Ambition for Ageing
Interim Programme Evaluation Report 2019

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May 2019

GMCA GREATER MANCHESTER COMBINED AUTHORITY   COMMUNITY FUND   GMCVO

NB: **Whilst this report is largely for internal use, it may be of interest to those wanting to know the impact of the Ambition for Ageing programme so far.**

Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO and funded by the National Lottery Community Fund, aimed at creating more age friendly places by connecting communities and people through the creation of relationships, development of existing assets and putting older people at the heart of designing the places they live.

Ambition for Ageing is part of Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Ageing Better aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat social isolation and loneliness. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

Contents

Glossary / List of terms

AfA	Ambition for Ageing
GM	Greater Manchester
GMCVO	Greater Manchester Council for Voluntary Organisation
LA	Local Authority
LDLs	Local Delivery Leads
N/n=	Sample size
ONS	Office for National Statistics

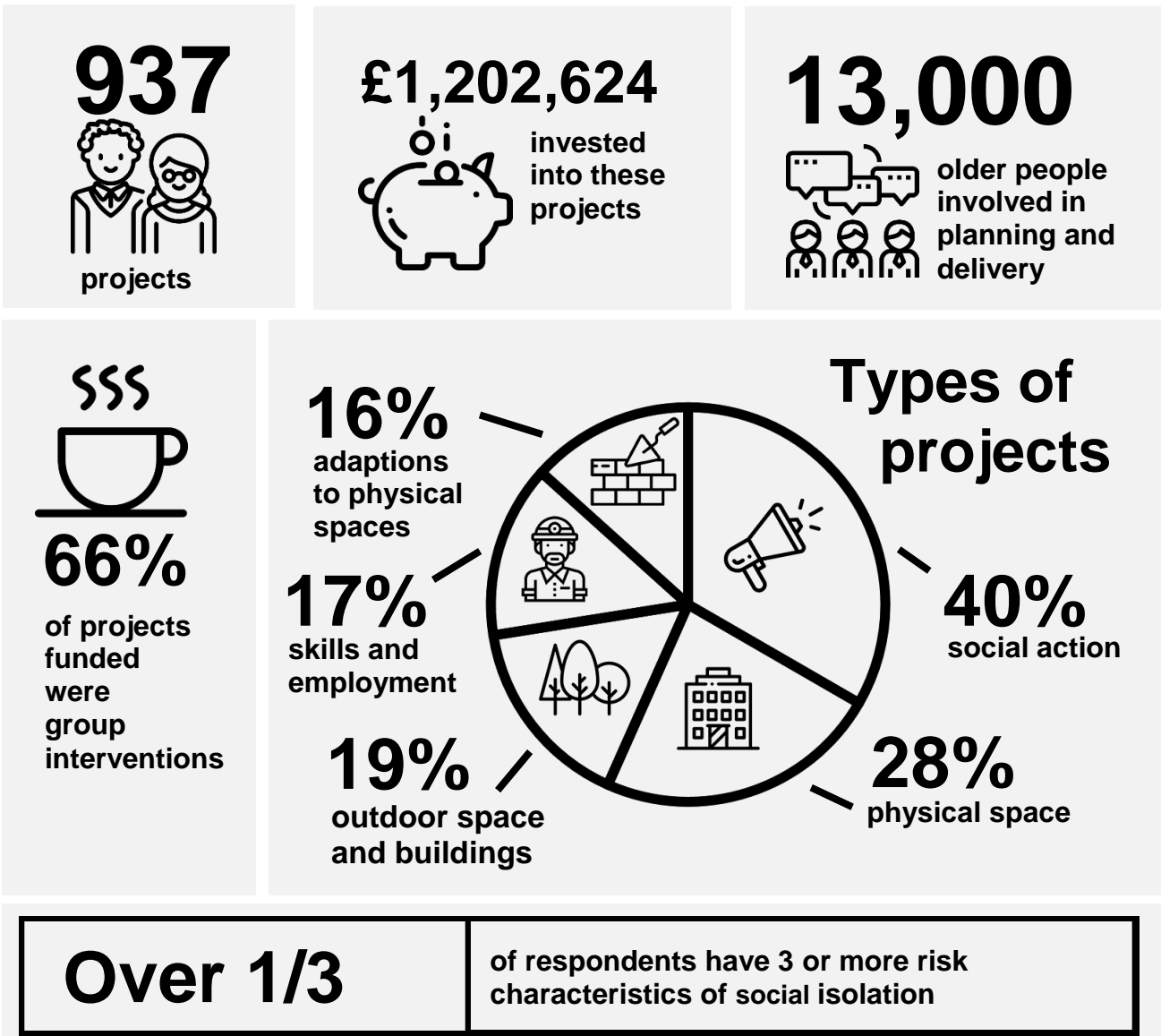AfA Interim Evaluation Report 2019 | Jessica Thorley | May 2019

Executive Summary

The following report seeks to measure the impact Ambition for Ageing has had regarding improving age-friendliness and social connections within our delivery areas.

Ambition for Ageing is a £10.2 million Greater Manchester wide cross-sector partnership aimed at creating more age-friendly places and empowering people to live fulfilling lives as they age. Led by GMCVO, Ambition for Ageing is a 5-year programme delivered by a cross-sector partnership, with contractors leading on the work in 25 neighbourhoods across 8 local authorities in Greater Manchester, in addition to a number of targeted programmes across the city-region.

The data presented in this report and its Executive Summary was collected through participant and volunteer questionnaires, project information anonymous events feedback, case studies, information collected from networking and learning meetings, and semi-formal interviews with project staff.

The following Executive Summary presents the key data from Ambition for Ageing so far and summarises the findings of this report and its recommendations. The full report starts on page 6 of this document.

937 projects

£1,202,624 invested into these projects

13,000 older people involved in planning and delivery

66% of projects funded were group interventions

Types of projects

16% adaptions to physical spaces

17% skills and employment

19% outdoor space and buildings

40% social action

28% physical space

Over 1/3 of respondents have 3 or more risk characteristics of social isolation

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Outcome 1. Wards in which the programme is delivered are more age-friendly

The Ambition for Ageing programme has identified the importance of building and joining up social infrastructure within neighbourhoods, and therefore substantial investment has gone into improvements in this area. Ambition for Ageing's approach of involving older people in the design and delivery of these projects has meant that capital investments can be tailored specifically to local community needs, and where these types of investments are not needed, the programme has been able to develop new relationships and strengthen existing ones within neighbourhoods.

A key success for the programme has been to focus not only on opportunities to connect, but also to facilitate opportunities for older people to contribute and give something back to their communities. The data suggests that older people have valued these opportunities, such as through the GM Older People's Network and local Ambition for Ageing decision-making panels and groups. However, some respondents still felt frustrated that, while Ambition for Ageing had helped provide a channel for them to voice their concerns, they didn't always feel listened to more widely.

There is still work to do to improve the age-friendliness of neighbourhoods in Greater Manchester and on people's understanding of the term 'age-friendly'. Although just over a third of respondents to the participant, volunteer and events questionnaires had improved in one measure of age-friendliness (such as increased civic participation), overall perceptions on whether their neighbourhood is age-friendly for the cohort have not significantly improved..

Outcome 2. Older people in the designated wards have increased and improved social connections

Ambition for Ageing's approach of bringing different groups together through identifying assets already in place has successfully increased local collaboration and supported engagement with the wider community. In particular, activities that brought sections of the community together who wouldn't ordinarily interact have helped to build community cohesion. This type of activity has helped to widen perceptions of who are 'people like me', assisting residents to discover commonalities and make the unfamiliar, familiar.

Older people have been involved in the planning and delivery of projects, with high levels of satisfaction with programme events and activities. Through flexible co-production, older people have been able to design the activities they want to fit their needs, and then receive support to set and up and maintain those activities. The importance of adaptable, innovative and knowledgeable front-line staff to support these activities cannot be understated.

The research so far suggests that the Ambition for Ageing approach may be most successful as a method of preventing social isolation, rather than for supporting those already severely isolated. However it appears that those engaged in the evaluation typically already had a relatively high frequency of social interaction before becoming involved in the programme.

Finally, non-engagement with questionnaires and high levels of missing data has reiterated the importance of qualitative research methods in understanding complex programmes such as this. This is particularly the case for more marginalised and vulnerable individuals and groups, who are least likely to be represented in the questionnaire data, but may be most at risk of social isolation.

Section 1: Introduction

Ambition for Ageing (AfA) is a £10.2 million Greater Manchester wide cross-sector partnership aimed at creating more age-friendly places and empowering people to live fulfilling lives as they age. AfA is part of Ageing Better, a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Ageing Better aims to develop creative ways for older people to be actively involved in their local communities, helping to combat social isolation and loneliness.

Led by GMCVO, AfA is a 5-year programme delivered by a cross-sector partnership, with contractors leading on the work in 25 neighbourhoods across 8 local authorities in Greater Manchester, in addition to a number of targeted programmes across the city-region. Ambition for Ageing's belief is that a series of small changes within our communities will bring large scale success in a practical and sustainable sense that will ultimately help to reduce social isolation.

The programme's vision is to connect communities and people through the creation of relationships. Putting older people at the heart of designing the places they live, AfA facilitates the development of existing assets within communities, allowing older people to direct investments. Using this asset-based approach, all projects funded through the programme must involve older people in the design and/or delivery, and older people must be involved in the deciding which projects receive funding. AfA uses the term 'older people' to refer to people aged 50 and above, recognising that, due to inequalities, individuals experience age-related challenges at very different points in their lives.

The programme's approach is underpinned by three core underlying assumptions:

- Transitions in later life can break social connections, so having the ability and mechanisms to maintain relationships when there are barriers to connection are crucial to prevent social isolation.
- The programme is seeking to prevent isolation, particularly amongst those with precarious connections, rather than reduce the isolation of those most isolated.
- The programme is working in an environment where there is a general decline in high street provision and a retrenchment of public spending

AfA follows a 'test and learn' approach, whereby a variety of bespoke projects and delivery models are trialled, and good practice is shared and replicated across the programme. The programme aims to deliver learning and development, offer research and insight, and generate new approaches to enabling people to age well in their communities.

AfA has a number of core outcomes against which it aims to show progress, consisting of a programme evaluation, strategic evaluation, and process evaluation. The focus of this report is in analysing data collected for the purposes of the 'programme evaluation' component, described in further detail in the next chapter. This report compiles analysis of qualitative and quantitative data collected across the programme between 2016 and December 2018, exploring progress towards specified programme outcomes.

Section 2: Methodology and Data Collection

2.1 Evaluation Approach and Outcomes

GMCA is the evaluator for the AfA programme in GM.

The evaluation takes an approach that looks at the programme as a whole, rather than focusing on the individual projects funded through LDL panels. This is because the principles of proportionality[1] mean that it would require disproportionate resources to conduct in-depth evaluation on each individual funded project.

AfA has a number of core programme outcomes against which it aims to show progress, shown in figure 2.1 below. This report is structured around these outcomes, analysing the evidence available through various means of data collection.
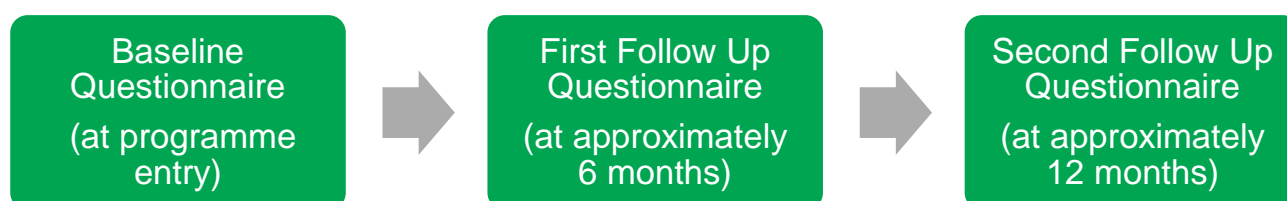
AfA also has specific strategic outcomes. These fall outside of the remit of this report, and will be explored in future work.

Figure 2.1: Ambition for Ageing Programme Evaluation Outcomes	
Outcome	**Indicators**
Wards in which the programme is delivered are more age-friendly	The majority of older people in GM engaged by the programme will identify their neighbourhood as age-friendly.
	The infrastructure conducive to an age-friendly neighbourhood has increased.
	The majority of older people in GM engaged by the programme will show an improvement in self-perception of how socially connected they are.
Older people in the designated wards have increased and improved social connections	In areas supported by the project, more older people will undertake activities of interest.
	In areas supported by the project, the capacity of communities will increase, providing a greater range of choices for older people.

2.2 Data Collection

Contractors, such as the Local Delivery Leads (LDLs), are required to collect key data from people engaging with Ambition for Ageing through participant and volunteer questionnaires. They submit this data to a central database managed by GMCVO and GMCA every quarter (April, July, October and January). These questionnaires are designed to capture responses to standardised questions at up to 3 points in time, shown in the diagram below.

Baseline Questionnaire (at programme entry) → First Follow Up Questionnaire (at approximately 6 months) → Second Follow Up Questionnaire (at approximately 12 months)

These responses allow us to monitor changes over time for those involved in the programme.

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[1] In evaluation, proportionality refers to the principle that the amount of evaluation activity should be relevant and not exceed what is justified in relation to the size of the programme being delivered. In this case, as projects are very small, only a very small amount of evaluation activity should take place for each individual project. However, the overall programme is large, so this allows for a large amount of overall activity.

Due to the varied nature of the programme, collecting follow-up data at 6 and 12 months has proved difficult to implement practically, due to the large number of projects distributed across 25 wards, with small numbers of core administrative staff. The diagram in appendix A shows the timeline for collecting the data for the different questionnaires in practice.

Due to issues of incomplete questionnaires, and the variability in when questionnaires are completed, only the most recent follow-up responses available have been used for analysis in the report. This allows the sample size to be maximized where questionnaires have been missed, and makes use of the most up to date data available for respondents. However, this does mean that nuances in how outcomes for individuals may have changed over time are missed.

Alongside this questionnaire data, this report also utilises data collected from the following sources:

- Project Information (investments and non-funded activity recorded on the database)
- Anonymous events feedback data collected from a non-random sample of event attendees
- Case studies collected by local project staff
- Information collected from networking and learning meetings, and semi-formal interviews with project staff

The data presented in this report is designed to give an indication of activities, engagement and progress towards outcomes, as captured through specific data collection tools. The design of the evaluation means that data collected is not necessarily representative of everyone who has taken part in the AfA programme, nor of all activities funded within the programme. As such, this report should not be viewed as a complete evaluation of the programme, and is limited only to the evidence available. Other AfA evaluation reports and research can be accessed via the AfA website[2].

Additionally, the lack of a counterfactual in the evaluation design means that we are not able to distinguish between the deadweight and additionality of the programme; we do not know 'what would have happened anyway' for our participants. As such, we recognise the constraints of our evaluation and do not claim that the programme is the sole cause of any observed changes. Instead, we make the assumption that the programme is likely to have contributed towards this change, and use the available qualitative data to test this assumption where possible.

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[2] https://www.ambitionforageing.org.uk/resources

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Section 3: Project activities and reach

3.1 Investments: What's been funded?

As of December 2018, there had been 937 projects created and supported through the Ambition for Ageing programme, with a total of £1,202,624 directly invested into these projects.

Count of AfA Projects

| 227 in 2016 | 383 in 2017 | 327 in 2018 |
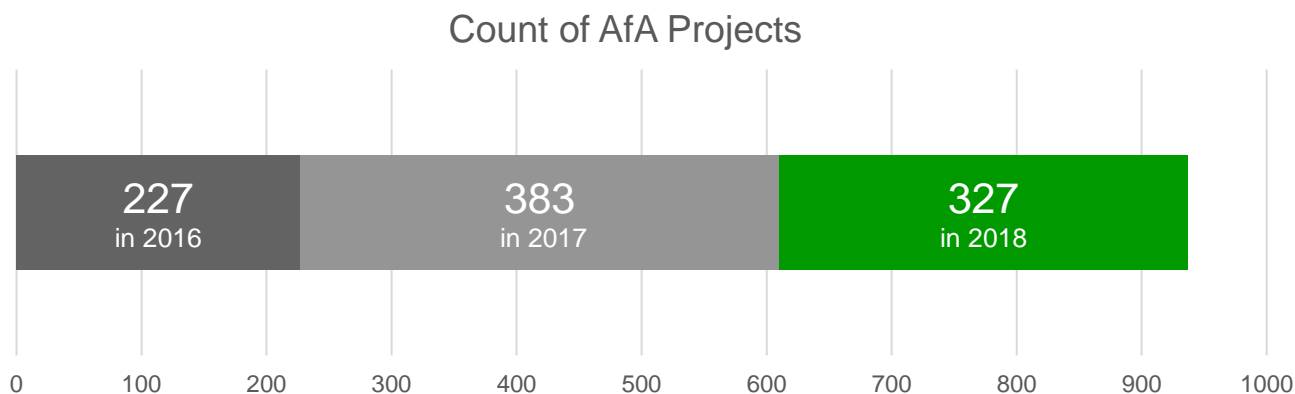
The box and whisker diagram below shows the distribution of project investments for each LDL. The cross displays the mean (average) investment. The horizontal line within the box shows the median, i.e. half of investments cost more than this, and half of investments cost less. 50% of each LDL's investments fall within the box; the smaller the size of the box, the less widely distributed these investment costs are[3]. The circles represent outliers, with either much higher or much lower funding than the usual investments.

Distribution of LDL project investments
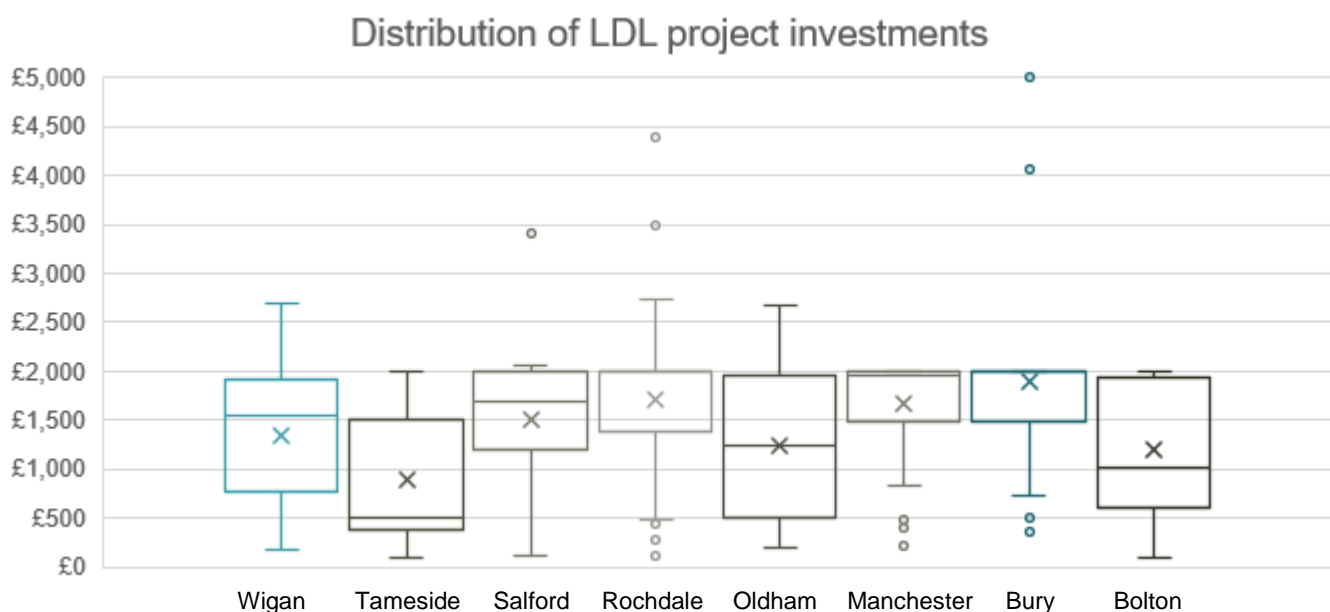
AfA primarily operates using a micro-funding model, often providing an initial investment of up to £2000 per project. Projects may later apply for further funding where a development need is identified. The graph displays a wide funding range, even within this £2000 restriction, showing that AfA has provided monetary support in varying amounts for a diverse range of project

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[3] Due to the nature of financial process, community leadership was stronger below £5000, and the number of investments above this amount were few. As such, the outliers above £5000 are not included in the graph.

financial needs. The average costs of investment for each LDL all fall between £800 and £2000, from £886 in Tameside, to £1800 in Manchester. Whilst many projects did receive smaller amounts of funding, for the majority of LDLs, at least 75% of projects received £500 of funding or more.

Larger Investments (above £2000)

Although the majority of AfA projects received up to £2000 of funding, in 2018 some of the LDLs also started funding a small number of larger projects, usually costing between £2000 and £10,000. In the majority of cases, a need for a larger investment was identified by uncovering widespread social isolation issues across AfA wards through community research. In Wigan, for example, digital exclusion was identified as a key barrier to social inclusion across the district, and a proposal for an IT support project was developed with older people in response to this.

3.2 Investment Themes and Intervention Types

The types of projects funded are captured under a wide variety of themes, reflecting the diverse range of activities that have been developed through the programme. Year on year, the five most common project themes across the programme have consistently been:

- Social action (40% overall)
- Physical space (28% overall)
- Outdoor space and buildings (19% overall)
- Skills and employment (17% overall)
- Adaptions to physical spaces (16% overall)

> ## Investments commonly focused on space
>
> Highlighting the importance of accessible community spaces and social infrastructure in neighbourhoods

A focus on 'space' plays a key part in 3 out of 5 of these top themes. This highlights the importance of, and the need for, accessible community spaces and social infrastructure within neighbourhoods. These resources have been identified previously in the programme as vital enablers for collective activity, but unequally distributed across neighbourhoods[4]. The part AfA has played in improving this is discussed further in chapters 4 and 5, in relation to the intended programme outcomes of increasing age-friendly infrastructure and the capacity of local communities.

Increase in Intergenerational Projects

By the end of 2018, the proportion of intergenerational projects had doubled, with around 13% of projects identified as intergenerational overall compared to just 6% in previous years. This may reflect a slight shift in the focus of the programme away from working with older people in silo, towards integrating with wider society and other age groups. Projects such as these have often focused on breaking down barriers, challenging misconceptions about older people, and building wider community cohesion.

Types of Intervention

MICRA found that there are commonly four types of intervention used to tackle social isolation. These are one-to-one interventions, group interventions, service provision interventions, and wider community development/ neighbourhood interventions[5].

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[4] see AfA research and evaluation reports by Thorley (2019) and Yarker (forthcoming) via https://www.ambitionforageing.org.uk/resources

[5] Full definitions available in Social Isolation Among Older People in Urban Areas, Tine Buffel, Samuéle Rémilliard-Boillard and Chris Phillipson, 2015.

66%
of projects funded were group interventions, designed to increase opportunities for social interaction

As in previous years of the AfA programme, group interventions have continued to be the most common type of intervention funded, representing around two thirds of investments. This is likely due to AfA's approach to creating projects, whereby activities to tackle social isolation are designed and developed directly by older people, and receive funding and support from the programme. However, a key challenge of this type of activity is that group interventions can be difficult to sustain following the end of programme and the loss of funding that often accompanies it.

Whilst group interventions make up the majority of projects, around a quarter of funded programme activity has been broader community development interventions; efforts that focus on the wider community and adapting this to become more age-friendly/removing barriers to social participation. This type of activity is considered by MICRA to be more sustainable, with the potential for longer lasting impact.

25%
of projects focused on the wider community, improving the age-friendliness of neighbourhoods

These issues of sustainability and wider community impact are touched on throughout this report in relation to the programme outcomes, and will also be explored further through more in-depth qualitative research in a forthcoming process evaluation into micro-funding within the AfA programme.

3.3 Reach and Engagement: Who's been involved?

The programme has successfully engaged with over 13,000 older people, involved in various levels of planning and delivery of projects. Whilst lower levels of engagement for some beneficiaries meant that the use of longitudinal evaluation questionnaires was not warranted, other groups faced significant barriers to partaking in the process. As such, there are low questionnaire completion rates, and certain groups are under-represented in the quantitative data. Anecdotal evidence from front-line staff suggests that men, those from minority ethnicities, and those with lower levels of formal education were particularly less likely to engage with the questionnaires. Further qualitative research is recommended to explore the reasons for non-completion and the barriers experienced by these groups.

The figures reported in this section represent only those that have taken part in the evaluation questionnaires. These are shown alongside GM population estimates for over 50s where possible, to give a comparison to the wider population of older people in GM.[6]

1653 Participants

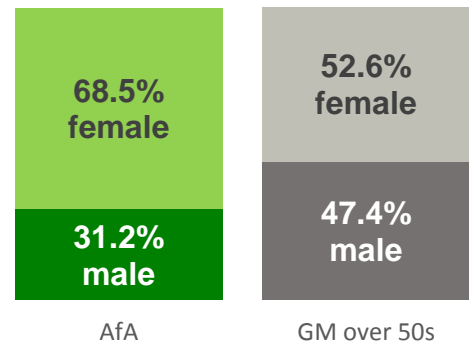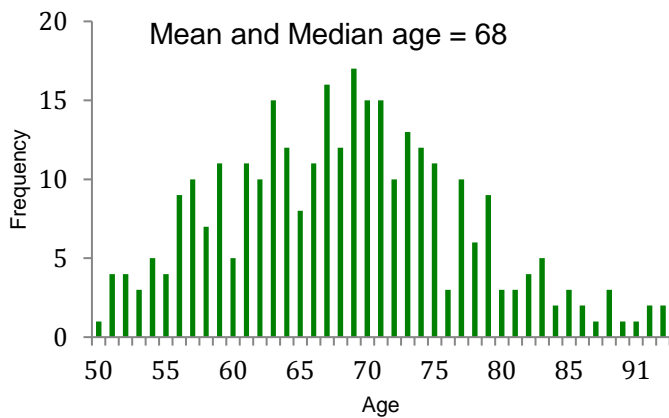**181** Volunteers

2383 Event attendees*

A broad age range of older people have been involved in the programme, aged from 50 to 94, with the average age of those involved being 68. As has been the case throughout the course of the programme, females have been over-represented compared to males. However, this has been reflected nationally too, across other Ageing Better programmes[7]. Those who self-defined their gender, and those who identified as a different gender than registered at birth, each made up less than 0.1% of AfA respondents.

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* Event attendees' represents the number of event demographics forms filled in. The actual number of event attendees is expected to be much higher.
[6] Full details of analysis and data harmonisation can be found in Appendix B.
[7] Fulfilling Lives: Ageing Better National Evaluation, Analysis of Common Measurement Framework (CMF)data, Ecorys January 2018

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Mean and Median age = 68

AfA: 68.5% female / 31.2% male
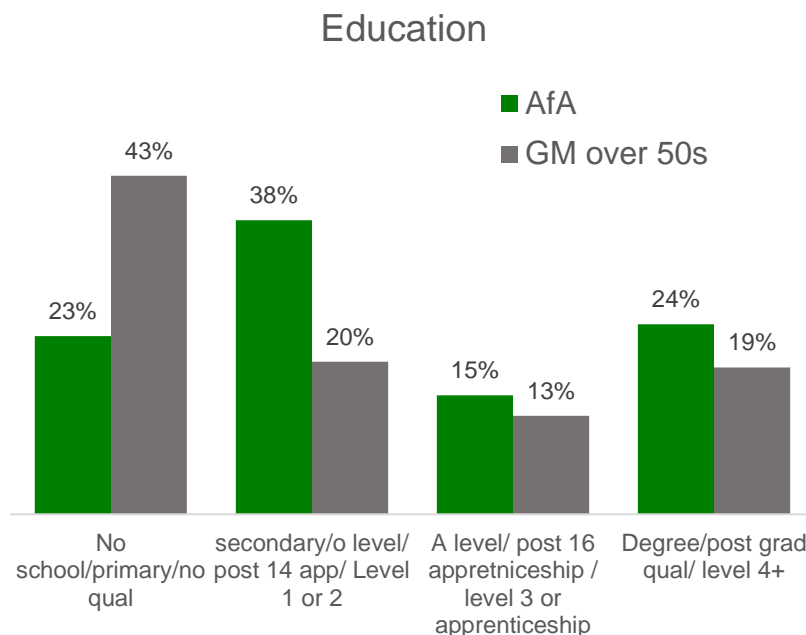GM over 50s: 52.6% female / 47.4% male

The graphs below indicate that AfA is engaging with a larger proportion of respondents from a minority ethnic background, and a larger proportion of respondents with minority religious beliefs, than would be expected of the general GM population of over 50s. This likely reflects the targeted work done to engage those from more marginalised groups, such as BAME communities, who have been considered to be at higher risk of social isolation[8]. Following this work, the proportions of BAME respondents within the programme have increased from 15% to 20%, and the proportion of respondents with non-Christian religious beliefs have increased from 25% to 37%.

Ethnicity

	AfA	GM 50+
White/White British	79.5%	93.6%
Asian/Asian British	17.3%	4.4%
Black/Black British	2.6%	1.2%
Mixed or Other Ethnicity	<0.1%	0.8%

Religion
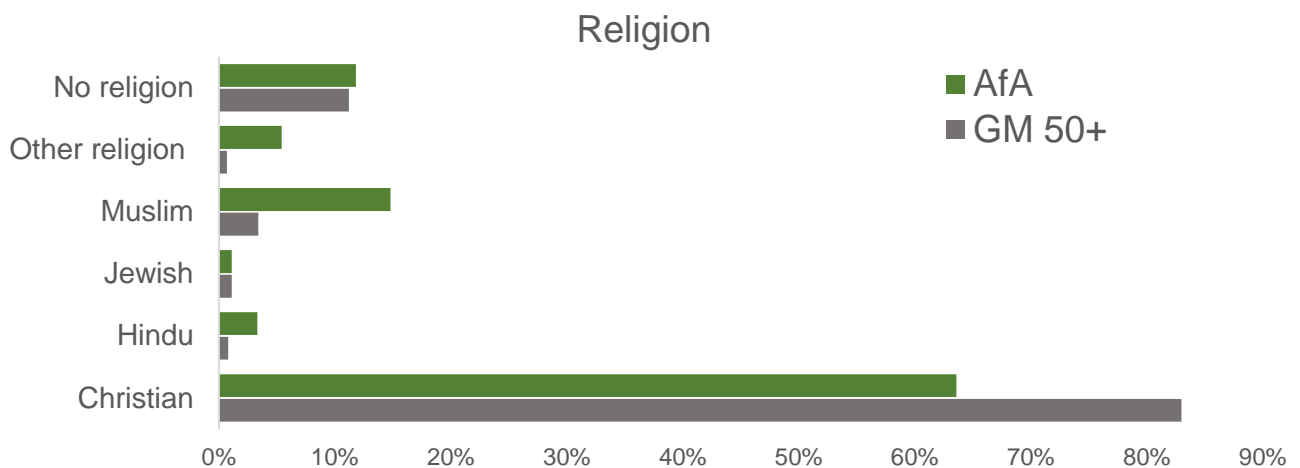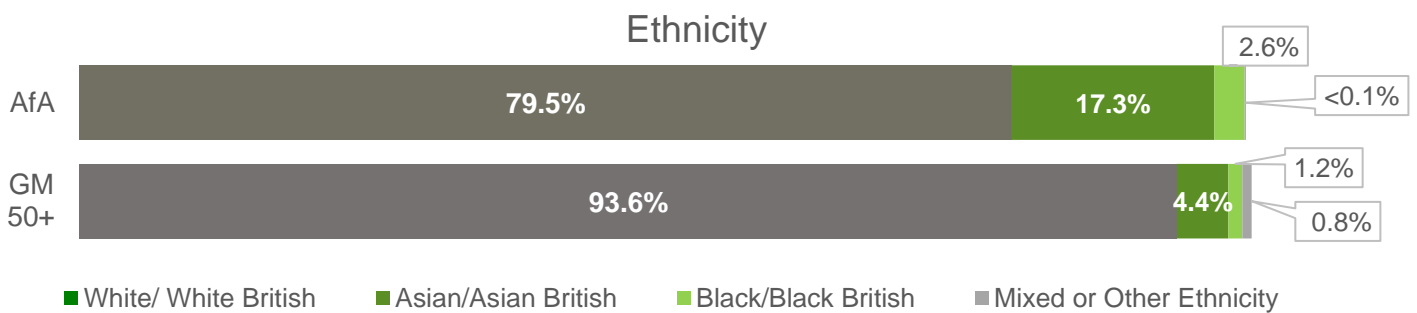
The graph of education, overleaf, indicates that the programme is engaging with fewer respondents with no schooling/qualifications, and more people with higher levels of formal education, than would be expected in the general 50+ GM population. This pattern has stayed relatively consistent over the course of the programme.
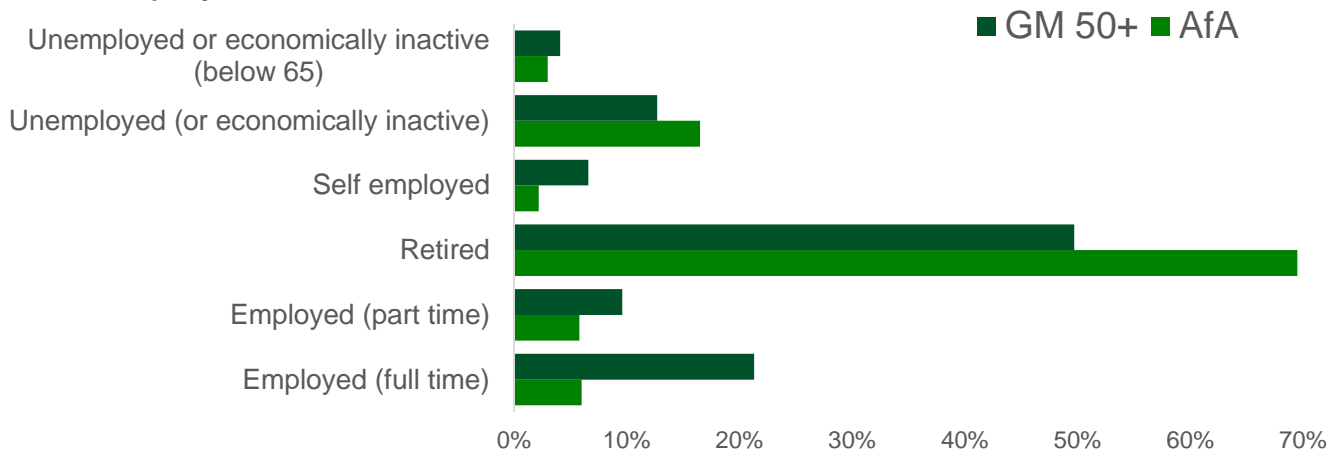
[8] Social Isolation Among Older People in Urban Areas, Tine Buffel, Samuéle Rémilliard-Boillard and Chris Phillipson, 2015

However, it is important to note that level of education does not translate easily across countries, and can be a topic of sensitivity for those with lower levels of formal education. Feedback from project staff working on the programme suggests that some respondents in these circumstances have chosen to leave this question unanswered. This is reflected in higher than usual proportions of missing/prefer not to say responses (27%) for this question compared to the other demographic questions in the questionnaire. As such, these figures should be interpreted cautiously, as those with higher levels of education may be over-represented in the data collected.

Education

Legend: ■ AfA ■ GM over 50s

- No school/primary/no qual: AfA 23%, GM over 50s 43%
- secondary/o level/ post 14 app/ Level 1 or 2: AfA 38%, GM over 50s 20%
- A level/ post 16 appretniceship / level 3 or apprenticeship: AfA 15%, GM over 50s 13%
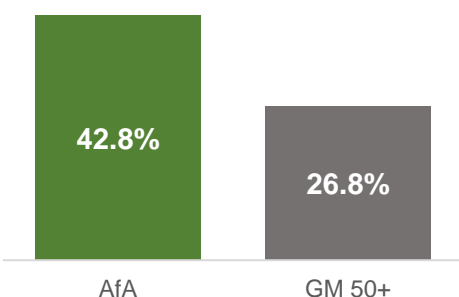- Degree/post grad qual/ level 4+: AfA 24%, GM over 50s 19%

The graph below suggests that AfA is engaging with a smaller proportion of working people than would be expected in the overall 50+ GM population. Older people who are retired or not in employment may be at increased risk of social isolation, due to not having the support networks and everyday interactions that often arise through employment. However, whilst employed older people may be less attracted to the AfA projects if they have existing, established social networks, they may also be less able to access projects due to work commitments.

Employment Status

Legend: ■ GM 50+ ■ AfA

- Unemployed or economically inactive (below 65)
- Unemployed (or economically inactive)
- Self employed
- Retired
- Employed (part time)
- Employed (full time)

(x-axis: 0% to 70%)

## Lives alone

- AfA: 42.8%
- GM 50+: 26.8%

Whilst just over a quarter of the GM 50+ population live alone, this demographic make up over 40% of those engaging with AfA. This suggests that the programme is engaging with residents who are likely to be at increased risk of social isolation.

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4.6% of AfA respondents identified as gay, lesbian or bi-sexual. Although there is no direct comparison question in the census data, the AfA Equalities team estimate that approximately 2% to 7% of the GM population of older people may identify as LGBT[9]. However, similar to education, this question had higher than average proportions of missing/prefer not to say responses in our questionnaire (27%). As such, this data should be interpreted cautiously.

4.6%

Gay, Lesbian or Bi-sexual

18%
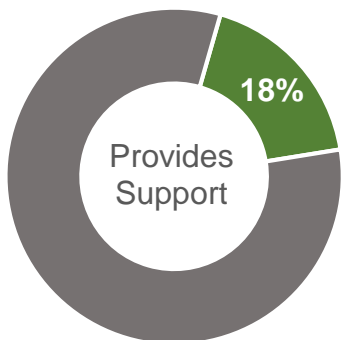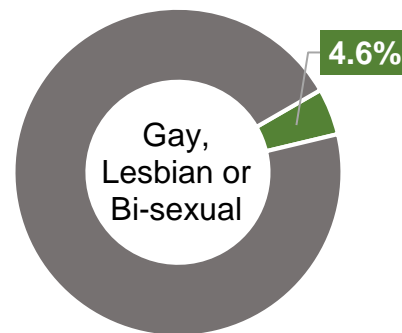
Provides Support

18% of AfA respondents stated that they provide some form of care or support, and this proportion has remained consistent across the course of the programme. Whilst there is no direct comparison to the general GM population, ONS figures indicate that 17.6% of GM over 50s say they provide unpaid care, similar to those engaging in the AfA programme.

Half of AfA respondents stated that they had a longstanding illness or disability. This figure has remained stable across the course of the programme. Whilst there is no direct GM comparison, ONS figures indicate that 42% of those in GM over 50 had a health condition or disability that limited their day to day activities. This suggests that AfA may be engaging with higher proportions of respondents with health limitations than would be expected in the general 50+ GM population.

Long-standing illness or disability

51%
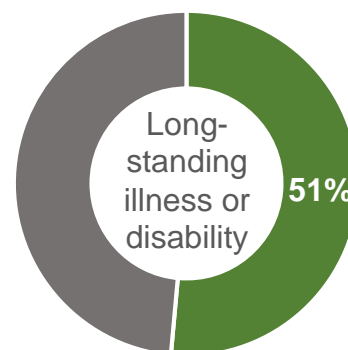
Research indicates that an individual is at a higher risk of experiencing social isolation if they have certain characteristics[10]. These include:

- Being older;
- Being male;
- Being widowed or separated from a partner;
- Living alone;
- Having a minority protected characteristic (e.g. ethnicity, religion, sexual orientation, gender);
- Under- or un-employment in mid-life;
- Having poor health; and
- Caring for others

The demographic data shown above suggest that, overall, the programme has been engaging with people at increased risk of social isolation compared to the general GM 50+ population. Whilst many of these proportions have remained similar throughout the programme,

[9] Informed by LGBT Foundation (2015) The State of the City for Manchester's Lesbian, Gay and Bisexual Communities
[10] Social Isolation Among Older People in Urban Areas, Tine Buffel, Samuéle Rémilliard-Boillard and Chris Phillipson, 2015

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representation of some groups have increased over time, particularly those from minority ethnic backgrounds and those with minority religious beliefs. This suggests that AfA has improved its engagement with people from these backgrounds.

Cumulative risk of social isolation

As well as individuals being at increased risk of social isolation if they have one of the characteristics identified above, those with a higher number of these characteristics may be at even greater risk of social isolation, as the factors may have a cumulative effect and may interact to create further marginalisation.

Last year's interim evaluation report found that, on average, the total number of social isolation risk characteristics experienced by respondents in 2017 was higher than those experienced by respondents in 2016[11]. Analysis this year suggests that the programme has successfully sustained this level of engagement, with the average number of risk factors experienced per respondent remaining 2.1, and the most common number of risk characteristics experienced remaining 2.

Analysis of the data available found that 37% of AfA respondents reported having three or more social isolation risk characteristics. This suggests that over a third of respondents engaging with the AfA programme may be at even greater risk of social isolation due to compounding of characteristics. As the programme is designed to prevent social isolation, this suggests that the programme is successfully engaging with beneficiaries who are likely to be at risk.

Over 1/3
of respondents have 3+ risk characteristics of social isolation

Additionally, it is important to note that data capturing these more marginalised characteristics can be particularly sensitive, and, as such, engagement with people with these characteristics may be under-represented in the data. This can be evidenced by certain questions, such as those capturing sexuality, having higher proportions of missing data than other questions. As such, this is likely to be a conservative estimate, and risk of social isolation may be higher.

[11] See Thorley, J (2018) Ambition for Ageing Interim Report – Data Analysis. Accessed via https://www.ambitionforageing.org.uk/afa-interim-local-evaluation-report-2018

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Section 4: Age-friendliness

The first programme outcome is to create more age-friendly neighbourhoods. This chapter explores what has been done to increase perceptions of age-friendliness, create opportunities for civic participation, and increase age-friendly infrastructure in neighbourhoods. Key findings:

- AfA has invested substantially in building and joining up social infrastructure within neighbourhoods
- Qualitative data suggests older people have valued the opportunities developed to connect *and* contribute, but there are still some concerns that they do not feel listened to outside of the programme
- 35% of respondents have improved in at least one measure of age-friendliness. However, overall perceptions for the cohort have not significantly improved, suggesting there is still work to do to improve the age-friendliness of neighbourhoods in GM and on people's understanding of the term 'age-friendly'.

4.1 Perceptions of age-friendliness

The term 'age-friendly' is defined in different ways by different people, and what this term means to the older people of GM has been explored in an earlier AfA evaluation report[12]. The diagram below summarises the six key components of an age-friendly neighbourhood identified through that research.

These themes reflect those identified by the World Health Organisation, who give the following definition:

'An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.' (WHO)

[12] Accessed via: https://www.ambitionforageing.org.uk/neighbourhoods

Within standardised questionnaires, AfA respondents and volunteers were asked to what extent they felt their neighbourhood was age-friendly. This same question was repeated in follow up questionnaires, to see whether there had been any changes in perceptions since becoming involved in AfA[13].

To what extent do you feel that you live in an age-friendly neighbourhood?			
1: My neighbourhood is not at all age-friendly	2: My neighbourhood is not really age-friendly	3: My neighbourhood is somewhat age-friendly	4: My neighbourhood is very age-friendly

Overall, there was an improvement in perceptions of age-friendliness for respondents over time, with 86% of respondents viewing their neighbourhoods as 'somewhat' or 'very' age-friendly compared to 80% at baseline. Notably there was the largest increase, of 8% points, in the proportion that felt their neighbourhood was very age-friendly, from 25% to 33%. However, these differences were not found to be statistically significant, and the median and mode scores remained three ('somewhat age-friendly')[14].

Individual analysis found that a quarter of respondents showed an improvement in their perceptions of the age-friendliness of their neighbourhood. When exploring these findings through the lens of the social isolation risk characteristics identified by MICRA, no characteristics were associated with increased or decreased likelihood of improvement.

Perceptions of Age-friendliness

14% declined	61% stayed the same	25% improved
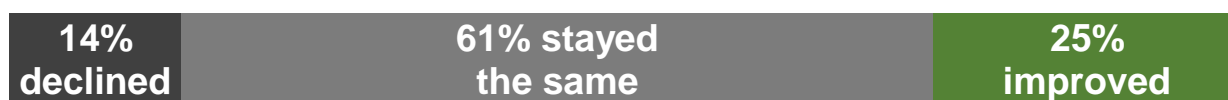
Qualitative feedback from the programme suggests that some LDLs encourage respondents to think critically about this question, exploring the many components that can impact on whether an area is or isn't age-friendly. Through this and other work, the programme has increased awareness of what it means for a place to be 'age-friendly'. Due to this increase in awareness and understanding, it is possible that respondents may be more aware of issues in their local area at follow up than they had previously been at baseline. This may provide a partial explanation as to why few perceptions have improved, and the large majority have remained the same. This theory could be explored further at the end of the programme when more follow up questionnaires have been collected, to assess whether there are any differences in perceptions at 6 months compared to 12 months.

Additionally, some LDLs use the aggregated information from these questionnaires to provide feedback to their local authorities. Under these circumstances, some respondents may be reluctant to state that their area is 'very age-friendly', at the risk of this being interpreted as further improvement being unnecessary. AfA holds the assumption that the programme is operating in an environment where there is a general decline in high street provision and a retrenchment of public spending, and this has been reflected in findings from a previous AfA evaluation report whereby many respondents expressed a sense of loss of community assets in their neighbourhoods[15]. In light of this, it is unsurprising that an overwhelming majority of

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[13] Baseline scores were compared to respondents' most recent follow up scores. N = 252.
[14] Exact McNemar's test found no statistically significant difference in the proportions of one group compared to the other (p=1.991)
[15] See report by Thorley, J. (2019) Building Age-friendly Neighbourhoods in Greater Manchester: evidence from the Ambition for Ageing programme accessed via www.ambitionforageing.org.uk/neighbourhoods

respondents still view their area as 'somewhat age-friendly'; progress may have been made, but more improvements are needed still to make neighbourhoods fully age-friendly.

Further, some project staff have commented that the question itself oversimplifies the reality of neighbourhoods, and that age-friendliness is a more transient concept than the question allows for. For example, one front-line staff member highlighted the fact that, although AfA has helped improve neighbourhoods in the daytime, there is still a lot of anti-social behavior at night that makes older people scared to go out when it gets dark. As such, for these respondents, the question is not a simple matter of whether or not their neighbourhood is age-friendly, but **when** their neighbourhood is age-friendly.

Qualitative evidence collected through case studies suggests that, for some respondents, AfA has made a big difference to the age-friendliness of their area, particularly through bringing people together, and building a stronger sense of community. One participant, below, talks of her experience of becoming involved in an AfA-funded gardening club. Her story highlights some of the barriers and setbacks the project has faced in her neighbourhood, but how a stronger sense of community developed through the project has helped them to become more resilient and proud of where they live.

"It hasn't all been easy but seeing the community spirit develop and watching the resilience and determination of the group makes it all worthwhile. People are proud of where they live and support each other. I really feel like we are a real community and we will keep on growing together. We've had issues, such as with where we could put planters, who would be responsible for them- people not believing we'd take care of them- and people stealing from the planters on a number of occasions. But people in the community have expressed how much they like doing things for themselves and are taking more responsibility for themselves and their community, which can only be a good thing. Hopefully people will recognise the difference this way of working is making to the community, and will encourage others to try it" (AfA participant)

4.2 Opportunity for Civic Participation

A key aspect of making an area age-friendly is having the opportunity to participate and contribute, and being able to influence what goes on where we live. To measure this, the standardised questionnaires ask two questions, the scores of which are combined to make an aggregate score[16].

Do you agree or disagree that…				
	Definitely disagree	Tend to disagree	Tend to agree	Definitely agree
I can influence decisions affecting my local area				
People can change things in my local area if they work together				

A low score (close to 2) indicates that people are not confident about the potential for changing or influencing practice in their local area. A high score (close to 8) indicates the reverse. The same questions were repeated in the follow up questionnaires, to see whether there had been any changes in perceptions since becoming involved in AfA[17].

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[16] Score is calculated when individuals respond to both questions (i.e. do not tick 'prefer not to say' to one or both questions). The minimum score, where individuals answer 'Definitely Disagree' to both statements, is 2. The maximum score, where individuals answer 'Definitely Agree' to both statements, is 8.
[17] Baseline scores were compared to respondents' most recent follow up scores. N = 222.

Analysis found only a small increase in average score over time, from 5.5. to 5.6, which was not found to be statistically significant. Distributions of these scores can be found in Appendix C. It is important to recognise that this research has been undertaken at the same time as the high profile Brexit withdrawal process, which has seen widespread dissatisfaction and uncertainty amongst citizens nationally. A recent Hansard Society report found that opinions about the governing system are at the lowest in 15 years, with intensifying feelings of powerlessness and disengagement[18]. As such, little cohort improvement in this area is not surprising, and some decline may be expected.

Individual analysis found that 31% of respondents showed an improvement in their civic participation scores. Women were slightly more likely to show improvement than men, but no other social isolation risk characteristics were found to be associated with improvement in this area. However, it is also important to note that there is a lot of missing data in this measure, with only 66% of respondents having answered these questions. As such, care should be taken in interpreting this information.

Civic Participation Score

26% declined	43% stayed the same	31% improved

One key forum through which older people can contribute and have influence is through the GM Older People's Network (OPN). This network is funded by AfA and coordinated by programme partner MACC. The network meet regularly to learn, discuss and share ideas to influence decisions that affect older peoples' lives and improve the services they need. As of December 2018, the OPN had 115 individual members, with representatives included from all 10 districts in GM. The board also had 140 organisational members, who recognise the older people as 'experts by experience' and are committed to considering their input in their planning.

Through involvement in forums such as this, and similar schemes within the programme, some AfA participants have felt empowered to be able to influence decisions and help improve their local areas:

'We've got the passion and power to stand up for what's important to us, Feelings of loneliness and being overburdened can affect us all, and I'm glad that the Greater Manchester Older People's Network is a place we can talk about our ideas and try to improve things' (GMOPN member, Rochdale)

'Before Ambition for Ageing I felt that it was always younger people who were given the opportunity to share their views and shape what was going on in the community. I felt that older people had things to say but didn't have anybody to listen to them. This programme has provided an opportunity for us to speak up and know that somebody is listening and will take our views on board.' (AfA Ambassador, Bolton)

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[18] Hansard Society (2019) Audit of Political Engagement 16 The 2019 Report accessed via www.hansardsociety.org.uk/publications/reports/audit-of-political-engagement-16

Connection *plus* contribution

A key success for the programme in this area has been to not only focus on opportunities to connect, but also to facilitate opportunities for older people to contribute and give something back to their communities. This is at the heart an asset-based model, identifying strengths and abilities and building on these. For some participants, this gave their activities meaning, helping to improve the area they live in as well as getting something out if it themselves.

> **"It gives us a sense of purpose so we don't feel old"**
> **(Participant, Bury)**

In Bury, a local cricket club was in need of general maintenance and several retired local men saw this as an opportunity to use their skills and experience, as well as find a sense of structure and connection. In addition to supporting the project with equipment, AfA also funded a stair lift, to help make the club's bar more accessible for the group to meet in for a drink after volunteering in the grounds, enabling even more people to get involved.

In Bolton, one older AfA volunteer talks about the success of a Christmas Day lunch, where they took the opportunity to work together to extend the good will to benefit other sections of the local community:

"It was really enjoyed by all who attended, it brought neighbours together who would otherwise have been sat alone in their flats. We had some food left over at the end of the meal, so us older volunteers and residents came together and made turkey sandwiches then went out into the streets of Bolton and gave these sandwiches out to the homeless. We don't like the thought of anybody spending Christmas Day hungry and on their own." (AfA volunteer)

> **35%**
> of respondents showed an improvement in at least one measure of age-friendliness

Overall, 35% of questionnaire respondents showed an improvement in at least one measure of age-friendliness (either perception of age-friendliness, or increased civic participation score). This sense of working together and contributing to the local community was often mentioned in the questionnaire comments of those who felt more positive about how age-friendly their area was, or felt that it had improved.

However, some respondents felt frustrated that, while AfA had helped provide a channel for them to voice their concerns, they didn't always feel listened to more widely. Some felt that their suggestions and concerns were not acted upon, and others felt that there were too many barriers in the way of making changes happen.

"We ask for things but I feel that there are too many barriers in making them happen, for example, getting new benches. We have to work with the council, to do a survey and spend months getting planning permission etc before we can make anything happen" (AfA participant)

These frustrations may provide some explanation as to why overall civic participation scores may not have improved. These concerns highlight the importance of not only developing channels of influence, but also of ensuring that those involved can see the effects of their contributions, be kept updated of progress, and are informed of the reasons behind any challenges to implementing these changes. Without this two-way communication, older people may easily become disillusioned and lose faith in the process.

4.3 Age-friendly infrastructure

As identified by both Yarker (2019) and Thorley (2019), social infrastructure has been found to be a crucial enabler or barrier for the AfA programme. In order for older people to have the opportunity to connect and participate, the infrastructure needs to exist in order to facilitate

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this. However, AfA has identified that these resources, such as accessible community spaces and public transport, are not equally distributed across neighbourhoods.

As such, AfA has spent considerable time and money investing into improving this infrastructure within neighbourhoods. In some cases, this has been capital investment, such as through funding boilers to make spaces more usable in the winter, or specialised equipment to make activities more accessible to people with disabilities, such as lightweight tables for table tennis. Accessibility has been a central feature of many of these investments, and is a key consideration for making places more age-friendly. These initial capital investments have often acted as a catalyst for more sustainable activities to develop, and can provide valuable resources that are able be shared and maintained by communities.

AfA's approach of involving older people in the design and/or delivery of these projects has meant that these capital investments can be tailored specifically to local community needs, and those involved often feel a sense of pride and ownership of the asset. This can be seen in the example below, when AfA Oldham agreed to fund some new disabled toilets in a local community centre, where an over 60s group meet:

We got a Gentleman who is a wheelchair user to help us plan the toilet facilities - we knew if it met his needs then anyone could come into the building with confidence and the facilities would meet their needs too. The toilet facilities have encouraged some of the less able folks to join us as they can easily use our facilities even if in a wheelchair. It's made a huge difference! Some of those less able are wary of going out unless they know they are confident in finding suitable toilet facilities for their needs. We have had people passing or waiting for the bus outside our premises ask if they might come in and use our disabled toilet facilities (AfA volunteer)

> **"Your building is a joy to come into and we are confident to come and use your facilities"**
> **(Local resident)**

In addition to capital investments, AfA has also helped develop new relationships and strengthen existing ones within neighbourhoods, to raise awareness of issues older people face and support neighbourhoods to become more age-friendly. Transport in particular has been a key concern for older people across the AfA programme. With AfA's support, older people in one ward came together to create an age-friendly bus guide. This was shared with the local bus company, who thanked them for the resource and agreed to share the document with new recruits as part of their training. The older people involved in creating the guide now intend to disseminate it further across GM by handing the leaflet out on their bus journeys.

"It's good that (local bus company) understand the importance of age-friendly bus journeys, and I am glad to have been part of designing the guide, I would like to see it rolled out everywhere' (AfA participant)

Importantly, as well as working with VCSE and public sector organisations, many of the LDLs have also been connecting with local businesses. This has included collaborations with supermarkets to open up spaces to be used by community groups, local food providers starting to provide mobile food outlets to reach isolated people at home, and theatres developing an offer for dementia-friendly performances. Crucially, many of these schemes have gone on to gain commitment from the businesses involved to continue with the activities after AfA ends. Projects like these show the difference it can make when private business and VCSE organisations work together to reach some of the most isolated people in the community, accessing new groups of isolated people and creating and longer lasting changes in neighbourhoods.

One particularly successful avenue of work with local businesses has been the 'Take a Seat' campaigns. These campaigns have ran in many GM districts, often led by AfA, and encourage local businesses to offer up vital facilities such as a seat, toilets and a glass of water for those who need it. In Wigan, AfA's close relationships with local businesses resulted in over 100 shops in one ward signing up to the campaign. Following their success, the campaign now has the support of Wigan council, who will be rolling it out across the district. Indicating a strong political commitment to increasing age-friendliness, GM Mayor Andy Burnham said of the campaign:

"This scheme has the potential to make a huge difference to people's lives; more people will feel able to leave their homes, socialise and interact with others, and lead a much better quality of life. I'm determined for Greater Manchester to become the first age-friendly city region in the UK, and simple schemes like this are just the start. We need to change attitudes and do more to remedy those barriers that prevent older people from contributing to and playing an active role in their communities"

Overall, the evidence suggests that AfA has had some valuable successes in supporting the development of more age-friendly neighbourhoods, through increasing accessibility, reinvesting in community resources and assets, and connecting and engaging with people across a range of sectors. However, perceptions of neighbourhood age-friendliness are still mixed, and further improvements are needed still to improve neighbourhoods and get buy in from other organisations to work together to improve age-friendliness.

Section 5: Social Connections

The second outcome of the programme is that, in the areas supported by AfA, older people will have increased and improved social connections. This chapter explores what has been done by the programme to support more older people to undertake activities of interest, and to increase the capacity of communities to provide a greater range of choices for older people. Key findings:

- AfA has successfully worked with local organisations to increase local collaboration and support engagement with the wider community
- Over 13,000 older people have been involved in the planning/delivery of 900+ projects, with high levels of satisfaction with programme events and activities
- 57% of respondents have shown improvements in at least one measure of social connection, however the data suggests that those engaged in the evaluation typically already had a relatively high frequency of social interaction before becoming involved in AfA. This provides support for the assumption that the AfA approach may be most successful as a method of preventing social isolation, rather than for supporting those already severely isolated.

5.1 Engagement in activities

The primary indicator for this outcome is that more older people will undertake activities of interest. Analysis of the project monitoring data shows that the numbers of older people involved has continued to increase over time, with **13,400 older people involved in the planning and/or delivery of over 900 projects** (as of Jan 2019).

Number of older people involved in the design/delivery of projects by quarter
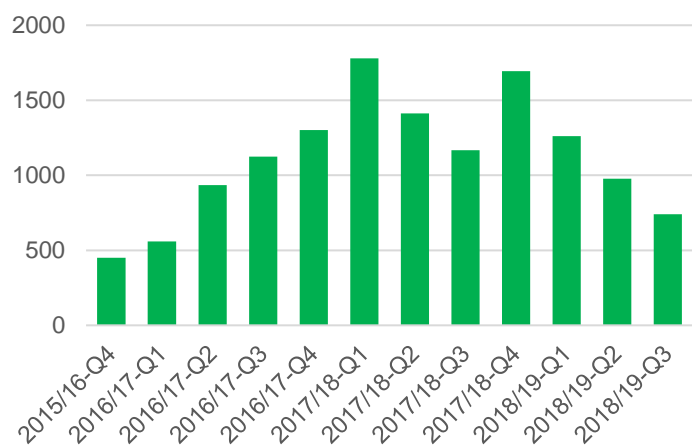
Whilst the numbers have continued to rise, there is some indication that the rate at which they're rising has started to slow. Some slow-down was planned for in the programme design, in order to prevent a sudden withdrawal in investment spend in the final year. The slow-down in engagement also likely reflects the fact that, by this stage in the programme, the people most likely to engage and the projects most desperately needed within communities will have already been supported and invested in. As the programme has taken further measures to reach those who are more at risk of socially isolation and under-represented in the programme, uptake in engagement would be expected to be slower, as these people have more barriers to engagement that need to be addressed.

The approach of AfA, being older-person led, has meant that there is a wide variety of activities on offer through the programme, and a previous report found that this is something older people really value about the programme. Analysis of event feedback forms from across the programme found that over 98% of older people involved said they would recommend AfA to a friend, indicating a high level of enjoyment[19]. Indeed, some of the LDLs have had to remove

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[19] Data from analysis of 3218 respondents via event feedback forms circulated from Jan 2016 to Jan 2019

particularly popular groups from their local 'What's On' guides due to being over-subscribed, with some even having waiting lists to join the activities.

With co-production central to the programme, this has meant that older people can design the activities they want to fit their needs, and then receive support to set and up and maintain those activities. This less prescriptive approach to design has allowed for activities to develop that are tailored to the interests of the local populations, as shown to be a success in the story below:

98%
of event attendees would recommend AfA to a friend

It was from talking and interacting with our members that we learnt that for that for many, but particularly those who live alone, that Saturday can be one of their loneliest days. We soon realised that they have a choice of groups they could attend Monday to Friday, but very little available on a Saturday, so "Fellowship Saturday" was born from those conversations. We asked what they wanted to do and Lunch was always at the top of the list (one less meal to eat alone). Crafts, painting, making cards, decorating boxes, playing games and just chatting were all mentioned – so that is just what we do! (Oldham)

Wider Engagement and Inclusion

In addition to continuing to engage with increasing numbers of older people, the programme has shown indications of engaging with an increasingly diverse range of people since it began. Working with the programme's Equalities Board, the LDLs have been able to improve accessibility and appeal to different people of different backgrounds and circumstances. This reflects the programme's message that older people should not simply be treated as a homogenous group. Most LDLs have taken a dual approach to equalities, making mainstream activities more inclusive as well as creating targeted projects, all with the intention of reducing or preventing social isolation. These have ranged from lip-reading classes for people with hearing loss, to a Rainbow Train to celebrate the LGBT community, to a community celebration event switching from fireworks to lanterns to be more inclusive to veterans and people who have lived through conflict.

The community research conducted by LDLs has helped to identify barriers to engagement that may have previously gone unnoticed, and the flexibility of the programme design has meant that tailored projects have been developed to overcome these issues and include people in the programme who would not ordinarily have been involved. One such example is in Bolton, whereby, after identifying that older South Asian people with larger families were not engaging with the project, they held some community conversations to find out why.

We found that, although having a close family was highlighted as a benefit, the participants also spoke of their responsibilities with childcare, as they are often expected to take care of the grandchildren on a daily basis. This restricts their ability to go out, socialise with their peers, and stay connected outside of the home. Knowing this, we are now looking at developing some intergenerational activities in the ward alongside primary schools, to enable grandparents to join in social activities with their peers whilst also being able to take care of their grandchildren. (Bolton)

In Bury, an AfA project was set up to support older female offenders, many of whom are in socially isolating circumstances such as abusive relationships, but are an often overlooked and

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invisible section of the population. After talking with the women, it was identified that they wanted treatments to help with their wellbeing. Crucially, these conversations uncovered that many of these women had a fear of being touched due to their circumstances, and so non-invasive treatments were essential to ensure the women felt comfortable attending.

As well as benefitting from the therapies themselves, the ladies have built friendships and trust and have started to open up about their personal situations. This has helped them to feel supported while rebuilding their lives. The bonds that have built between the women through sharing experiences like these highlight the importance of the programme, and what it has done to make the women feel stronger, and less alone. The head massage sessions in particular have been a big success, proving so popular there is now a waiting list! (Bury)

"Receiving positive physical touch has meant a great deal to the women - many of whom previously feared all types of touch"
Project staff, Bury

Following its success, the project has since expanded to support the women to use social media, and learn how to access medical information online. The asset-based approach and flexibility of the programme funding criteria have been key ingredients in allowing this project to be successful and to continue to develop.

5.2 Self-perceptions of social connection

As social isolation is a complex concept, various measures are used to capture different aspects of social connection within the standardised questionnaire. Details of these can be found in appendix D.

These include:
- Measures of contact with friends, family and neighbours
- Measures of neighbourhood belonging
- Measures of technology use
- Measures of volunteering activity

Meeting friends, family and neighbours

Through the standardised questionnaire, participants were asked how often they meet up with friends, family or neighbours. This was then repeated in follow up questionnaires, to see whether there had been any changes in in frequency of contact since becoming involved in AfA[20]. Responses were converted to a score from 1 to 6, with 1 indicating low frequency of contact (less than once a year or never) and 6 indicating a high frequency of contact (three or more times a week).

Overall, there was a small but non-significant improvement in frequency of contact with family and friends, from 5.3 to 5.4. Notably, the median and mode scores remained 6, which is the highest score possible. This indicates that the majority of evaluation respondents already had frequent social contact, leaving little room for improvement in this area.

Individual analysis found that a fifth of participants showed an improvement in how often they met up with family and friends. Respondents who lived alone were less likely to show an improvement in this area, with 16% of people living alone showing an increase in frequency of contact compared to 23% of those who lived with others. Additionally, those with a longstanding health condition were less likely to feel they had increased contact, with only 13%

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[20] Baseline scores were compared to respondents' most recent follow up scores. N = 274.

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of people with a health difficulty showing improvement compared to 27% of those without a health condition.

These respondents are likely to face more barriers to meeting up with friends and family than other respondents, due to their circumstances.

Frequency of meeting up with family, friends and neighbours

15% declined	63% stayed the same	21% improved
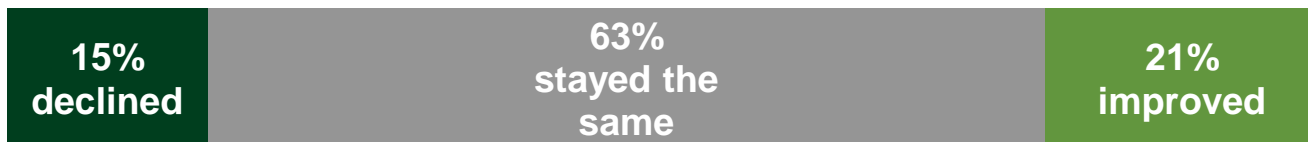
For some people with a health condition, qualitative evidence has found that the programme has made a big difference to their frequency and quality of social contact. The qualitative data suggests that, for some participants, the motivation and desire to connect with others was there, but accessible and inclusive opportunities were not readily available in their local areas. These can be understood as practical and structural barriers to engagement[21]. In these cases, specialised AfA projects have often provided these people with the opportunities they were looking for:

"I am 69 years old and have been looking to take up a sport for some time. I also had the issue of a disabled right arm. I had played football when younger but am no longer able to play football properly. Walking football gave me the opportunity to safely take up the sport again and meet others who were also keen to do so. I am so pleased that despite my age and disability, I have been able to play football again in a safe environment and meet other individuals. I feel much fitter."
(Walking Football, Bury)

For others, their health conditions had created additional psychological barriers to engagement in social activities, such as a lack of confidence, and a feeling that they did not have the capabilities to get involved. These can be understood as emotional barriers to engagement[22], and these people have needed extra support and encouragement to access the opportunities that are available to them.

In Tameside, a dedicated staff member was employed to engage in one-to-one support with particularly isolated people who need more support to overcome initial barriers to becoming involved in AfA activities. After receiving this one-to-one support to start attending a local community group, one individual stated:

"I have been coming here for five or six weeks now and it's the best thing I have done for a long time! I have had four spells in hospital this year and it's only now that I can get out and meet people and without that I was just sitting at home stuck at the goggle-box, I used to get really fed up. Since I have been coming, I have met some old friends and I've met a lot of new friends, it's been grand. I would like to find a few more places to go to. Before I didn't do

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[21] The Centre for Ageing Better has identified three key types of barriers to engagement in community contributions: structural, practical and emotional. See Jopling, K and Jones, D (2018) Age-friendly and inclusive volunteering: Review of community contributions in later life accessed via www.ageing-better.org.uk/publications/age-friendly-inclusive-volunteering

[22] Ibid

anything, everybody was doing things for me, now that I've started coming here I feel a damn sight better." (AfA participant)

Talking to neighbours

The standardised questionnaires also asked people how often they spoke to their neighbours. This was then repeated in follow-up questionnaires, to see whether there had been any changes in this measure since becoming involved in AfA[23]. Responses were converted to a score from 1 to 4, with 1 indicating low frequency of contact (less often than once a month) and 4 indicating a high frequency of contact (on most days).

Analysis found no significant improvement overall in how often respondents talked to their neighbours[24]. Notably, the median and mode score remained 4 from baseline to follow up, which is the highest possible score. This indicates that the majority of those taking part in the evaluation already talked to their neighbours frequently, leaving little room for improvement in this area.

Despite this, individual analysis still found that 28% of respondents showed an increase in how often they spoke to their neighbours at follow up.

Frequency talk to neighbours

19% declined	58% stayed the same	28% improved

Further exploration found that men and those who lived alone were less likely to show an improvement in this area[25]. BAME respondents were more likely to state that they talked to their neighbours more frequently at follow up than they did at baseline. Despite having a similar profile to White/White British participants at baseline, 42% of BAME respondents showed an improvement in this area compared to just 18% of White/White British respondents. This may suggest that the programme has been particularly successful in improving neighbourly relations for BAME respondents. However, these findings are not necessarily representative of all those engaging with the programme, numbers are small, and other demographic characteristics were not controlled for. As such, findings should be interpreted cautiously, and further research is recommended to better understand any difference in experiences in this area.

Perceptions of Neighbourhood Belonging

Neighbourhood belonging is captured using a 6-item measure, which is aggregated to give a score between 6 and 36. The higher the score, the higher the sense of neighbourhood belonging. This measure is then repeated in follow up questionnaires, to see whether respondents have felt any difference in neigbourhood belonging since becoming involved in the AfA programme[26].

Analysis found a small, non-significant increase in average score from baseline to follow up, from 22.7 to 22.8.

Individual analysis found that 39% of respondents had a stronger sense of neighbourhood belonging since being involved in the programme, with a higher proportion of respondents showing improvement in this area than for any other measure.

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[23] Baseline scores were compared to respondents' most recent follow up scores. N = 277.

[24] Baseline avg score 3.20, follow up avg score 3.25. P = 0.3 using the Wilcoxon test of significance.

[25] 15% of men showed an improvement, compared to 26% of women. 17% of those who lived alone showed an improvement, compared to 29% of those who do not.

[26] Baseline scores were compared to respondents' most recent follow up scores. N = 357.

Neighbourhood Belonging

42% Declined	19% Stayed the same	39% Improved

Unlike other measures, where the majority of respondent scores remained the same over time, respondents were much more likely to either improve or deteriorate in their sense of neighbourhood belonging, indicating high levels of variability in the data. Further analysis found no identifiable differences in likelihood of improvement due to demographic characteristics associated with risk of social isolation. As such, it may be that other factors, such as environmental and social factors, play a more significant role in shaping perceptions of neighbourhood belonging. Further research is recommended to better understand the experiences and views of the respondents in this area.

Qualitative data collected through the programme suggests that, for many participants, the programme has helped them to connect with people in their local area, and build positive relationships. Whilst someone may not feel a strong sense of belonging in their immediate geographical neighbourhood, AfA participants have often developed a strong sense of belonging in groups formed based on shared interests or experiences.

"I have Parkinson's disease and find this group allows me to do things without being told I can't. I also enjoy the banter. It makes me feel included." (AfA participant)

Building Wider Community Cohesion

AfA has also had some success in bringing sections of the community together who wouldn't ordinarily interact, to help build community cohesion. This type of activity has helped to widen perceptions of who are 'people like me', assisting residents to discover commonalities and make the unfamiliar, familiar[27] Increasingly, these activities have also been intergenerational.

In Tameside, AfA funded an intergenerational arts project led by veterans, aimed at increasing understanding of conflict and local history, and building closer bonds between ex-service personnel and young people. By training the veterans as arts award assessors, the veterans developed valuable and transferable skills, in addition to reducing their social isolation. By the end of the project, they had worked with over 100 children in local schools.

"The knowledge passed on from one generation to another was unbelievable to witness. The veterans were so knowledgeable about their subject and kept the children engrossed in what they were saying. It was very rewarding to see the barriers broken down between the generations" (Project Staff)

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[27] Further exploration of this can be found in Thorley, J (2019) Building Age-Friendly Neighbourhoods in Greater Manchester: evidence from the Ambition for Ageing programme accessed via www.ambitionforageing.org.uk/neighbourhoods

In a ward in Oldham, AfA funded a 'Failsworth's got talent' event, designed to bring the whole community together and celebrate the skills of the residents. Key partners and local organisations were involved early on in the planning, to enable advertising to be as widespread as possible and to increase their reach to more isolated members of the community.

The project has made disparate groups in the Failsworth area more aware of each other, and how their activities can actually complement each others. It's given residents a 'snapshot' of what is available to them locally, and at little or no cost. The event has also allowed for cross-fertilisation, whereby members of one group felt welcomed by another group, and the welcoming atmosphere has meant more isolated individuals have felt more confident to attend new groups. The project has highlighted what can be done when various groups and individuals pull together for a common aim (Oldham)

5.3 Digital inclusion

A third of AfA respondents stated at baseline that they did not use any form of technology, highlighting that digital exclusion is a pressing concern for this cohort, particularly as many services move online. As such, a variety of projects have been set up through the programme to improve digital skills for older people.

Data from the standardised questionnaires indicates that 20% of those who stated that they did not use any form of technology at baseline now use at least one form of technology (such as a laptop, smart phone or tablet). However, this is a very small sub-sample of the data (n=100) due to high levels of missing data, so should be interpreted cautiously.

For many of the older people who have limited digital skills, technology can sometimes feel intimidating. The case study below gives an example of an AfA project that utilised a pub as a location for delivering the sessions, to provide a more friendly and informal atmosphere for those who had previously been deterred by more formal courses. Rather than being taught a specific course by a tutor, attendees are empowered to support one another, with volunteers on hand to provide help and guidance.

At an event, some older people told us that their lack of digital skills was a barrier to them accessing information and becoming more socially active online. Crucially, they told us that it was important to them to learn in a relaxed atmosphere, and not a classroom environment. A local pub was identified as a community asset, and they agreed to host some 'Tech and Tea' sessions. A member of staff facilitates the session, and three men volunteer to help support the session, two of which are under 21.


The attendees all support one another and interact as a group, and this informal style of learning has proved really successful. We've found that the majority of members are older men, and three regular customers of the pub have also participated on an ad hoc basis. The group have said they feel more confident in exploring and engaging with the digital world, have made new friends, and some have also gone on to join other AfA events and groups. One participant said: "It's amazing how much your confidence grows in this type of atmosphere, I would never dream of going to a class but here we can talk, meet new people and learn what we need to on our own phones and computers" (Tameside).

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To overcome initial fears, some AfA projects have introduced what one staff member affectionately called 'IT by stealth'. These are projects that build IT skills without having the IT as the central focus. One successful example of this has been an ancestry project in Rochdale, which used computers to conduct some of the project's historical research. By having a hobby or existing interest as the focal point, some felt that this was a more accessible and appealing route into what could be considered an intimidating area, and gave the IT skills a more practical and relevant context. Many of the LDLs have recognised digital exclusion as a key area of inequality in their localities, and something older people feel very concerned about. As such, larger investments are currently in development in areas such as Rochdale and Wigan, with a focus on practical application, informal learning and peer-to-peer support.

5.4 Volunteering

Analysis of the standardised questionnaires found that 9% of participants had taken up volunteering since they had become involved in the programme, and 45% of participants who already volunteered at baseline were still involved in volunteering at follow up[28]. There were no identifiable differences in volunteering activity due to demographic characteristics. For those involved who joined AfA initially as a formal volunteer, 35% of respondents had increased their volunteering activity at follow up compared to baseline[29].

9%
Uptake in volunteering by programme participants
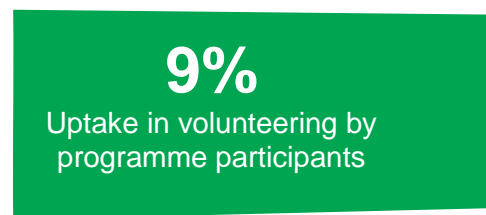
It is important to recognise that volunteering is very formal role description, and many people contribute freely to their communities through more informal activities than are typically understood as 'volunteering'. Some people may not recognise their activities as volunteering, and others may actively reject the title of volunteer[30]. As such, the data collected through the standardised questionnaires only represents a partial picture of the volunteering activity across the programme.

Volunteers have taken on a variety of roles with AfA, but the most common have been leading groups, organising events, and getting involved in research such as investigating the wants and needs of the local community.

The story below gives a typical example of how many older people have started volunteering with AfA; from an asset identified in a simple conversation, which, with support and development from AfA, grew into a successful and sustainable community project.

'Colourful Creations' began when one volunteer told AfA staff about a local resident, Pat, winning a colouring competition. When it was discussed with other tenants, it captured people's imagination and attracted people from the wider community to get involved in a new project.

'I facilitate a weekly colouring class of 17 people. We wanted to tackle isolation, as we are aware that many residents keep themselves isolated in their flats. Not only here, but also in other local residences in the surrounding area. We spoke to various local residents, and tapped into our existing networks to try to reach as many isolated people as possible. I had examples of the colouring I had previously done to show people how interesting and rewarding such a hobby is. It has

[28] Baseline response was compared to most recent follow up response available. N = 272.
[29] Baseline response was compared to most recent follow up response available. N = 45
[30] See Jopling, K and Jones, D (2018) Age-friendly and inclusive volunteering: Review of community contributions in later life accessed via www.ageing-better.org.uk/publications/age-friendly-inclusive-volunteering

given us a real community spirit. We have all become good friends, and we all create a good feeling of well-being and camaraderie. Our best feature is the effort everybody puts in each week, and take pride in their colouring. We make a big difference in the lives of people in our community. Apart from the colouring, we all chat, laugh and really enjoy each other's company. We've shopped around for materials and supplies and got a slightly better rate, so that we could accommodate the extra participants that wanted to join, and with the small contributions made by participants, we hope to keep the group going' (AfA Volunteer, Oldham)

57%
Of respondents have shown improvement in their perceptions of how socially connected they are

Overall, 57% of respondents have shown improvements in at least one measure of social connection. That is, they started volunteering, increased their sense of neighbourhood belonging, or increased contact with their friends, family or neighbours.

Although some of the measures of social isolation show an unclear pattern of change overall, qualitative data gathered through case studies suggests that the projects have had a positive and substantial impact on some participants. Most commonly, participants tended to reference a chance to connect with people, get out of the house, learn new skills, give back, and, in particular, increase their confidence. These aspects are not measured quantitatively through the standardised questionnaires, but are consistently cited as key benefits from those involved.

"I feel better because I have attended the ESOl sessions and art activities provided by Ambition for ageing programme. The people I have met here. My confidence and knowledge has been improved. I have improved my social skills and made new friends and encouraged other women who live by themselves to join the activities at FWA. I got personal satisfaction when I supported other women in the group, It made me feel good that I am giving something back to the community." (AfA attendee)

However, data from the questionnaires shows that the majority of respondents already felt they had relatively high levels of contact with friends, families and neighbours before they became involved in AfA. As the evaluation has not been designed to be representative of those engaging in the programme, it is unclear whether this is typical of engagement across the programme, or is a feature of the types of people who have chosen to complete the questionnaires. However, with the majority of activities in the programme being group activities, it is possible that these may attract more sociable and naturally outgoing older people, who may already have higher levels of social contact, and may be less appealing to more introverted people who feel less comfortable in a group environment, and who may be more socially isolated. This provides support for AfA's original assumption that the approach may be more successful as a method of preventing social isolation, providing mechanisms for older people to maintain social connections, rather than as an approach to reduce the social isolation of those already most severely isolated.

5.5 Increased capacity of communities

AfA also aims to reduce social isolation by increasing the capacity of communities; upskilling and creating connections within neighbourhoods that may be sustained following the end of the programme.

Many of the LDLs have developed networks within their districts, bringing older people, local groups and organisations together to share knowledge and resources. These networks bring a wide range of benefits, including increased awareness of local activities and opportunities, increased partnership working, and a way to share and encourage the adoption of new age-friendly approaches:

"The problem was that many of the service providers were working in silo, and there were lots of 'hidden assets', skills and expertise which were being lost which, if shared, would achieve a stronger more age-friendly community. Our network acts as a platform for people working with and for older people. It helps service providers to share current pieces of work they are

delivering with the older community in our target wards, and also enables them to look for gaps and build on partnership work. Each organisation who attends has their own network of older clients, so it also enables us to promote one another's work with the community and promote the programme widely." (AfA staff member, Bolton)

In Rochdale, frontline staff felt that the district has struggled with depleted and limited social infrastructure. In particular, they referenced a lack of spaces to meet and few established channels of communication with the community. Through AfA's approach of bringing different groups together, staff have felt that there has been increased knowledge of what is going on in the local area, and increased engagement across the community as a result. One example of this was the organisation of a series of interlinked projects to make use of some unused allotments in the district:

> "It's the first time in a long time that there's been so much collaboration here"
> Rochdale LDL staff member

The first project, Rochdale in Bloom, was intended to create a 'corridor of colour' along Belfield Road, through installing hanging baskets and flower beds. The second project had a local herbalist and artist work with the elders to develop their knowledge of herbs, teaching them how to make herbal teas and other remedies and create artwork using plants, natural dyes and traditional printing methods. The projects were launched with a Summer Solstice event at the allotments, which was attended by over 200 people. It featured Maypole dancing, clog dancing from Oakenhoof Cloggers, a picnic lunch, live music and a range of other outdoor activities. The projects have generated an increased sense of community pride and connection. Specifically, they have brightened up the neighbourhood around the allotments, and made it somewhere residents enjoy and are proud of. By working collaboratively, volunteers and participants from different groups and projects have also been able to come together and develop new friendships. New ideas are now in pipeline for some intergenerational activities to make use of the allotments. (Rochdale)

Many of the LDLs have also been collaborating with local care homes and sheltered housing schemes, to support them to open up their resources to the wider community. This has had the dual benefit of providing opportunities for the residents to interact and integrate with the local community, but has also provided neighbourhoods with more accessible spaces for activities.

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The tenants on the scheme were becoming "stale" as they were having the same conversations with the same people all the time. We started working with Ambition for Ageing to help open our doors up to older people who lived in the surrounding area, and encourage them to come and join us and take part in some new activities. We also wanted to help include those older people living nearby to feel less isolated and for them to meet new friends. The residents decided to put in a bid for some dance classes, and the classes are still going strong! In order to make them more sustainable we now ask people for a small charge each week (£2.00) which covers the tutor fee and includes refreshments. As a result of the popularity of the dance classes, people have also gone on to try some of our other activities too (Scheme Manager, Tameside)

Overall, the evidence suggests that AfA has been tackling social isolation through a wide variety of methods, including reducing digital exclusion; building community cohesion; facilitating the creation of new activities; and supporting organisations with wider engagement in their local communities. The diversity of the projects developed, and the flexibility of the criteria, has meant that a variety of different people have been able to shape and benefit from the programme. Through supporting projects to explore how they can become sustainable, and building relationships to influence activities in the wider community, the programme has been able to increase its likelihood of having a lasting impact after funding ends.

Section 6: Conclusions and Recommendations

The Ambition for Ageing programme set out with the intention of creating more age-friendly wards and increasing and improving the social connections of older people. By supporting over 13,000 older people to develop more than 900 projects in their local neighbourhoods, the programme is working well towards achieving these outcomes. The asset-based approach and flexibility of the funding criteria have been found to be key elements of what have made the programme so popular and successful.

Data collected through questionnaires suggests that the programme has been engaging with older people likely to be at increased risk of social isolation compared to the general GM population aged over 50. Additionally, there is evidence to suggest that the programme has improved its accessibility and appeal to people from a diverse range of backgrounds, most notably with the improvement in engagement with BAME respondents. However, an aversion to questionnaires and particularly sensitive demographic questions by more marginalised groups means that the quantitative data should be interpreted cautiously. This highlights the importance of using additional qualitative methods of data collection in programmes such as this.

Quantitative measures of social isolation show inconsistent patterns of improvement for repondents across the programme, but identify that 57% of respondents have shown improvement in at least one measure of social isolation. Whilst many respondents may be considered to be at increased risk of social isolation, questionnaire data indicates that the majority of respondents already had relatively high frequencies of social contact before becoming involved in the programme. This lends support to AfA's assumption that the programme's model may be most successful as a preventative approach to social isolation, facilitating the mechanisms to maintain connections rather than reducing the social isolation of those already most severely isolated. However, this data only presents a partial picture, and is unlikely to be representative of everyone engaging with the programme. Importantly, data collected through case studies suggests that the programme has made a substantial difference to many participants' lives. Notably, the qualitative evidence highlighted many benefits felt by participants that are not measured in the standardised questionnaires: an increase in confidence; the opportunity to learn new skills; a reason to get out and about; and a way to give back to their communities.

Measures of perceptions of neighbourhood age-friendliness also show a mixed pattern of improvement. Qualitative evidence collected has identified the complexities and nuances of the concept of age-friendliness that are not adequately captured in the measure, and highlighted that many participants feel that further improvements are still needed within their neighbourhoods before they may be considered 'very age-friendly'. This reflects the programme's key assumption that it is operating in a context of reduced public spending and reduced high street provision, which is likely having an impact of perceptions and experiences in this area.

AfA's focus on contribution as well as connection is a particularly successful element of the programme, giving activities meaning and empowering those involved. In particular, the programme facilitates the creation of flexible structures within which older people can contribute in a variety of ways, both formal and informal. On a broader GM level, forums such as the GMOPN have created a channel for older people to have their voices heard on a range of political and social issues of particular importance to its members. However, feedback highlights the importance of ensuring that older people are able to see the impact of their input through such structures, to prevent them becoming disillusioned with the process.

The proportion of projects focused on 'space' reflects the importance of community resources and social infrastructure for the programme. Qualitative evidence collected suggests that the programme has made substantial improvements in neighbourhoods by improving age-friendly infrastructure and increasing the capacity of communities. This has been most successful where there has been a combination of providing capital investments into communities, alongside a significant resource given to building relationships and increasing community cohesion.

Key recommendations

1. Older people value asset-based approaches, which give them a sense of ownership and enable projects to emerge that are tailored to the skills and needs of identified communities. Joined-up coordination of community research is needed to do this effectively, in order to understand the nature of a place, uncover hidden assets, and identify any community tensions and issues that need to be carefully managed and supported.

2. Flexibility of funding criteria is essential in order for this type of approach to be effective. To be most beneficial, this flexibility should be used to fund a combination of different intervention types, such as group activities and broader neighbourhood interventions/improvements. Utilising a variety of intervention types enables a diverse range of individuals to benefit both directly and indirectly from the programme.

3. Whilst providing funding directly into projects is important, funding and resource for community development and outreach should be considered to be of equal importance and value. This activity has two key benefits. Firstly, to develop community relationships and networks that can increase the sustainability of activity following the end of the programme. Secondly, to provide the time to develop routes into reaching individuals who are most socially isolated, and ensure they are adequately supported to engage with the programme.

4. A focus on contribution as well as connection is a particularly effective way of reducing social isolation for some older people. However, these opportunities need to be both varied and supported, with a mix of formal and informal opportunities available. Future work would benefit from focusing on the development of more informal opportunities for community contribution, which can have fewer barriers to participation and better engage those who do not wish to identify as 'volunteers'.

5. Facilitating the creation of structures for older people to come together to have their voice heard is very valuable, but older people need to be able to see the impact they are having. Without two-way communication, managing expectations, and evidence of change, there is a risk of older people becoming disillusioned with the process and feeling disempowered.

6. Due to the flexibility and variability of the activity involved, this type of programme requires highly multi-skilled front-line staff. Staff must be adaptable and innovative, and be able to engage in complex relationship management and negotiation. They also need to have excellent knowledge of methods of community development and sustainability, democratic structures and governance, and know how to adapt these for different settings and communities.

7. Non-engagement with questionnaires and high levels of missing data has reiterated the importance of qualitative research methods in understanding complex programmes such as this. Further qualitative research is needed to understand who the programme is engaging with, and the impacts it has had. This is particularly the case for more

marginalised and vulnerable individuals and groups, who are least likely to be represented in the questionnaire data, but may be most at risk of social isolation.

In response to findings from this report, more in depth qualitative research into the following areas would also be of benefit:

- Research exploring gender differences in older people's attitudes towards survey data collection, to better understand the differences in completion rates of questionnaires and learn how better to collect men's views and experiences in evaluation techniques.

- Exploration of the impact of the programme on beneficiaries of different ethnicities, to better understand any difference in benefits experienced by older people from different cultural backgrounds (particularly BAME).

- Further research into the experiences and understanding of the concept of neighbourhood belonging, in order to better understand key drivers of change in perceptions of neighbourhood belonging for older people in GM.

- Further research with programme beneficiaries who live alone, to better understand whether the programme has been less beneficial for them and identify any improvements that could be made.

Appendices

Appendix A – Questionnaire data collection timeline – practical implementation

Appendix B - Reach and Engagement

AfA numbers are calculated from baseline figures, including all questionnaires up to Jan 5th 2019. GM 50+ figures calculated from ONS population estimates.

Gender – AfA also offered a category of 'self-definition' in their forms. This option was selected less than 0.01% of the time and so has been omitted from the chart.

Education – comparison of education levels has been harmonised with the following categorisations shown in the table below. GM percentages do not add up to 100% in the chart due to 5% of the GM 50+ population having 'other qualifications', which are not captured in the AfA questionnaires.

AfA Categories	Census Categories	Merged Category name
No school	No qualifications	No school/primary/no qualifications
Primary		
Secondary/ O level or equivalent/ Post 14 apprenticeship	Level 1	Secondary/ O level or equivalent/ post 14 app/ Level 1 or 2
	Level 2	
A level/ Apprenticeship	Apprenticeship	A level/ post 16 apprenticeship/ level 3 or apprenticeship
	Level 3	
Degree	Level 4+	Degree/ post grad/ level 4+
Post grad qualification		
no equivalent category	Other qualification	*NA*

Employment Status – employment status categories have been harmonised using the following categorisations:

AfA Categories	Census Categories	Final Category name
Employed full-time	Economically active: In employment: Employee: Full-time (including full-time students)	Employed (full time)
Employed part-time	Economically active: In employment: Employee: Part-time (including full-time students)	Employed (part time)
Retired	Economically inactive: Retired	Retired
Self-employed	Economically active: In employment: Self-employed: Total (full time and part time)	Self employed
Unemployed	Economically active: Unemployed (including full-time students)	Unemployed (or economically inactive)
	Economically inactive: Student (including full-time students)	
	Economically inactive: Looking after home or family	
	Economically inactive: Long-term sick or disabled	
	Economically inactive: Other	

An additional category showing the percentage unemployed/economically inactive controlling for retirement age is also displayed, calculated by removing those over 65 years of age from the analysis.

Ethnicity – matching categories used in census and AfA questionnaire.

Religion – matching categories used in the census and AfA questionnaire. Due to low numbers in AfA sample, Sikh and Buddhist participants have been re-coded into the 'other religion' category.

Lives alone – Percentage of AfA participants who stated they live alone compared to percentage of GM one person households estimated by ONS.

Illness – AfA asks 'Do you have any long-standing physical or mental illness or disability? Yes/No/Prefer not to say'. Census data captures 'Long term health problem or disability' as whether someone has their day to day activities limited 'a little' or 'a lot' or 'not limited' by their health. Those whose day-to-day activities are not limited at all are excluded from the analysis.

Caring responsibilities – AfA asks 'Is there anyone who is sick, disabled, or needs support whom you look after or give special help to? (e.g. a sick, disabled or elderly relative, wife, husband, partner, child or friend) Yes/No/Prefer not to say'. This is compared with ONS estimates of the total percentage of over 50s who provide some level of 'unpaid care' (from 1 to 50+ hours per week).

Distribution of Civic Participation Scores
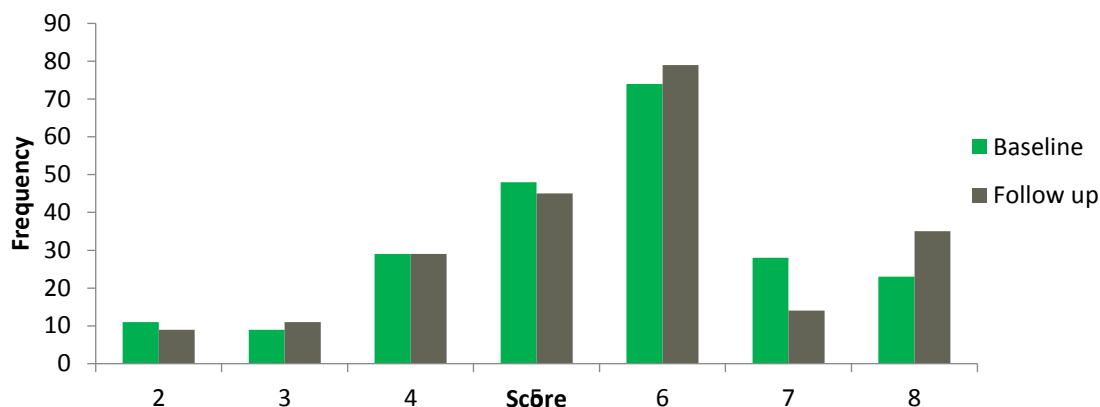
Appendix D – Social Contact Measures

Neighbourhood Belonging measures

Please look at the statements below and indicate how strongly you agree or disagree with each (please tick in the corresponding box).					
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I feel like I belong to this neighbourhood	☐	☐	☐	☐	☐
The friendships and associations I have with other people in my neighbourhood mean a lot to me	☐	☐	☐	☐	☐
If I needed advice about something I could go to someone in my neighbourhood	☐	☐	☐	☐	☐
I borrow things and exchange favours with my neighbours	☐	☐	☐	☐	☐
I would be willing to work together with others on something to improve my neighbourhood	☐	☐	☐	☐	☐
I regularly stop and talk with people in my neighbourhood	☐	☐	☐	☐	☐

Frequency of contact with friends, family or neighbours measures

On average, how often do you do meet up with friends, colleagues, family or neighbours, not counting any who live with you?					
1: Less than once a year or never	2: Once or twice a year	3: Every few months	4: Once or twice a month	5: Once or twice a week	6: Three or more times a week

How often do you typically talk to your neighbours?			
1: Less often than once a month	2: Once or twice a month	3: Once or twice a week	4: On most days

Volunteering measures

Do you currently volunteer with any organisations, groups or communities? (please tick)	
No	
Yes	
Prefer not to say	

On average, how often do you generally carry out your volunteering activities? (please tick)	
3-5 times a week	
At least once a week	
Less than once a week but at least once a month	
Less than monthly	
Prefer not to say	

Technology use measures

Do you use a computer, smartphone or tablet? (please tick all that you use)	
No	
Computer	
Smartphone	
Tablet	
Prefer not to say	