Report 6
TIME TO SHINE LOCAL EVALUATION

PARTICIPATION, ENGAGEMENT AND OUTCOMES FOR OLDER PEOPLE

Produced for Leeds Older People's Forum

PREPARED BY:
Dr Anna Leyland
Dr Ruth Naughton-Doe
Dr Andrea Wigfield
Dr Charlene Martin

The Centre for Loneliness Studies
The University of Sheffield

June 2022

Leeds Older People's Forum

The University Of Sheffield.

Time to Shine

COMMUNITY FUND

Contents

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.

01 Introduction - About Time to Shine

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[1]. TTS was funded by the National Lottery Community Fund as part of the Fulfilling Lives: Ageing Better programme (AB)[2], 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[3]. 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[4]. An overview of the ten reports is presented in **Report 1 TTS Evaluation Executive Summary.** This report is **Report 6** 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[5]. 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.

[1] 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.
[2] For more details see https://www.ageing-better.org.uk/blogs/ageing-better-big-lottery-fund-story-so-far
[3] Details of all TTS projects can be found at **www.opforum.org.uk/projects-and-campaigns/time-to-shine/time-to-shine-projects**
[4] For more details see https://www.sheffield.ac.uk/socstudies/research/centres-and-networks/centre-loneliness-studies
[5] 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 respondents who engaged with TTS and the changes that occurred as a result of engaging with TTS.

Specifically, this report aims to answer the following questions:

- Who is participating in the TTS projects?
- Has TTS engaged isolated and/or lonely older people and has participation reduced their isolation and loneliness, and improved their wellbeing?

1.2. Evaluation methods

A comprehensive account of the research methods used across the eleven evaluation reports can be found in **Report 2: TTS Evaluation Methods.** This report uses data from the TTS Common Measurement Framework (CMF) evaluation questionnaire, which has been used by all AB partners for the purposes of programme wide evaluation. The questionnaire was completed by all consenting respondents at entry to a project and, where possible, once more approximately six months later. 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.

The findings from the CMF evaluation questionnaire do not fully represent the experiences of all TTS beneficiaries or all TTS funded projects. The strengths and limitations of using the questionnaire as a tool for evaluation is presented in the **Report 2.** Nevertheless, the findings of the CMF evaluation questionnaire give valuable insights into the characteristics and outcomes of TTS respondents.

1.3. Summary of findings

The findings demonstrate that the majority of TTS respondents were lonely before participating in the TTS programme. The respondents also had low levels of social contact and social participation, which indicates that they were socially isolated.

Overall TTS had some successes in engaging high proportions of older adults who were at high risk of experiencing loneliness or social isolation. In particular, TTS was successful in recruiting older people aged 80 years and over, and those living alone.

Overall the findings support that TTS was successful at reducing social isolation and improving wellbeing. There were also demonstrated improvements in loneliness when measured by the UCLA and De Jong Gierveld loneliness measure.

Improvements in loneliness at follow-up may have been particularly supported for those who were lonely at entry, those who lived alone, men and those from Black, Asian and Minority Ethnic groups. There was also some evidence to indicate that TTS may have been successful at preventing further deterioration for loneliness and wellbeing.

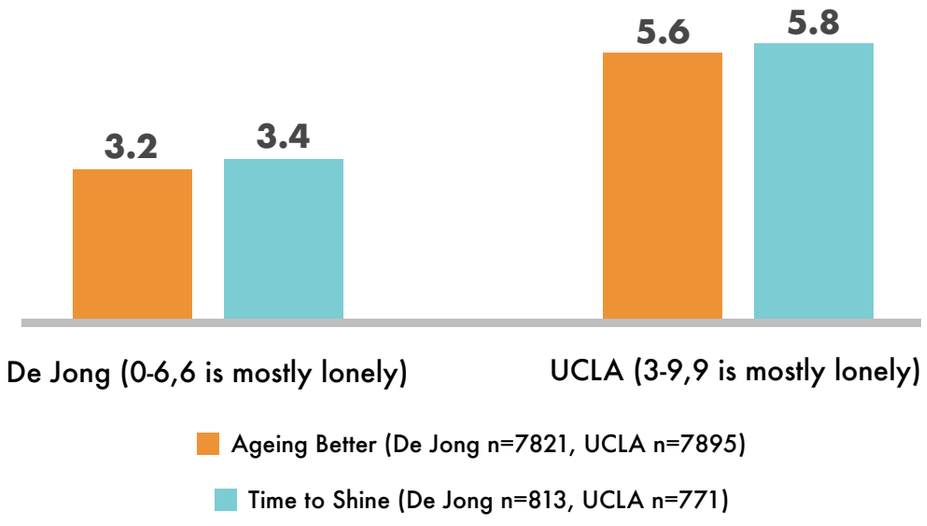
02 Who has engaged in Time to Shine projects?

This section presents data from CMF questionnaire respondents at entry to TTS projects to show who engaged with the programme. AB and TTS aimed to reach older adults who were lonely, socially isolated or experiencing low wellbeing, as well as those groups identified in the wider literature as likely to be more at risk of social isolation and/or loneliness than the general population. This section considers whether TTS has been successful at engaging these groups of older adults.

2.1. Engaging older adults who are lonely and/or socially isolated

Although a TTS programme objective was to reduce social isolation and loneliness among older people, 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 to assess whether TTS has successfully engaged isolated and lonely older people. Where data is available, TTS respondents are compared to those across the AB programme. The majority of TTS respondents at entry (55%) scored as lonely on the UCLA scale (score of 6 or above) 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%). The average scores of TTS and AB respondents for the two measures of loneliness, UCLA and De Jong Gierveld, are presented in **Figure 1.**

Figure 1. Scores on measures of loneliness at entry to TTS and AB (De Jong Gierveld and UCLA)

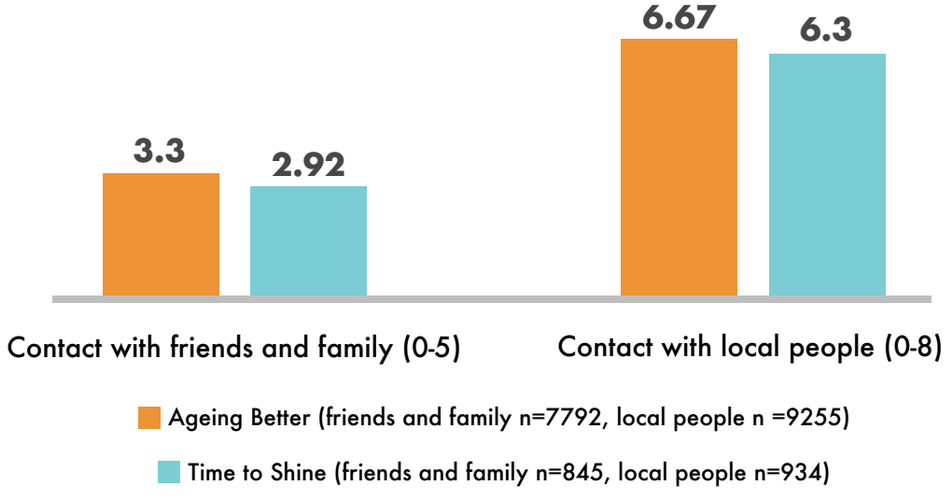


The CMF evaluation questionnaire collects data about social isolation across two sets of measures taken at entry; one measures social contact and the other measures social participation (See **Appendix 1**). These will now be considered in turn to assess respondent's experiences of social isolation.

Social Contact

The average scores for social contact for TTS and AB respondents are presented in **Figure 2**. For both TTS and AB there were low levels of contact with family, friends, and local people.

Figure 2. Scores for measures of social contact at entry in TTS and AB.



Note. *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 speak to local people daily, considerably less than the proportion of people aged over 50 in the UK Census who speak to people daily (63%). TTS respondents were also slightly less likely to speak to people daily than AB respondents (41%).

Social Participation

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 Census (44%) .

2.2. Engaging older adults who are at risk of being lonely or socially isolated

Wider evidence has identified particular high risk groups for experiencing loneliness and social isolation, these groups include Black, Asian and Minority Ethnic groups, Lesbian, Gay, Bisexual and Transgender (LGBT+), Carers, those living alone, participants with a longstanding illness or disability, and those aged 80+. The proportions of TTS respondents who were in these high risk groups and engaged with TTS will now be considered, compared to the proportions of AB respondents and the general population of adults aged over 50 in the UK population[6].

Age of respondents

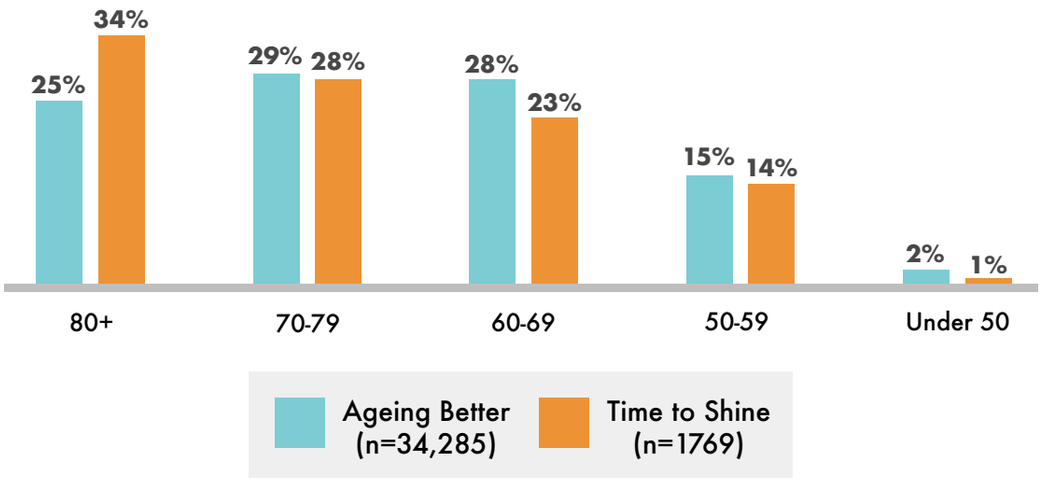
The proportions of respondents in different age brackets (e.g. 50-59 years) for both TTS and AB are reported in **Figure 3**. There were more respondents engaging with the TTS projects aged 80 or over than for AB, which are the age group that are at highest risk of being lonely or socially isolated.

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%), but this is lower than the UK population where males make up 48% of the population.

[6] 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

Figure 3. Proportions of the age groups of respondents for TTS and AB



Ethnicity of respondents

TTS has engaged a larger proportion of respondents from Black, Asian and Minority Ethnic groups (22%) when compared to the UK as a whole for people aged over 50 (10%) but around the same proportion as AB respondents (25%).

Sexuality of respondents

A minority of TTS respondents reported being LGBT+ (3%), which was less than the proportion of AB respondents (5%) but more than the UK over 50 years population as a whole (1%).

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%).

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%). TTS has also engaged a slightly higher proportion of respondents who reported living alone when compared to AB overall (49%).

Respondents living with a 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 slightly higher proportion of people living with a disability or illness when compared to AB as a whole (58%).

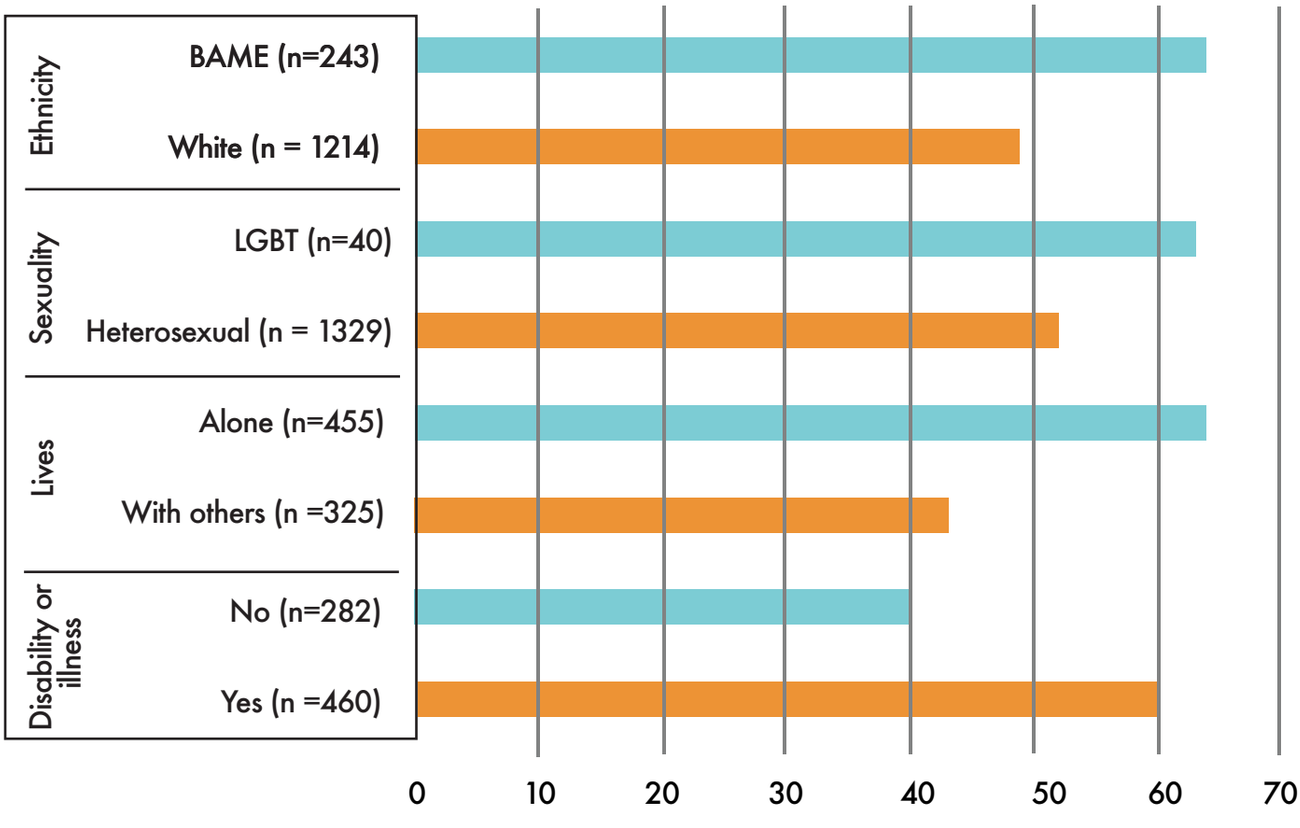
2.3. Characteristics of TTS respondents who were more likely to be lonely or socially isolated

An aim of the TTS programme was to engage groups identified in the wider evidence base as likely to be more at risk of, or currently experiencing, social isolation and/or loneliness than the general population. This section explores whether the same characteristics (e.g. older age, being a carer) were associated with increased risk of being lonely or socially isolated in the TTS respondents.

TTS respondents at risk of loneliness

The proportions of TTS respondents with different characteristics and who reported being lonely at entry to TTS are presented in **Figure 4**. Responses to the UCLA Loneliness scale, show that those groups with significantly higher proportions of lonely respondents (scoring 6 or above) were those people living alone (64%, versus not living alone 43%), people living with a disability or illness (63%, versus those not living with a disability or illness 40%), LGBT+ respondents (63%, versus heterosexual respondents 52%) and Black, Asian and Minority Ethnic groups (64%, versus White British respondents 49%)[7]. These high risk groups that have been identified in wider literature were also at highest risk of loneliness in the TTS respondents.

Figure 4. Respondents in TTS measuring lonely on UCLA scale (6 or above)



[7]Live alone/not live alone, Chi Square = 22.67, p < 0.001, disability or illness/no disability or illness, Chi Square = 27.59, p = 0.001, BAME/White Chi Square = 17.703, p < 0.001

Of the TTS respondents there were no significant differences between loneliness between men (53%) and women (52%) or between carers (53%) and non-carers (54%). Although wider literature has identified carers to be at higher risk of being lonely or socially isolated this was not the case in the TTS respondent sample.

TTS respondents at risk of social isolation

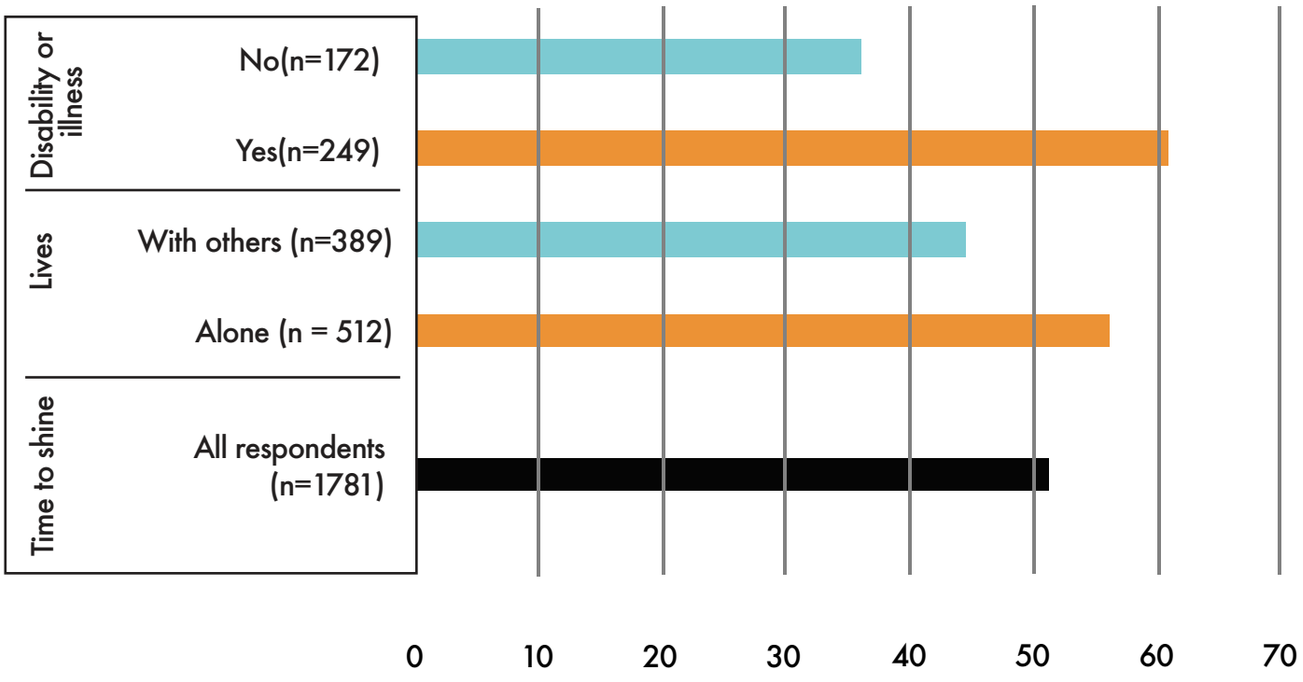
Social isolation was measured in the CMF evaluation questionnaire using a measure of social contact and social participation (see Appendix 1). Overall, 35% of TTS respondents reported having daily contact with a local person and 70% reported speaking to a family member frequently.

There was a significantly smaller proportion of TTS respondents from Black, Asian and Minority Ethnic groups (24%) who reported having regular social contact (i.e. speaking to a local person daily) than White British respondents (39%).[8] Similarly, fewer respondents living with a longstanding disability or illness (30%) reported speaking to someone locally daily when compared to those not living with a disability or illness (40%).[9] Significantly fewer men (66%) were likely to have frequent (i.e. in the last week) social contact with family members and friends compared to women (71%).[10] Furthermore, those respondents with a long standing disability or illness (71%) were less likely to report speaking to a family member or friend in person in the last week when compared to those respondents without a disability or illness (75%). There were no other significant differences in proportions of social contact for any other respondent characteristic. This suggests the TTS respondents at highest risk of social isolation through lack of social contact were men, those with a disability or illness and those from Black, Asian or Ethnic Minority groups.

In most instances the levels of social participation for respondents with different characteristics were not significantly different. Significant differences were reported between those respondents who reported living with a longstanding disability or illness (61%) who reported significantly less social participation (i.e. they are less likely to take part in social activities) compared to those without a disability or illness (35%).[11] Similarly, TTS respondents who live alone (56%) reported significantly less social participation compared to those who live with others (44%)[12]. These proportions are presented in **Figure 5.** There were no other significant differences in proportions of social participation on any other respondent characteristic. 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.

[8] Chi Square = 52.97, $p < 0.001$
[9] Chi Square = 48.22, $p < 0.001$
[10] Chi Square = 6.205, $p = 0.01$
[11] Chi Square = 53.64, $p < 0.001$
[12] Chi Square = 12.98, $p < 0.001$.

Figure 5. 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

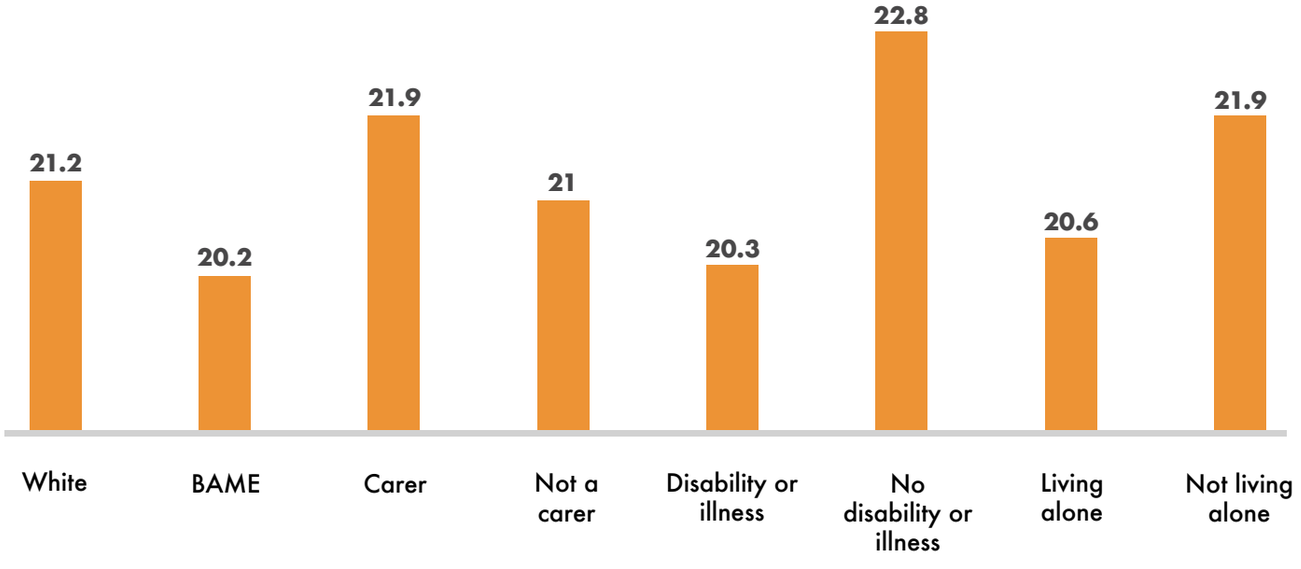


2.4. *Engaging older adults with low wellbeing*

Although the main aim of TTS and AB is to reduce isolation and loneliness among older people, a secondary aim was to improve the overall wellbeing of TTS beneficiaries. This section considers the wellbeing scores of respondents at entry to TTS as measured on the Shortened Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS, see **Appendix 1)**. There was a lower average wellbeing score for TTS respondents (21.1) and AB respondents (21.4) than the population average for people aged over 50 (25.3).

The average scores for wellbeing for different groups of TTS respondents are presented in **Figure 6**. Respondents who were from Black, Asian and Minority Ethnic groups, those living with a disability or illness, and those who live alone had the lowest levels of wellbeing (see **Figure 6)**. There is little difference between male and female respondents. Carers have higher levels of wellbeing than people who are not carers, which is an unexpected finding as carers are widely considered to be more likely to have lower wellbeing.

Figure 6. Wellbeing scores across groups in TTS



Note. *Higher score indicates greater wellbeing, possible range of scores 7-35*

Summary

The findings demonstrate that the majority of TTS respondents were lonely before participating in the TTS programme. The respondents also had low levels of social contact and social participation, which indicates that they were socially isolated. The loneliness and social isolation of TTS respondents was equivalent to the AB respondents, suggesting that TTS was equally effective at engaging older adults who were lonely and/or socially isolated as the AB programme as a whole.

Overall TTS had some successes in engaging higher proportions of older adults who were at high risk of experiencing loneliness or social isolation. In particular, TTS was successful in recruiting older people aged 80 years and over, and those living alone. There were some similarities between the characteristics of the TTS respondents who were at highest risk of being lonely and socially isolated and the high risk groups that have been identified in existing research. In particular the TTS respondents were more likely to be lonely if they lived alone, had a disability or longstanding illness, identified as LGBT+, or were from a Black, Asian or Ethnic Minority group. Similarly, TTS respondents were more likely to be socially isolated if they lived alone, had a disability or longstanding illness, were from Black, Asian or Ethnic Minority groups, or were men. Interestingly there were no differences in the risk of being lonely for carers, although this is something that has been identified as being a risk factor for loneliness in the existing research.

03 Did TTS respondents' loneliness, social isolation and wellbeing improve as a result of engaging with the TTS programme?

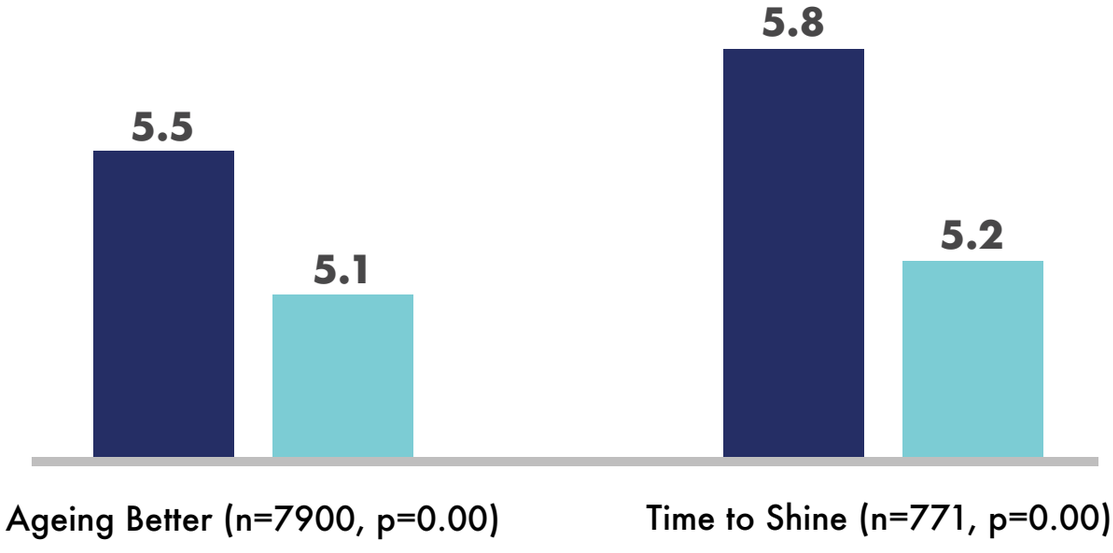
This section reviews whether there were significant changes to measures of loneliness, social isolation and wellbeing between entry to TTS and follow up approximately six months later[13]. Where appropriate, the changes for TTS respondents have been compared to changes for AB respondents as a whole.

3.1. Loneliness

TTS respondents experienced statistically significant reductions in average loneliness scores on the UCLA Scale as a result of participating in the TTS programme, this was also true of the AB respondents. The before and after average scores for loneliness as measured by the UCLA measure of loneliness for both TTS and AB are shown in **Figure 7.**

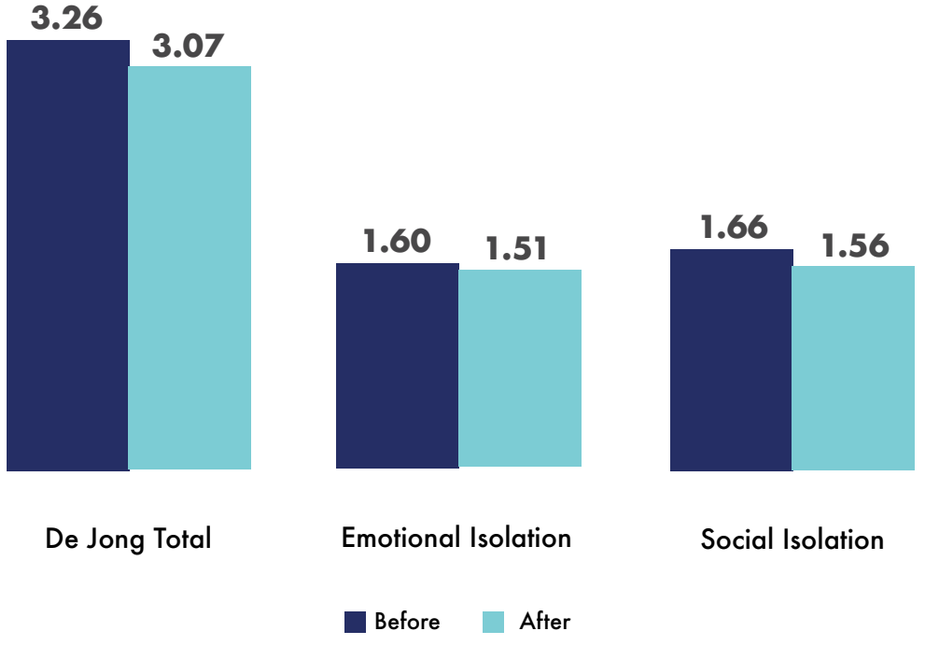
[13] The Wilcoxon signed-ranks test was used to test the statistical significance of changes to mean outcome scores on measures of loneliness, isolation and wellbeing between entry and follow up. All tests were computed by the computer programme SPSS. For full details of the research methods and statistics used to support the findings in this report see the Report 2:TTS Methods.

Figure 7. Average UCLA Loneliness Scores at entry (left bar) and follow up (right bar) in TTS and AB (a reduction in score represents a reduction in loneliness)



There was also a significant positive change experienced by TTS respondents before and after engaging with the TTS programme as measured by the De Jong Gierveld Scale. These significant changes were also apparent for the subscales of the De Jong Gierveld Scale for emotional isolation and social isolation as shown in **Figure 8.**

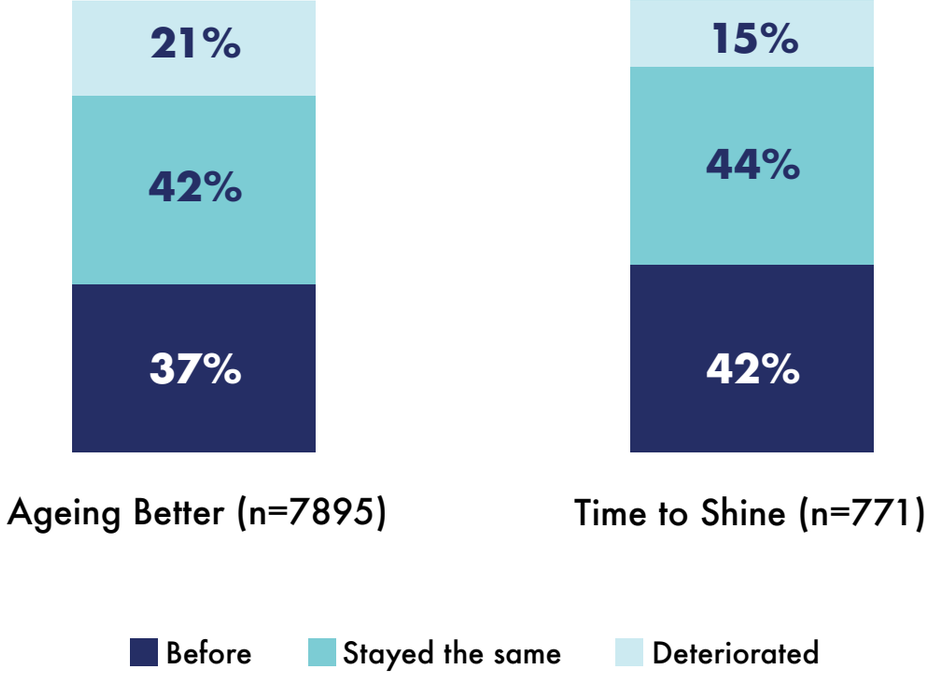
Figure 8. Respondent average scores in loneliness as measured by the De Jong Gierveld Scale and the two subscales of emotional isolation and social isolation.



Note. *Before (N = 1883) after (N = 813) change significant for De Jong Total, Emotional Isolation and Social Isolation p < .001.*

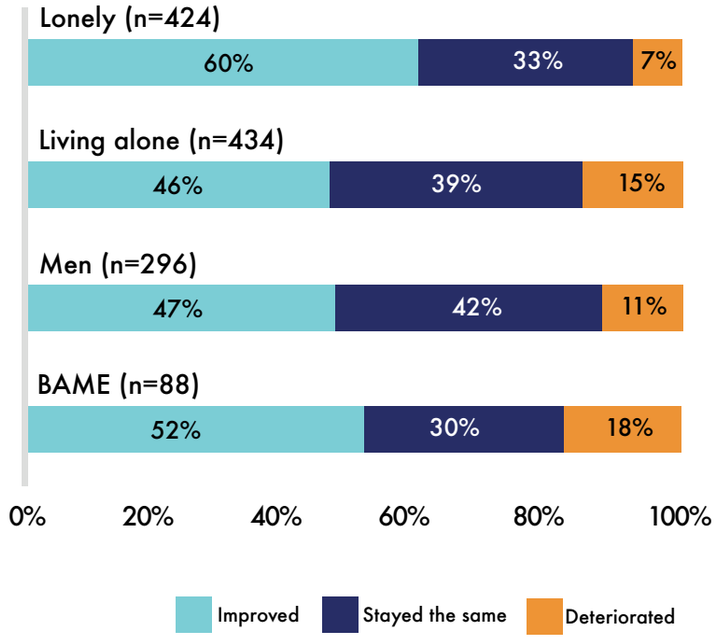
The overall changes to loneliness on the UCLA scale at entry and follow up for TTS and AB respondents is presented in **Figure 9**. Of the TTS respondents, 42% experienced a reduction in loneliness, 44% stayed the same and 15% deteriorated (became more lonely). These proportions were comparable to those found in AB as a whole. If only those respondents who were lonely before engaging with the TTS programme are considered then TTS had 55% of respondents who were lonely and this reduced to 45% of respondents being lonely after six months . This is comparable to AB respondents where 51% were lonely before and 43% were lonely after engaging with the AB programme. This equates to a reduction in 10% of TTS respondents who were lonely and 8% of AB respondents who were lonely.

Figure 9. TTS and AB respondents who improved, stayed the same and deteriorated on a before and after measure of loneliness (UCLA scale)



Some groups of respondents were identified by AB and TTS as being more likely to experience isolation and loneliness when compared to the general population (see **Section 2** of this report). The change in loneliness scores differed across these groups of respondents with some groups experiencing greater reductions to loneliness than others. The proportions of change in loneliness scores for each of these groups is presented in **Figure 10.** 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 respondents from Black, Asian or Ethnic Minority groups (52%). Only 7% of those who were lonely at entry reported being lonelier at follow up.

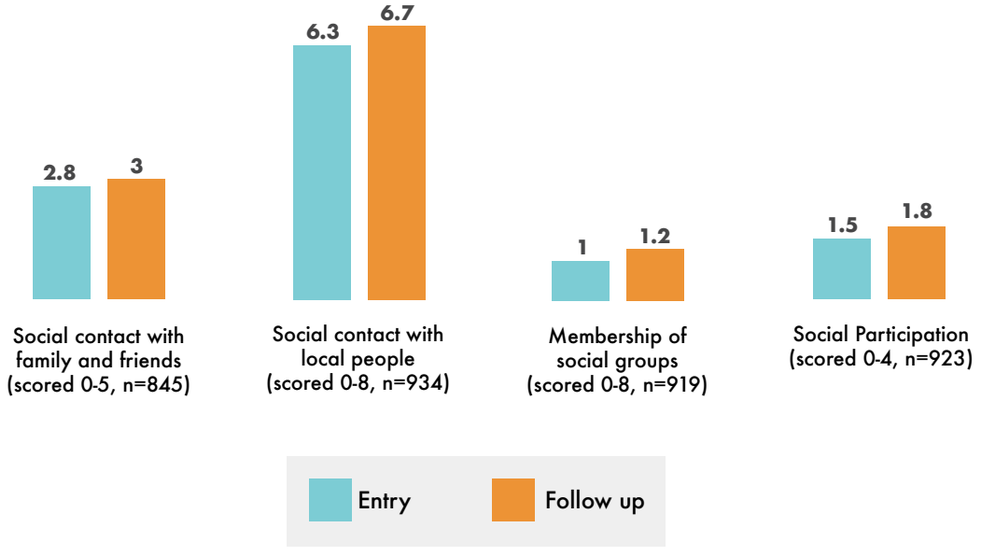
Figure 10. Respondents by groups who experienced the biggest reductions in loneliness in TTS – proportions who improved, stayed the same and deteriorated on a before and after measure of loneliness (UCLA scale)



3.2. Social isolation

Social isolation was assessed at entry and follow up using two sets of measures that recorded social contact and social participation (see **Appendix 1**). Across all four measures of social isolation, TTS respondents experienced a statistically significant reduction in isolation. The scores for entry and follow up on each measure of social isolation are shown in **Figure 11**.

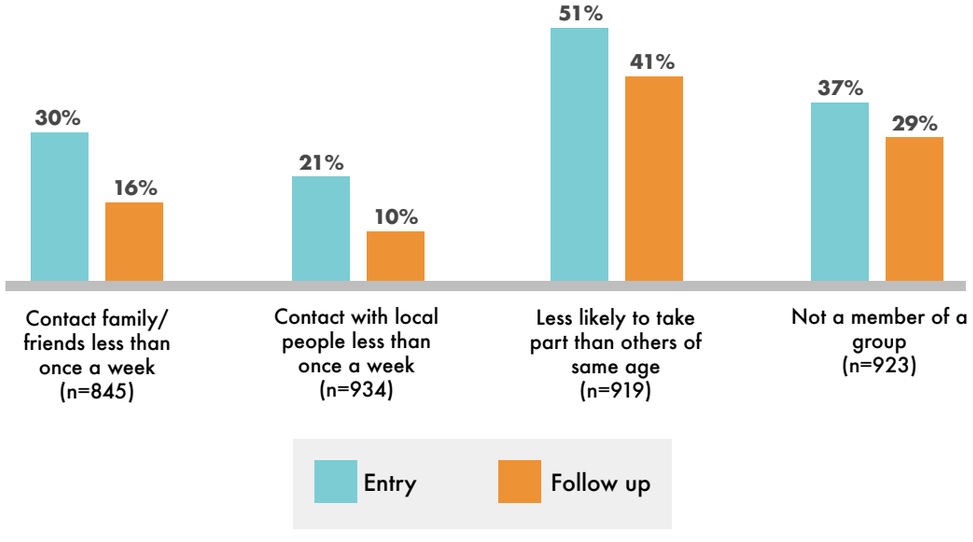
Figure 11. Average scores at entry (left bar) and follow up (right bar) in TTS for measures of social isolation



Note. *An increase in score shows reduced social isolation*

The proportion of TTS respondents who were socially isolated, as indicated by responses to the four measures of social isolation, before and after engaging with the TTS programme are presented in **Figure 12**. These findings indicate that TTS respondents increased social contact at follow up compared to at the start of TTS. For example, the number of TTS respondents who reported being in contact with family friends less than once a week at follow up (16%) 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.

Figure 12. Respondents in TTS reporting social isolation before and after across measures of social contact and social participation

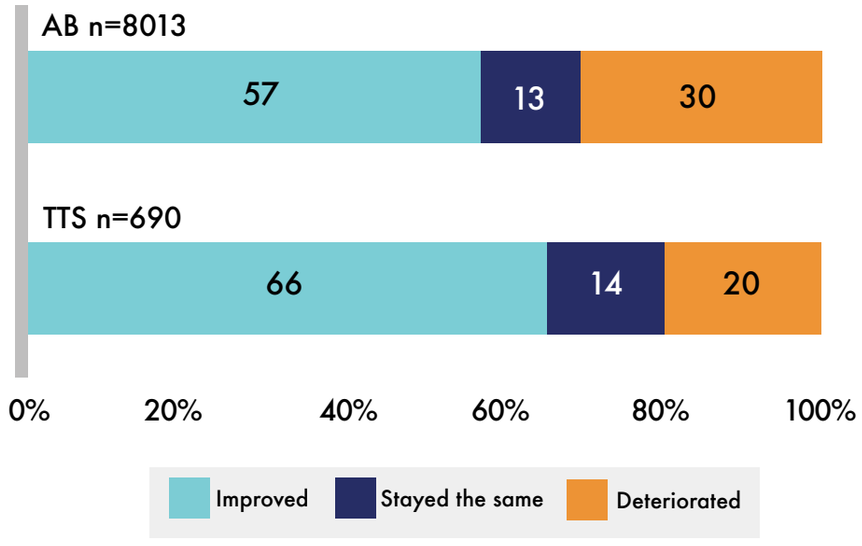


3.3. Wellbeing

TTS respondents experienced statistically significant improvements to average wellbeing from before (Average = 21.1) to after (Average = 22.7) engaging with TTS. This was equivalent to the changes seen by AB as a whole from before (Average = 21.4) to after (Average = 22.8).

The proportions of TTS and AB respondents who experienced changes to their wellbeing before to after participation in the programmes is presented in **Figure 13.** Two thirds of TTS respondents (66%) experienced an improvement to their wellbeing, which was a higher proportion than AB (59%). Similarly, fewer TTS respondents (20%) experienced a deterioration in wellbeing when compared to AB (30%). This shows that TTS has not only improved wellbeing for some participants, but may also have prevented decline to a greater extent than the AB programme as a whole.

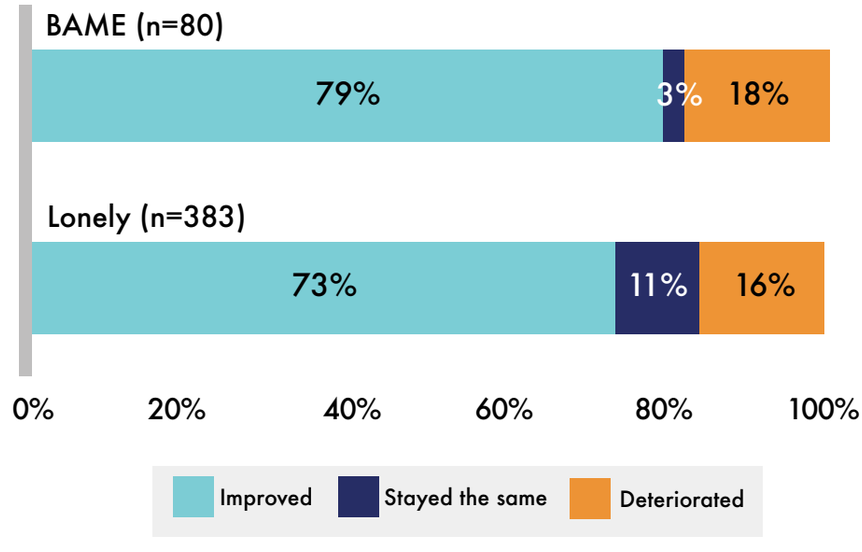
Figure 13. Proportions of respondents in TTS and AB whose wellbeing scores improved, stayed the same or deteriorated between entry and follow up



Note. *Wellbeing was measured using the short version of the Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS).*

There were some groups who experienced greater improvements to wellbeing between entry and follow up, as shown in **Figure 14**. Respondents who scored lonely on the UCLA scale at entry to TTS and respondents from Black, Asian and Minority Ethnic groups showed the greatest improvements in wellbeing. All other groups who were at higher risk of being lonely or socially isolated did not differ in the extent to which their wellbeing changed.

Figure 14. Proportions of TTS respondents who scored as lonely on the UCLA scale and those from Black, Asian or Ethnic Minority groups who experienced an improvement to their wellbeing



Summary

Overall the findings support that TTS was successful at reducing social isolation and improving wellbeing. There were also demonstrated improvements in loneliness when measured by the UCLA and De Jong Gierveld loneliness measures. The UCLA measure of loneliness is advocated by the UK Government in their recent strategy for tackling loneliness as the primary quantitative measure of loneliness[15] .

Improvements in loneliness at follow-up may have been particularly supported for those who were lonely at entry, those who lived alone, men and those from Black, Asian and Minority Ethnic groups. There was also some evidence to indicate that TTS may have been successful at preventing further deterioration for loneliness and wellbeing compared to the outcomes for AB as a whole. The increases in wellbeing were particularly apparent for those who were lonely at entry and those from Black, Asian and Minority Ethnic groups. The most consistent finding was for decreased social isolation across the TTS respondents and that this was supported by both increased social contact and increased social participation.

04 Conclusion

This report has presented key findings about the experiences of the respondents to the CMF evaluation 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 social isolation across all measures between entry and follow up, and an improvement to their wellbeing. There were also indications of improvements to loneliness following engagement with TTS. TTS may have shown particular strengths in engaging higher proportions of older adults who were at high risk of experiencing loneliness or social isolation. In particular, TTS was successful in recruiting older people aged 80 years and over and those living alone. TTS may also have had a protective effect for respondents, preventing further deterioration in loneliness or wellbeing. Furthermore, TTS may have been particularly effective at benefitting particular groups of respondents. There were greater improvements in loneliness for those who were lonely at entry, those who lived alone, men and those from Black, Asian and Minority Ethnic groups. The findings of this report are complimented by **Report 7: The impact of Time to Shine on project beneficiaries**, which uses focus group and interview data to further explore the outcomes for TTS beneficiaries.

[15] DCMS (2018) A connected society: A strategy for tackling loneliness, laying the foundations for change, available online at https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

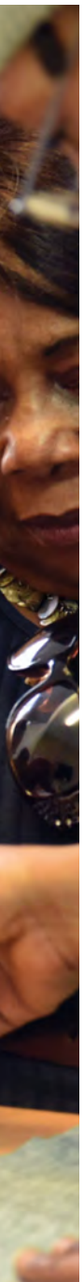
05 Related Reports

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

Appendix 1. . Measures of loneliness, isolation and wellbeing in the CMF Evaluation Questionnaire

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 Wellbeing		
Measure	***Details of questions***	***Significance of responses***
Shortened Warwick Edinburgh Mental Wellbeing Scale	Seven questions measuring wellbeing.	Scale 7-35, where 35 represents the highest wellbeing. An increase in score represents an increase in wellbeing.

Leeds Older People's Forum

The University Of Sheffield.

Time to Shine

COMMUNITY FUND