioned by TTS were categorised into five levels of society that the intervention could impact on (see [Table 5](#)). The proportion of TTS and AB projects with different potential levels of impact is presented in [Figure 5](#). Nearly all TTS projects focussed on both individual level and interpersonal level goals. In addition, over three quarters of TTS projects focussed on community level impacts and half aimed to have an impact on organisational goals. 16% of projects also tried to influence public policy.

**Figure 5. Proportions of TTS and AB funded interventions by level of impact**



**Note.** Each of the projects could choose multiple levels of impact

## Method of delivery

People have different preferences for the way they want to participate in projects and both TTS and AB commissioned interventions that used four different methods (see **Table 5**). Almost all projects were delivered face-to-face by TTS (99%) and AB (96%), which is unsurprising given that the aims of TTS and AB overall were to reduce social isolation. Some projects were also delivered by telephone by TTS (11%) and AB (21%) and others were delivered on the internet by TTS (8%) and AB (14%). A small proportion of projects were delivered in other unspecified modes of delivery by TTS (2%) and AB (1%).

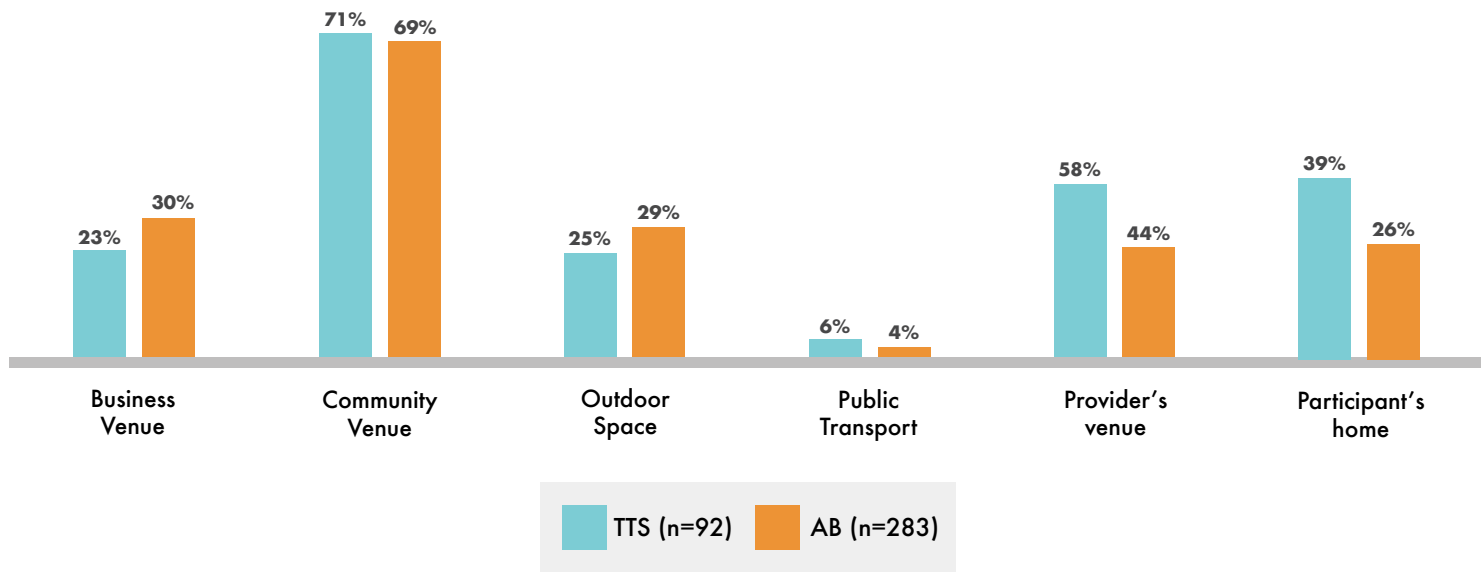
## Type of support

TTS and AB commissioned projects offering three different types of support (see **Table 5**). An advantage of group support is that it is cost-effective as it can reach many people at the same time whilst simultaneously supporting people to develop a diverse range of social contacts. Whereas one-to-one support may be preferred by people who do not enjoy group environments, or who cannot, or do not want, to leave their home to attend physical groups. The majority of projects commissioned by TTS (78%) and AB (74%) constituted group support, fewer used one-to-one support TTS (42%) and AB (49%) and a minority of other types of support were offered TTS (8%) and AB (8%).

## Location of delivery

Projects used six locations to deliver interventions (see **Table 5**) and the proportions of TTS and AB projects taking place in each location of delivery is presented in **Figure 6**. The majority of TTS (71%) and AB (69%) projects took place either in a community venue, such as a café, or at the provider's venue. TTS (39%) commissioned more projects that took place in people's homes when compared to AB (26%).

Figure 6. Proportions of TTS and AB projects delivered at different venues



**Note.** Projects could select multiple venues

<sup>10</sup> The COVID-19 pandemic in March 2020 halted most face-to-face delivery of projects, with many projects changing to different socially distanced delivery methods. The impact of the COVID-19 pandemic on TTS is explored more fully in Report 8: COVID-19 impact on the TTS programme.





## Mini Case Study 2

Cara - Connecting older people of Irish heritage

The typology of Cara was:

<b>Target Group</b>	Demographic focus
<b>Type of intervention</b>	Asset based Social intervention
<b>Aim of intervention</b>	Empowering older people to become more involved Improving physical/Improving skills
<b>Level of impact</b>	Individual/Interpersonal/Community
<b>Method</b>	Face-to-face
<b>Type</b>	One-to-one/Group
<b>Location</b>	Business venue Community venue Participant's home

Cara provided support at the individual level through a volunteer befriending service, and at a community level aimed to engage a range of organisations and venues across Leeds to provide activities and events aimed at older Irish people. The project also targeted recruitment and engagement of older Irish Men, and aimed to offer project activities to meet the needs and interests of this group.

The befriending service sought to engage people who may need support to build confidence to re-engage, both with people they may already know and have lost touch with, and with their local communities as a whole. Early descriptive evidence gathered through CMF evaluation questionnaires indicated that beneficiaries of Cara may have been experiencing higher levels of isolation and loneliness than all TTS respondents. For these highly isolated individuals the main motivation for getting involved with Cara was because of the availability of the befriending service:

“It is really difficult to get through to somebody but you have to keep trying... You have to get to know them, and know what will be suitable for them, take it from there; it is a slow process”

(Cara Befriending Volunteer)

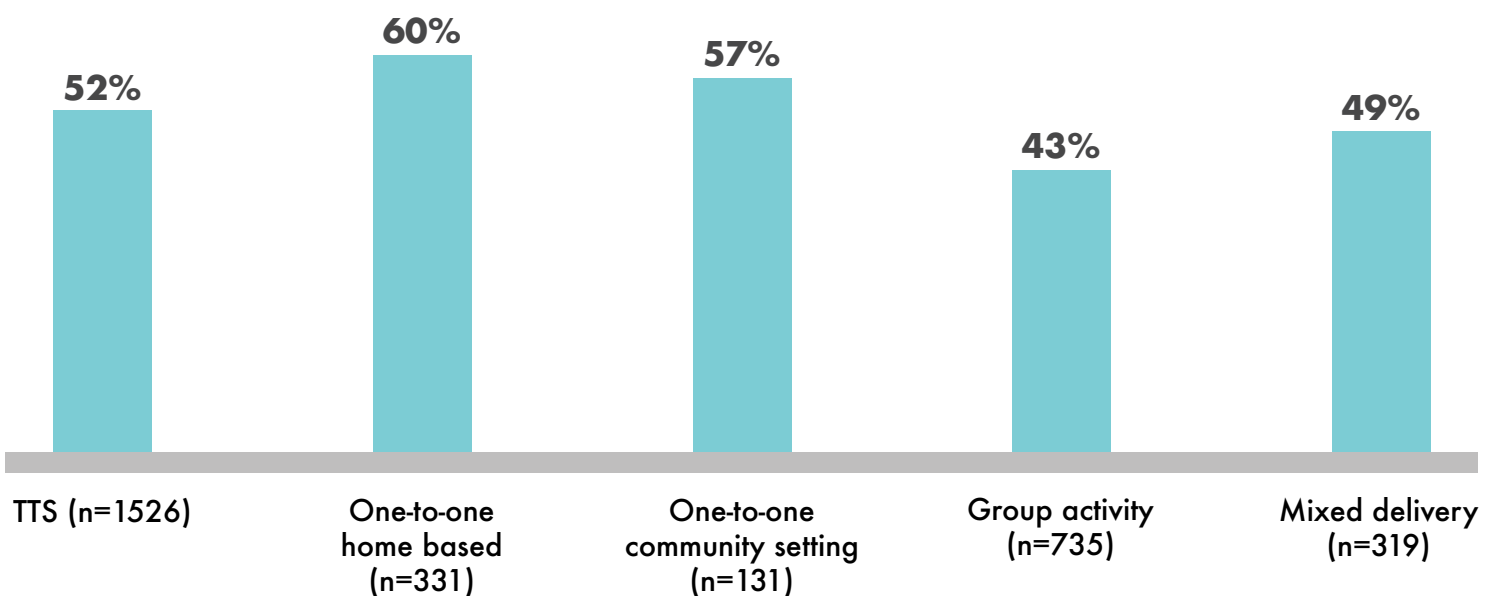
Cara worked with a range of organisations and venues e.g. Neighbourhood Networks, to deliver activities for older Irish people. These organisations and venues were often already serving the target group. In a similar way services such as GPs and libraries that were already accessed by older Irish people were made use of to promote the Cara project. More details of the Cara project can be found in the full [case study](#).

### 3.2. Impact of the TTS intervention typologies on engaging older people who were lonely and/or isolated, or at risk of becoming so

#### Methods and location of delivery

We tested to see if different methods of delivering interventions i.e. one-to-one or group, and locations of delivery i.e. home or community setting, were more likely to engage beneficiaries with higher levels of loneliness. The percentages of CMF evaluation questionnaire respondents who were lonely at baseline and attended projects delivered using different methods and locations is presented in [Figure 7](#). There was a statistically significant difference between project delivery method and percentage of respondents who were lonely, with a medium effect size. Respondents who experienced loneliness at baseline were more likely to be involved in projects that were delivered one-to-one, either at home or in the community, and least likely to be involved in projects that were a group activity. This may be explained as those experiencing isolation and loneliness are less able to engage in groups, due to a lack of confidence, disability or illness.

**Figure 7. Respondents at baseline who scored as lonely (6 or above) on the UCLA loneliness scale; comparison across method of project delivery**

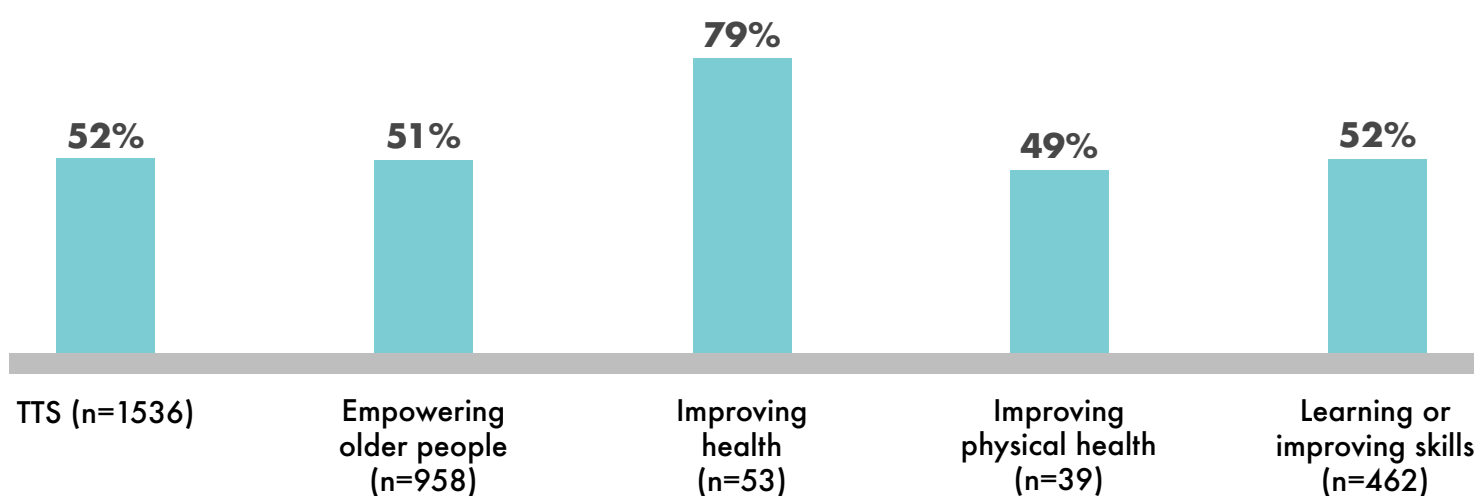


**Note.** Chi Square (4) = 35.99  $p < 0.001$ , Medium effect size, Cramer's V = 0.15,  $p < 0.001$ ; n = number of TTS respondents.

## Project primary aim

We tested to see if the different aims of projects, for example, improving mental health or empowering older people, were more successful at engaging beneficiaries with higher levels of loneliness. The percentages of respondents who were lonely at baseline who attended projects with different aims are presented in **Figure 8**. There was a statistically significant difference between project primary aim and percentage of respondents who were lonely, with a small effect size. Projects that engaged beneficiaries with a primary goal of improving their mental health recruited a far higher proportion of respondents who were experiencing loneliness. There were only small differences between other projects.

**Figure 8. Respondents at baseline who scored as lonely (6 or above) on the UCLA loneliness scale; comparison across primary project aims**



**Note.** Chi Square (3) = 16.45,  $p < 0.001$ ; Small effect size, Cramer's  $V = 0.10$ ,  $p < 0.001$

## Summary

TTS used a range of different approaches to appeal to, and engage with, a diverse community of people aged 50+ living in Leeds, who had different preferences and needs. The method and location of delivery and the primary aim of the intervention all significantly affected the proportions of lonely older adults who engaged with the project. Specifically, the most successful projects at recruiting the most lonely people were those that had a primary aim of improving mental health, and were delivered one-to-one, either at home or in the community. A limitation of this evaluation is that it can only report on patterns in the data and it does not give definitive evidence as to whether an approach works better than others to reduce loneliness and social isolation<sup>12</sup>.

<sup>12</sup> Analyses were carried out to assess whether any of the project typologies discussed in this report impacted on respondent's changes to loneliness, social isolation or wellbeing. There were limitations in the data, in particular very small sample sizes when the whole group of respondents is split into smaller groups for comparison. In addition to these limitations there was no indication that project typologies had any impact on outcomes for respondents. As such this was not analysed further.



# 04

## Conclusion

This report has categorised the TTS projects based on the intervention typologies and evaluated the impact that intervention typology had on engagement of lonely older adults. TTS funded 105 projects, 92 of which were categorised by their intervention typologies based on the projects: target group, type and aim of the intervention, method and location of delivery, the type of support, and the level of impact the project intended to have. This variety in the projects was to ensure that the projects had broad appeal to engage a diverse community of people aged 50+ living in Leeds. The evidence presented here demonstrates that aspects of the method and location of delivery and the primary aim of the intervention all had significant effects on the success of a project to engage older adults who were lonely. Specifically, the most successful projects at engaging lonely and isolated people were those that had a primary aim of improving mental health and were delivered one-to-one, either at home or in the community.

# 05

## Related Reports

The final evaluation for the Time to Shine programme has been presented as a series of final reports.

**Report 1:** Executive Summary of Time to Shine

**Report 2:** Time to Shine Evaluation Methods

**Report 3:** Process Evaluation

**Report 4:** Intervention typologies

**Report 5:** Motivations and Barriers for beneficiary engagement

**Report 6:** Participation, engagement and outcomes for older people

**Report 7:** The impact of Time to Shine on project beneficiaries

**Report 8:** COVID-19 impact on the TTS programme

**Report 9:** Legacy, systems change and sustainability

**Report 10:** Test and Learn: Understanding the experiences and challenges of frontline organisations



**Leeds  
Older  
People's  
Forum**



The  
University  
Of  
Sheffield.

**Time to  
Shine**



 **COMMUNITY  
FUND**