

Ageing Better in Camden



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CMF analysis report of data July 2015 to October
2018

December 2018



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Summary of findings

This report analyses **survey data** collected over the course of the Ageing Better Camden (ABC) programme. This survey is administered to participants at **two time points**: within three weeks of joining an ABC project and then again 6 months later. This allows for a mode of comparison to help understand the impact ABC projects are having and whether these are in line with their intended outcomes.

ABC aims to address social isolation and loneliness in older people (over the age of 60) living in Camden by producing the following outcomes:

- Older people at risk from or experiencing social isolation will be **more involved** in their communities and provide stronger support to each other.
- Older people will experience **less social isolation** as a result of participation in programme activities.
- Services which address the social isolation of older people in Camden are more relevant and better co-ordinated, with increased numbers of older people engaged in their **design and delivery**.

The survey used to capture the data presented in this report is called the Common Measurement Framework (CMF) questionnaire, which is used across all national Ageing Better projects and contains questions to measure **loneliness**, as well as **health, wellbeing and levels of social contact**. This report includes data collected between July 2015 and 3 October 2018.

Data collected through this questionnaire are limited. While there are 670 baseline responses, there are only 176 follow up responses, which come mostly from the Community Connectors (n=60) and LGBT+ Connect (n=59) projects. For this reason the findings contained in this report are tentative and should be interpreted with caution.

ABC participant demographics differ from the similar age cohort in Camden in ways that reflect programme targeting

ABC participant demographics to some extent reflect the profile of the borough, although the proportion of ABC participants who live alone is much higher than the average in Camden for this age group. ABC baseline respondents also have higher loneliness levels and less social contact compared to Camden as a whole¹. 29% of ABC participants fell into the most lonely category compared with 14% of those of the same age group within Camden as a whole (Ecorys 2016). This suggests that ABC is targeting the most lonely within the borough.

When asked to compare how much they feel that they take part in social activities compared with peers in the same age groups, they score more positively on average

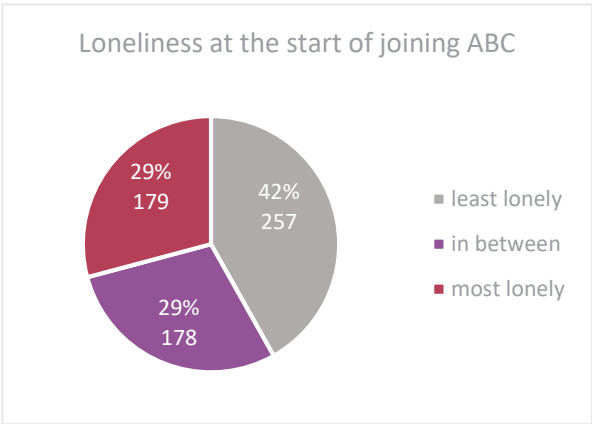
¹ Ecorys 2016

compared to the results in Camden for this age group.

ABC participants' health levels are lower than average compared with national health data² for their age group, where health scores are influenced by age and gender. Women's health scores are generally more polarised than men, i.e. they are either high or low. This could be due to higher rates of depression among women than men in Camden which may impact their perception of their health³.

Compared with the profile of the overall programme, there are fewer older old (age 80+) in the CMF baseline data by a margin of 6%. This is because LGBT+ Connect respondents are slightly overrepresented within this dataset (this project had a very high survey response rate compared with others) and the LGBT+ Connect project attracted the youngest participants.

Loneliness levels are mixed across ABC participants, where gender, age and health play a role



Participants' loneliness levels were banded into 'most lonely', 'moderately lonely' and 'least lonely' based on their De Jong loneliness score. The chart on the left shows the proportion of CMF respondents across these three categories at baseline.

Some subgroups of ABC participants appear to be more likely to experience loneliness than others:

	More likely to experience loneliness	Less likely to experience loneliness
Gender	Men	Women
Age	55-64	75-79
Contact levels	More intermittent contact on the phone or via text	Regular in-person contact
Social activities	Not attending any activities	Attending social activities
Health	Poor mental health	No health issues or mobility issues only

² English Health survey (2012) and ONS Health state life expectancies (2018)
³ Gender inequalities in health: Camden (2018)

Analysis of baseline and follow up responses shows a slight improvement in the mean average loneliness scores. Looking across both loneliness measures, a positive impact is seen for those who started out in the most lonely categories

Across both measures of loneliness, emerging trends from the data suggest that the positive impact on loneliness levels of those who started in the most lonely category is larger than the negative impact on the loneliness levels of those who started least lonely, although this could be due to data collection methods.

This emerging trend needs to be further explored in future reports to understand whether this change in loneliness score can be attributed to involvement with ABC projects or whether it demonstrates a convergence to the mean (i.e. where the least lonely have little or no scope to improve, and the most lonely often cannot get worse, Ecorys 2018)

	Average baseline DeJong score	Average follow-up DeJong score	Difference
All ABC participants	3.0	3.1	0.2
Least lonely	0.9	1.6	0.7
Moderately lonely	3.5	3.4	0.0
Most lonely	5.5	4.9	-0.6

	Improved (unit number and % of loneliness category)	Stayed the same (unit number and % of loneliness category)	Worsened (unit number and % of loneliness category)	Total
Started least lonely (DJG 0-2)	15 (21%)	21 (29%)	36 (50%)	72
Started moderately lonely (DJG 3-4)	16 (31%)	18 (35%)	18 (35%)	52
Started most lonely (DJG 5-6)	22 (40%)	25 (45%)	8 (15%)	55

Participants' level of involvement within their community has not shown significant change

On the whole, participants' perception of their level of influence on their local area has remained fairly stable across baseline and follow up.

There is a relationship between the ways that participants offer help to their local communities (such as visiting people, organising events, leading groups, offering advice etc) and levels of loneliness. Offering the type of help that requires strong social skills (e.g. such as leading a group, campaigning or raising money) was delivered by those with the lowest loneliness levels.

The CMF data does not reveal whether ABC projects have led to greater involvement with communities on the whole. This will be further explored within the next report once more data has been collected.

Conclusions and next steps

The CMF data shows that ABC projects are attracting a greater proportion of lonely participants and more of those who have less social contact compared with the average for older people living within Camden (Ecorys 2016). Trends about the impact that ABC projects are having on loneliness levels are currently inconclusive and will continue to emerge as more data are collected.

The CMF findings will be further explored through the planned qualitative research which will help us to understand more about what is happening and why. For example:

- The CMF data describes which projects participants are involved with, but it does not specify how often they attend, which activities they like the most or what they enjoy less about others.
- It will be useful to explore how ABC participants feel about their level of influence on their locality, as well as learning more about their involvement in designing and shaping activities, as there is currently limited CMF data on this theme.

1. Introduction

This report analyses survey data collected between July 2015 to October 2018 over the course of the Ageing Better Camden (ABC) programme. This survey is administered to participants at two time-points: within three weeks of joining an ABC project and then again 6 months later. This allows for a mode of comparison to help understand the impact ABC projects are having and whether these are in line with their intended outcomes.

Background

Ageing Better in Camden (ABC) is a six-year programme that aims to address social isolation and loneliness in older people (over the age of 60) living in Camden. The programme is intended to produce the following outcomes:

- Older people at risk from or experiencing social isolation will be more **involved** in their communities and provide stronger support to each other.
- Older people will experience **less social isolation** as a result of participation in programme activities.
- Services which address the social isolation of older people (SIOP) in Camden are more relevant and better co-ordinated, with increased numbers of older people engaged in their **design and delivery**.

With £4.5m of Big Lottery funding, ABC has commissioned a range of projects in order to build a body of evidence that can support increased awareness and knowledge relating to SIOP, both locally and more widely. This falls in the wake of the first government loneliness strategy announced in Oct 2018⁴, which encourages social prescribing, aiming to improve patients' wellbeing through activities, rather than medication. This government strategy also includes **increased investment into community spaces and activities**. Findings from ABC's programme will resonate with policy makers working to understand what types of activities have the most positive impact.

The following projects supported by ABC have had various start dates from July 2015 and are developing at unique rates:

⁴ <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

Table 1 Projects highlighted within this report

Project	Delivery agency	Date started
Digital Inclusion	Mary Ward Centre	July 2015
Intergenerational activities	North London Cares (NLC)	July 2015
Men's Action (not collecting CMF survey data)	North London Cares (NLC)	July 2015
Kilburn Community Action	Kilburn Older Voices Exchange (KOVE)	July 2015
Community Connectors	Camden Community Centres' Consortium - C4 and Age UK Camden	September 2015
LGBT+ Connect	Opening Doors London/Age UK Camden	December 2015
St. Pancras and Somers Town Community Action Project (We are Ageing Better St Pancras and Somers Town)	Origin Housing	October 2016
Regent's Park Community Action Project	Third Age Project	October 2017
Bangladeshi Community Action Project	Hopscotch Asian Women's Centre led partnership with Bengali Works Association and Kings Cross Brunswick Community Association	October 2017
Gospel Oak and Haverstock Community action project (Our Three Points)	Kentish Town City Farm led partnership with Queens Crescent Community Association and Castlehaven Community Association	October 2017

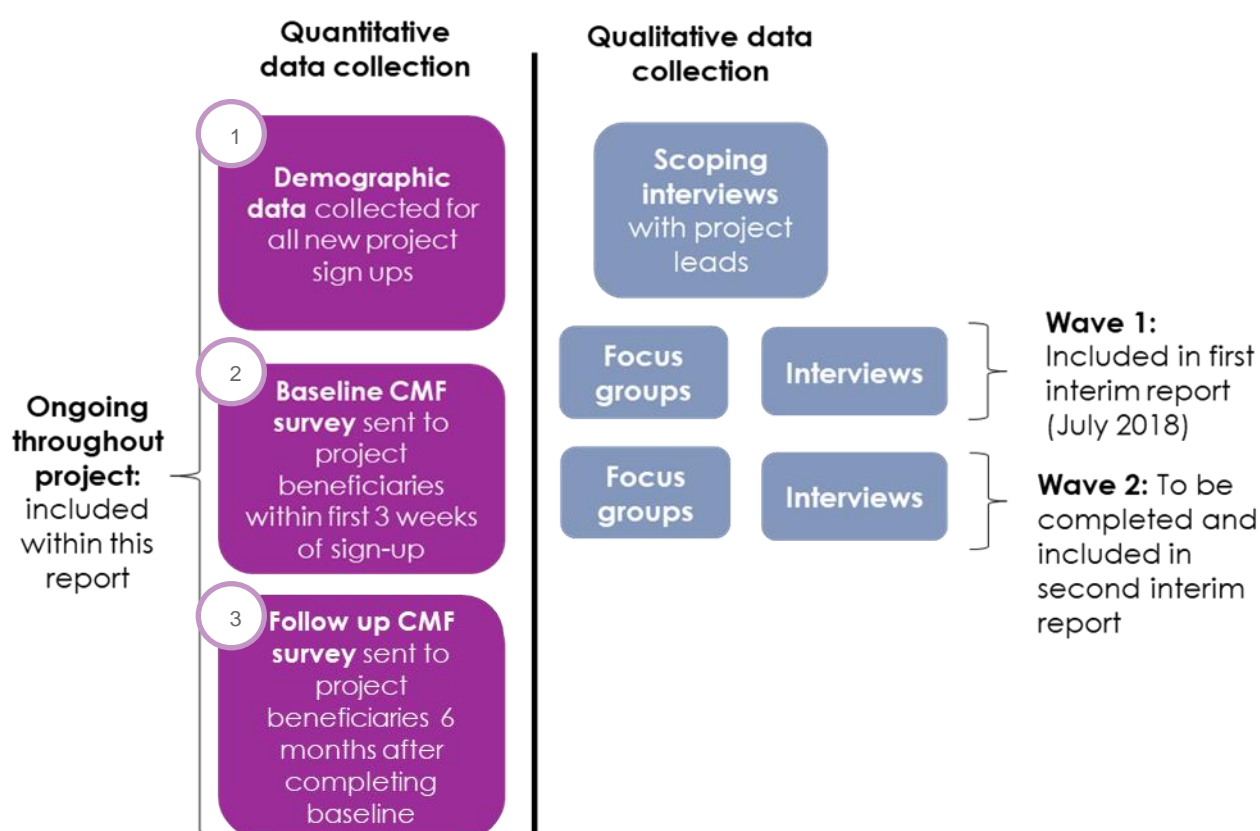
Since then, additional projects have received support from ABC, including: Abbey Community Centre, Akash Resident Association, Dragon Hall Community Centre, Highgate Newton Community Centre and Community Outreach, although there is not yet enough data to include them within this report.

1.1. Methodology

Data collected within this report has been sourced from responses to participant profile data collected at point of project registration and a Common Measurement Framework (CMF) questionnaire, which is used across all national Ageing Better projects and contains standardised loneliness measures, as well as self-reported health, wellbeing and levels of social contact. The questionnaire is administered at two time-points in an attempt to identify change associated with project participation.

This report includes accumulated CMF data up to and including 3rd October 2018. Initial findings were discussed with the Evaluation and Learning sub group on the 30th October 2018. The results of these discussions are included within this report.

The diagram below highlights the various research strands, and where the quantitative data analysed within this report sits within the evaluation methodology as a whole.



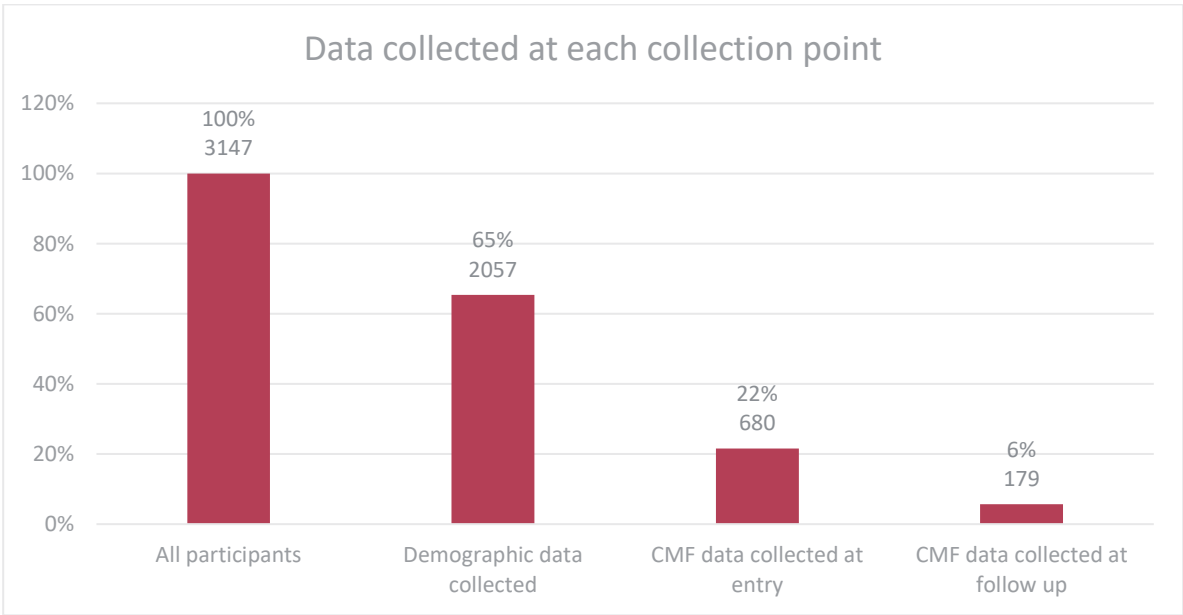
This report will be used to triangulate findings from the first interim report (July 2018) based on qualitative data and will indicate emerging trends that can be further explored through the next wave of research.

1.2. About the data

By October 2018, the ABC programme had 3,147 participants across all projects. Demographic data collected at the point of registration was not always complete. Where this is the case it has had a knock-on effect, and has meant CMF questionnaires could not be sent out (for example where there were missing postal addresses, or where participants opted for no further contact). For this reason, the amount of data gathered at each stage of data collection declines:

- 1 Not all participants who registered to an ABC project have shared their **demographic** information (65%)
- 2 Fewer have responded to the CMF questionnaire at **baseline** (22%)
- 3 Fewer still have responded at **follow up** (6%). (See figure 1 below.)

Figure 1: CMF Data collection



ABC projects have not all been collecting CMF data in the same ways and over the same time frame. This means that we have differing levels of data from the projects, which needs to be taken into account when comparing project impacts.

The CMF collection start date and responses by project are shown in table 1 below:

Table 1: Project CMF responses

	CMF Collection start date	Total sign ups since CMF data collection started	Baseline responses to CMF		Follow up responses to CMF	
			Number of participants	% of total	Number of participants	% of total
Digital Inclusion	Oct 17	110	49	45%	8	7%
Intergenerational	Oct-17	152	25	16%	8	5%
Men's Action	Not collecting CMF data	n/a	n/a	n/a	n/a	n/a
Kilburn Community Action (KOVE)	May-16	261	51	20%	17	7%
Community Connectors	Sep-15	664	169	25%	60	9%
LGBT+ connect	Aug-16	173	109	63%	59	34%
St Pancras and Somers Town	Jan-17	274	72	26%	4	1%
Bangladeshi CAP	Oct-17	106	17	16%	3	3%
Regent's Park/Euston CAP	Oct-17	348	39	11%	13	4%
Gospel Oak/Haverstock CAP	Oct-17	219	26	12%	0	0%

Possible additional reasons for the low CMF response rate are:

- Date the project started, where newer projects are less likely to have participants who have been involved with the project for over 6 months (e.g. Gospel Oak CAP)
- Missing information at sign up meaning that CMF forms cannot be sent (e.g. missing address) or lack of consent for further contact
- Challenges administering the survey / receiving a response

Therefore, for the purposes of this report, it is more meaningful to report findings for the programme as a whole, rather than project by project.

Prior to October 2017, the completion of CMF questionnaires was the responsibility of individual projects. Since then, Traverse began administering the CMF survey and the response rate for each project has been high following a change in the way that we are collecting CMF data. The average response rate at baseline and at follow up is 47% across projects since October 2017. For those participants who are receiving their survey by post

we are using the following measures to encourage responses:

- Hand written envelopes
- Including a pre-paid stamped-addressed envelope with the survey
- Sending a reminder letter with a copy of the survey (1 month after survey sent)
- Including a personalised letter addressed to their first name with all correspondence
- Producing a flyer for ABC to promote completion of the CMF survey.

It should be noted that the data does not reflect how involved participants have been with ABC projects. Data corresponds to the first ABC project that participants signed up to, and the CMF form does not monitor ongoing engagement.

1.3. Loneliness and health measures

Loneliness is measured within the CMF questionnaire using two scoring methods:

- De Jong Gierveld (DJG) scale
- UCLA loneliness scale

UCLA and De Jong scoring are strongly correlated (0.71). For the purposes of this report we refer to the De Jong score when discussing loneliness levels, although in section 4.1 a comparison of the scores across the two different measures is provided. (Please see the [Appendix](#) for more details.)

1.4. Calculations made by Traverse

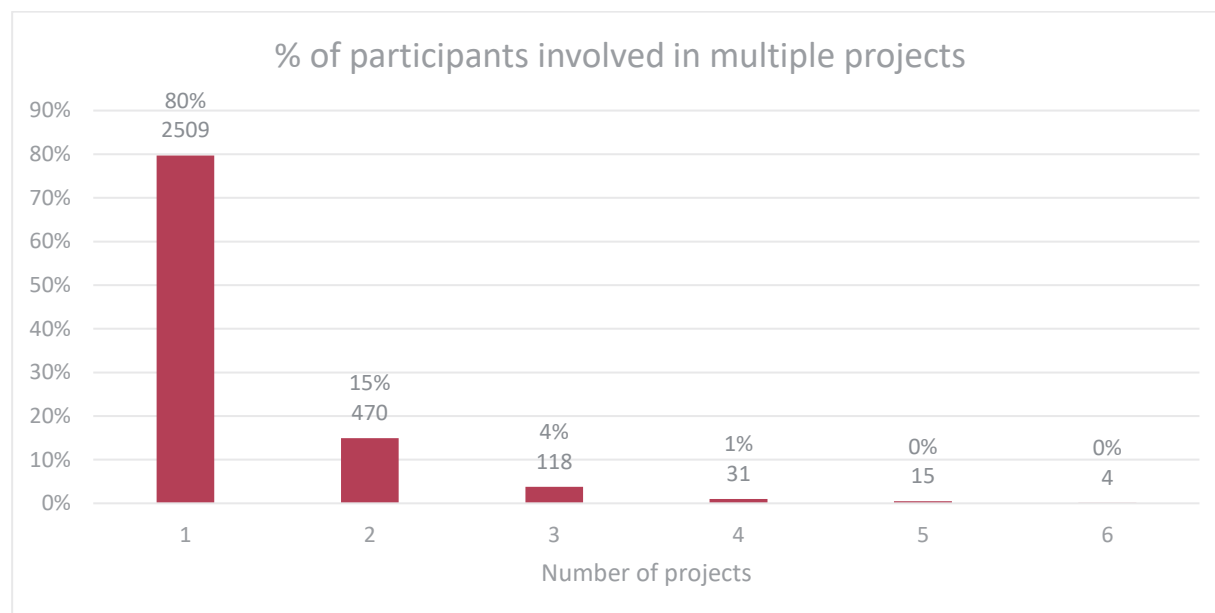
For the purposes of analysis, several calculations have been made. These include:

- **Banding De Jong loneliness scores:**
 - **0-2:** Least lonely
 - **3-4:** Moderately lonely
 - **5-6:** Most lonely
- **Calculating the change of scores:** For various measures the difference between scores at baseline and follow up have been calculated, by subtracting the score at baseline from the score at follow up. Results have then been grouped into:
 - Improved
 - Stayed the same
 - Worsened

According to project monitoring data, most participants who completed CMFs (80%) only

attend one project's activities. For those that have participated in two or more projects, most started in Men's Action (27%) and Community Connectors (24%). Given its affiliation with Men's Action, it follows that the Intergenerational is the most popular secondary project (34% of the 638 who do 2 or more projects attended).

Figure 2: Participants involved in one or more projects



2. Who are ABC participants?

Summary of chapter 2

- Comparing demographic information for CMF survey respondents with ABC project participants overall shows a higher proportion (by 6%) of non-heterosexual CMF respondents. This is due to LGBT+ Connect having a very high CMF response rate compared with other projects.
- This also leads to a difference in the age profile of CMF respondents, as there are fewer older old (age 80+) in the baseline data by a margin of 6%.
- The proportion of ABC participants who live alone is much higher than average in Camden for this age group.
- ABC participants' give themselves a slightly lower health rating compared with the national average for their age group, where health scores are influenced by age and gender.
- Women's health scores are generally more polarised than men, i.e. they are either high or low. This could be due to higher rates of depression among women than men in Camden which may impact their perception of their health.
- Contact levels for ABC baseline respondents with individuals outside their family is lower than average. However, ABC participants have a mixed perception of their own levels of socialising compared to others in this age group.

2.1. Demographics of all ABC participants

Ignoring any missing data from participants who did not wish to disclose information, the demographics of ABC participants are as follows:

- 65% of ABC participants to date are female and 35% male.
- Most participants (67%) are over the age of 70, where the mean and median age of participants is 74.
- Most participants (79%) are heterosexual. The LGBT+ Connect project accounts for 82% of non-heterosexual ABC participants.
- 69% of ABC participants are white. This is relatively in line with 2011 census data for all Camden residents, which states that 66% of the Camden population are white, 16% Asian, and 8% Black.
- ABC demographic data for religion reflect Camden's 2011 census data, where the religious makeup of Camden is: 34.0% Christian, 24.9% No religion, 12.1% Muslim, 4.5% Jewish, 1.4% Hindu, 1.3% Buddhist, 0.2% Sikh, 0.1% Atheist.

Figure 3: Gender of ABC participants

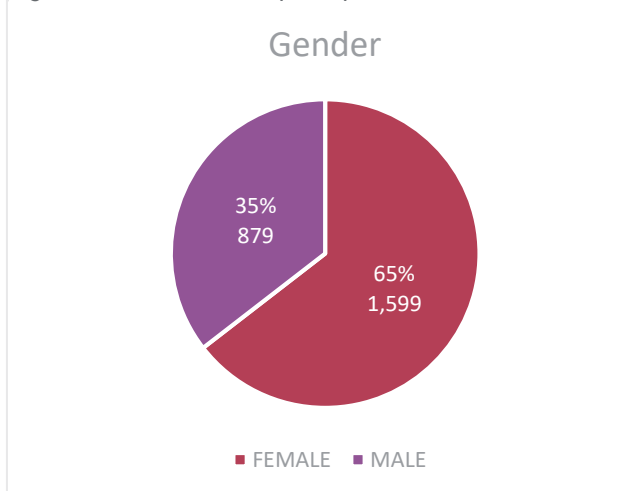


Figure 4: Sexuality of ABC participants

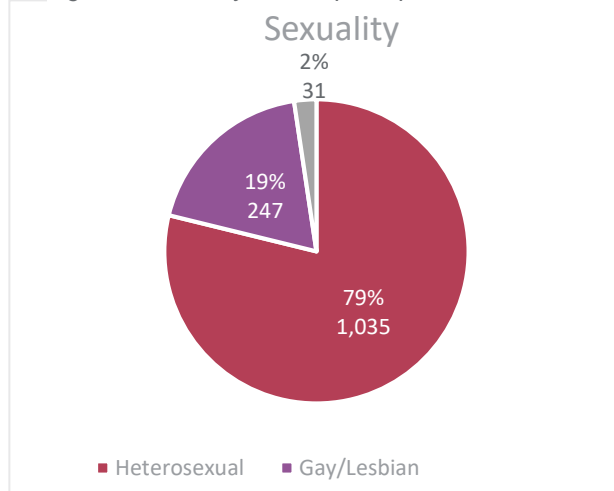


Figure 5: Religion of ABC participants

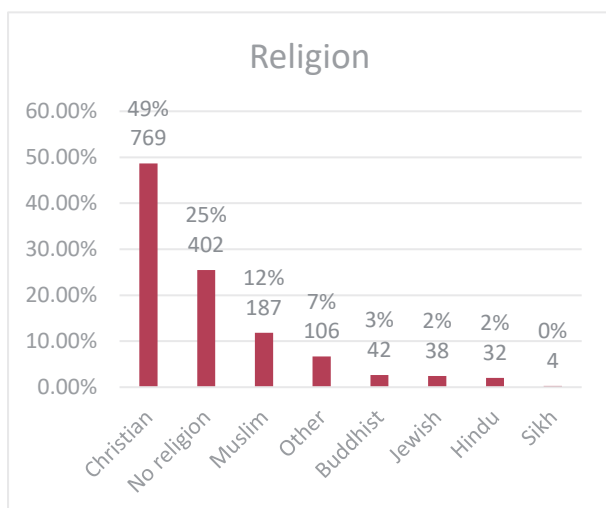


Figure 6: Age of ABC participants

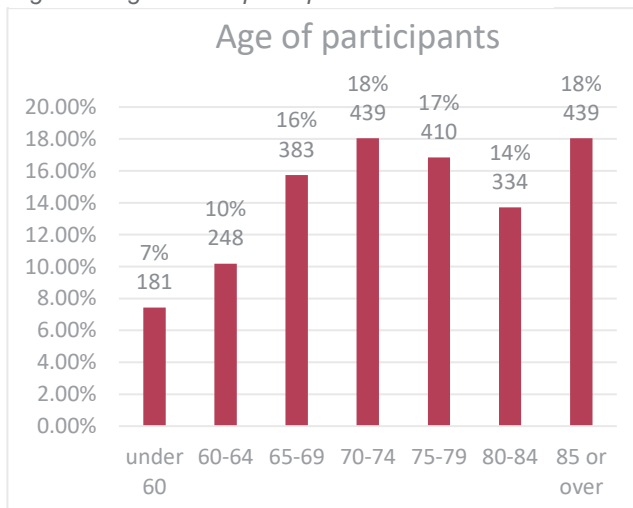
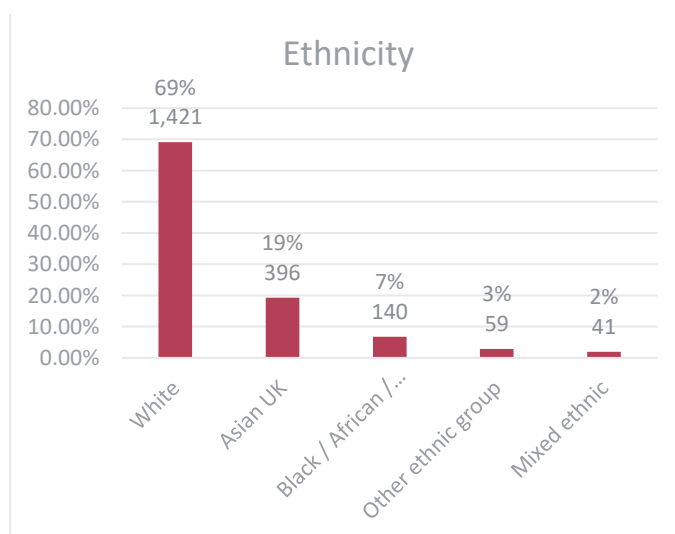
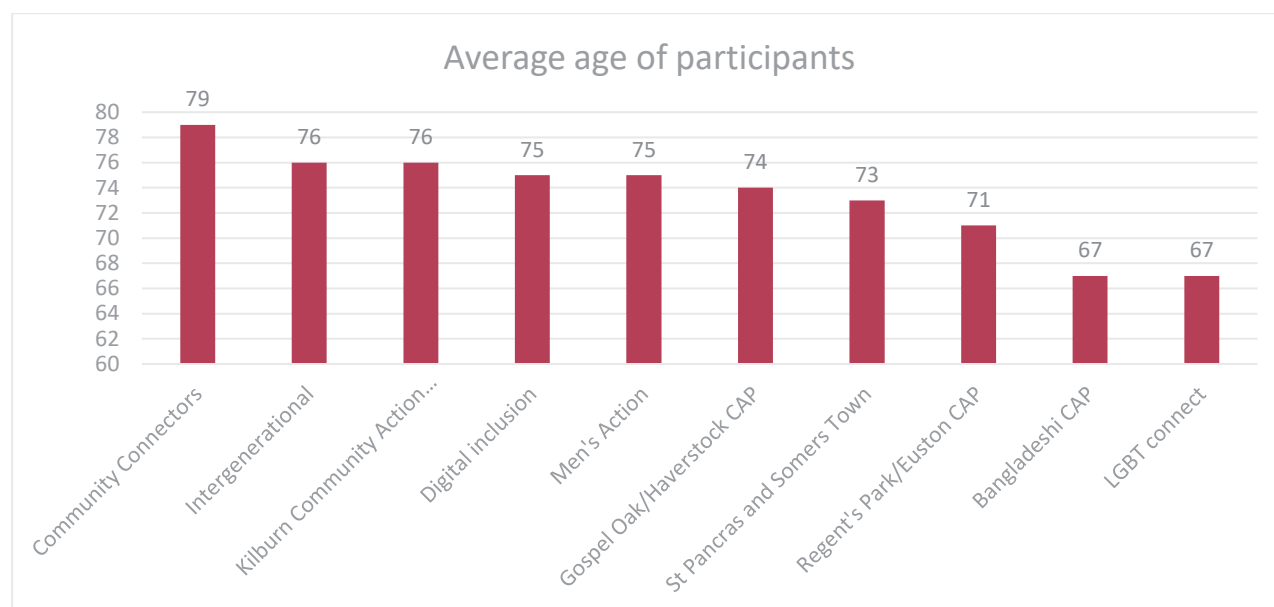


Figure 7: Ethnicity of ABC participants



There is some variation in the age profile of participants across the different projects. For example, on average, LGBT+ Connect, and Bangladeshi CAP attract younger participants and Community Connectors attracts the oldest participants. This is unsurprising given the nature of the projects, see figure 8 below.

Figure 8: Average (mean) age of participants per project



2.2. Demographics of those responding to the CMF questionnaire at baseline

The demographic data for those that responded to the CMF survey at baseline (n=680) reflects the demographic information collected for all ABC participants except that at baseline there is a higher proportion of non-heterosexual participants among CMF respondents and a lower number of older old (80+). This is due to the high proportion of LGBT+ Connect project participants that have responded to the CMF questionnaire compared with participants from other projects and their participants are younger than for other projects.

Figure 11: Gender CMF baseline respondents

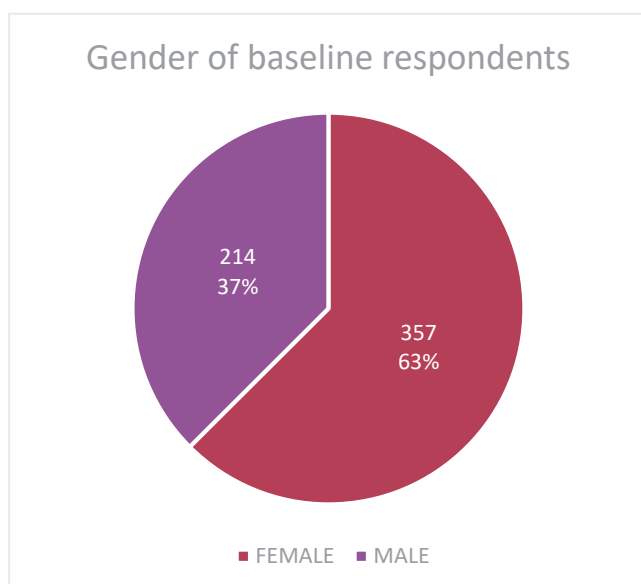


Figure 12: Sexuality of CMF baseline respondents

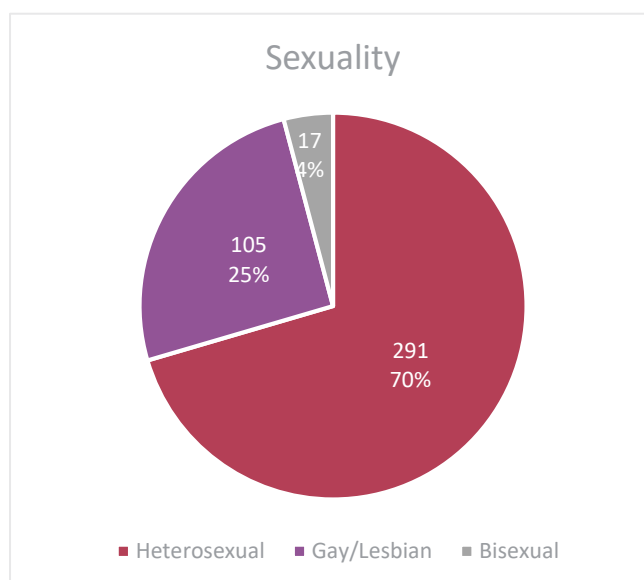


Figure 9: Age of CMF baseline respondents

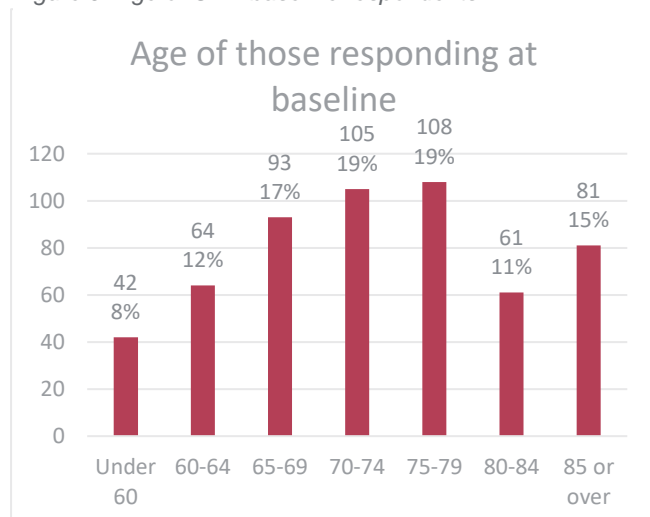


Figure 10: Religion of CMF baseline respondents

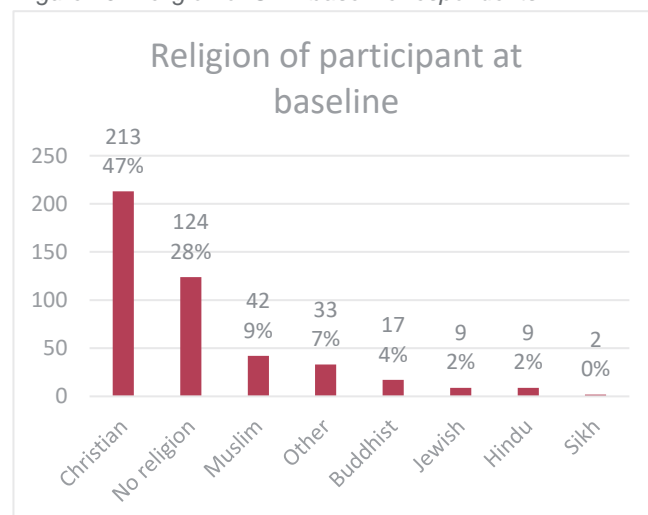
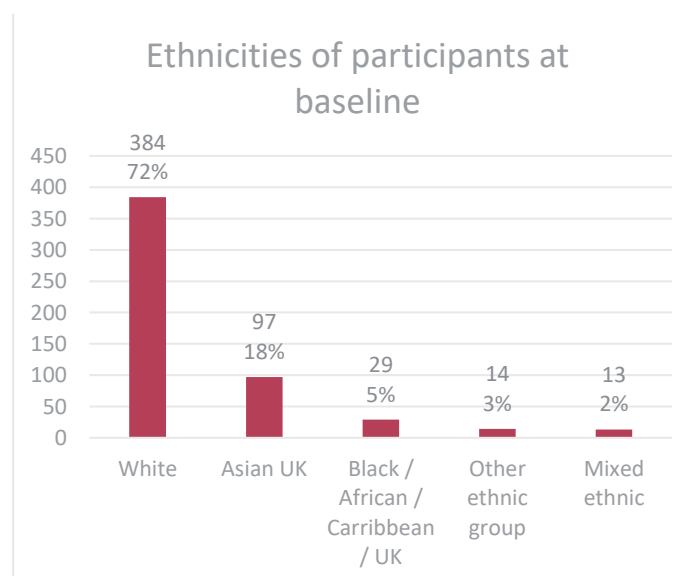


Figure 13: Ethnicities of CMF baseline respondents



2.3. Living arrangements of ABC participants

CMF questionnaires ask about participants' living arrangements:

- The majority (74%) of ABC participants who responded to the CMF survey at baseline live alone. This is significantly higher than the 42% of all people over the age of 65 living alone in Camden and 31% across England according to 2011 census data.
- 62% of ABC participants consider themselves to have a disability.
- 13% of ABC participants are carers.

Figure 14: ABC participants and disability

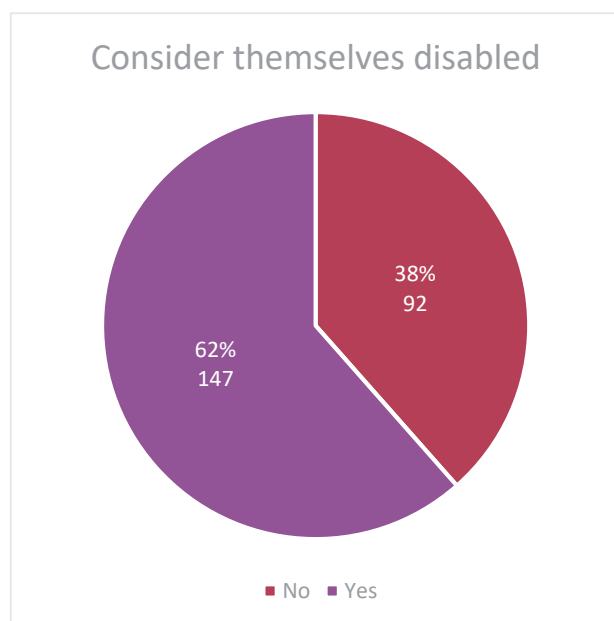


Figure 15: ABC participant living arrangements

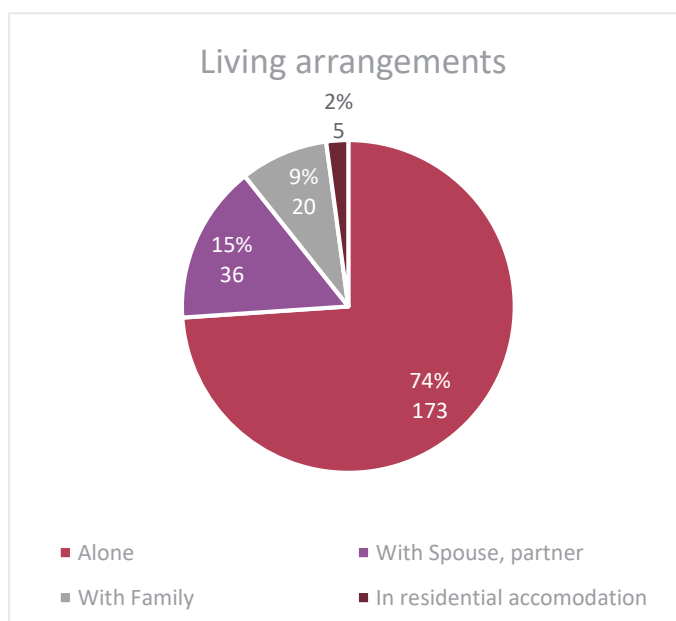
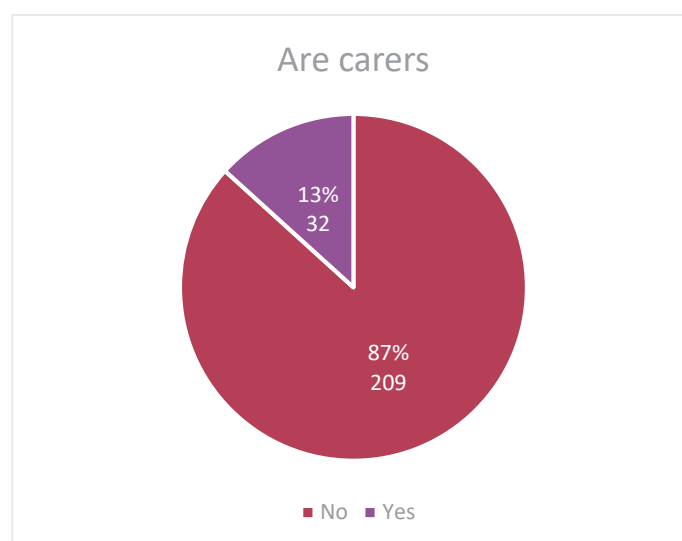


Figure 16: ABC participants carers



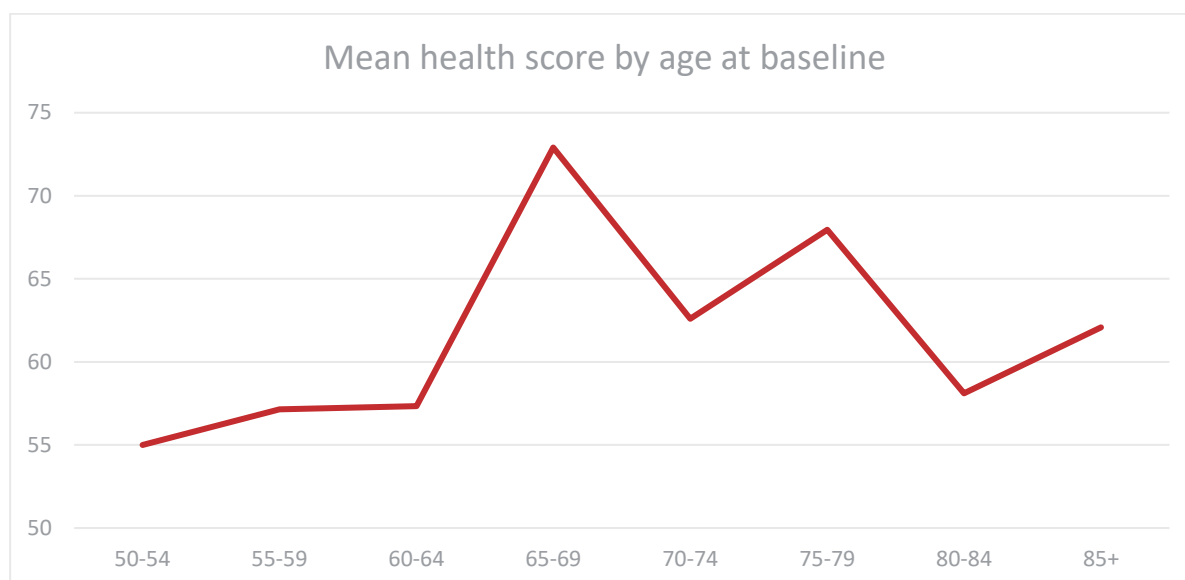
2.4. Health of ABC participants at baseline

Within the CMF questionnaire, participants are asked various questions about their health. This includes questions about their mobility, self-care, ability to engage in usual activities, whether they have any pain or discomfort and whether they experience anxiety or depression. Following this, participants were asked to rate their health on a scale of 0-100, with 100 being the best state of health. This had a lower response rate at baseline than other questions (183 responses).

The median score for all CMF baseline respondents who answered this question was 70 and the mean was 64. The median score of participants between the ages of 55 and 74 is also 70. This is lower than the results of the English Health survey (2012) which suggests that the median average score for all those aged between 55 and 74 in England is 80.

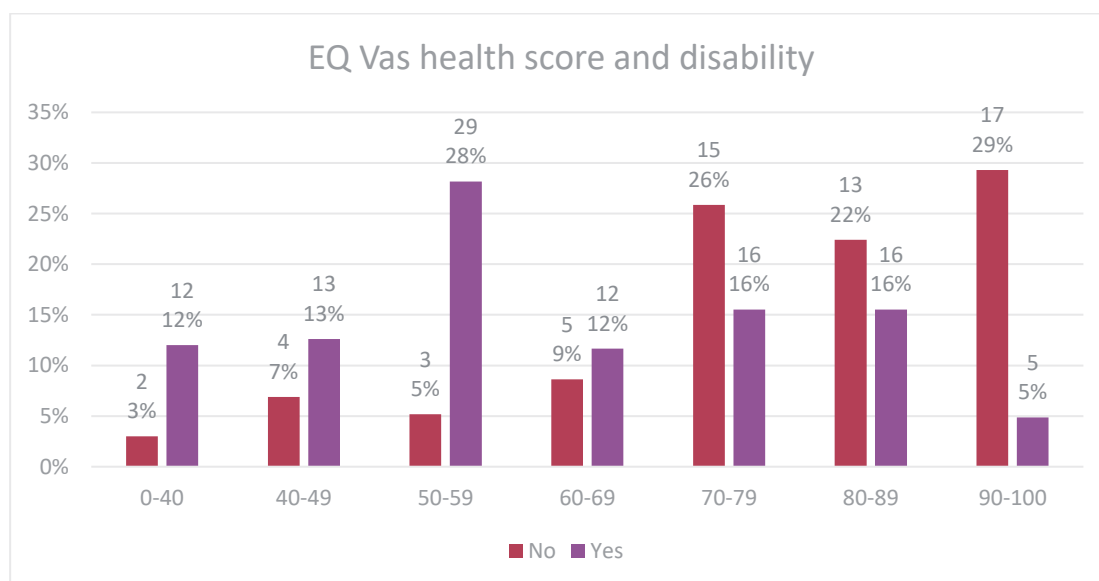
For ABC participants, participants with the highest average health scores are between the ages of 65-79 and women's health scores are more polarised than men's.

Figure 17: Mean EQ Vas health scores of ABC participants at baseline by age



Unsurprisingly, CMF health scores are linked to disability. Out of the participants who consider themselves to have a disability, 64% consider themselves to have health score below 70, whereas for those who do not consider themselves to have a disability, 78% have selected a health score of above 70.

Figure 18: Health score and disability for CMF baseline respondents



2.5. Social levels of ABC participants

ABC participants have lower than average social levels:

- While the majority of participants have contact with people outside their homes in person or on the phone at least once a week (see figures 19 and 20), only 44% have any social contact with a non-family member every day or almost everyday (figure 21).
- This number is lower than average in comparison with results from a TNS BMRB face-to-face omnibus survey (2016), where 63% of 5,871 adults over the age of 62 had social contact with a non-family member every day.
- But ABC results are only slightly lower than the average in Camden. The Ecorys Camden baseline report (2016) found that 48% of participants in Camden said that they spoke to someone other than family every day.

Figure 19: CMF baseline respondents how often they have contact in person

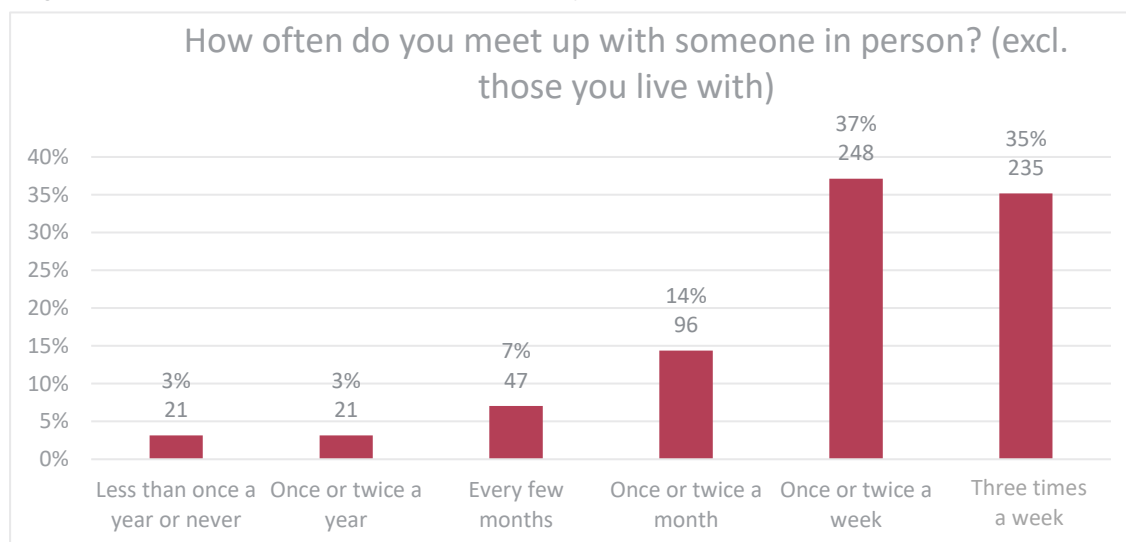


Figure 20: CMF baseline respondents how often they have contact over the phone

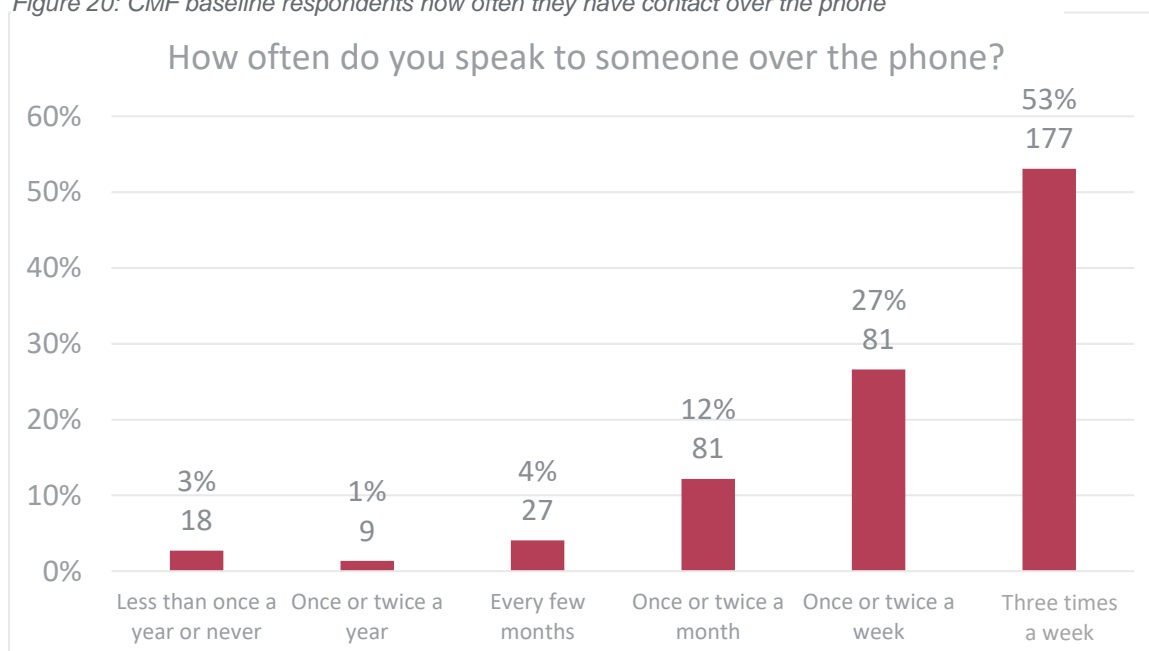
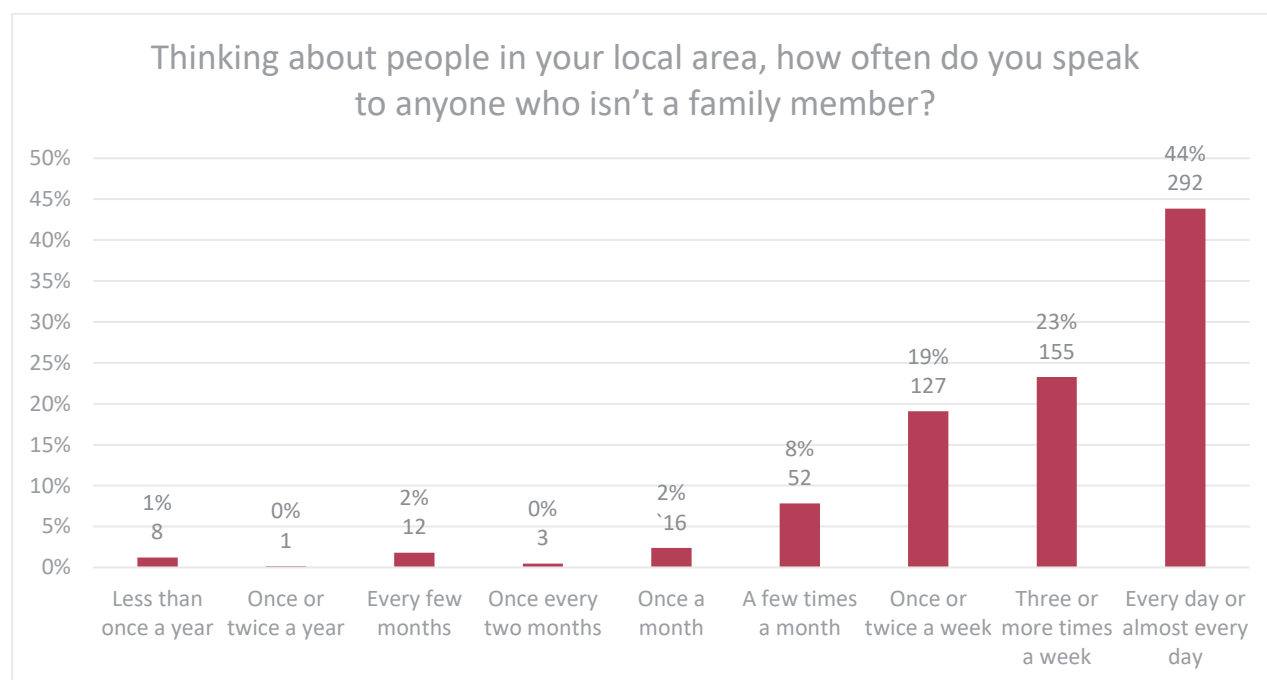


Figure 21: CMF baseline respondents, contact in their local area

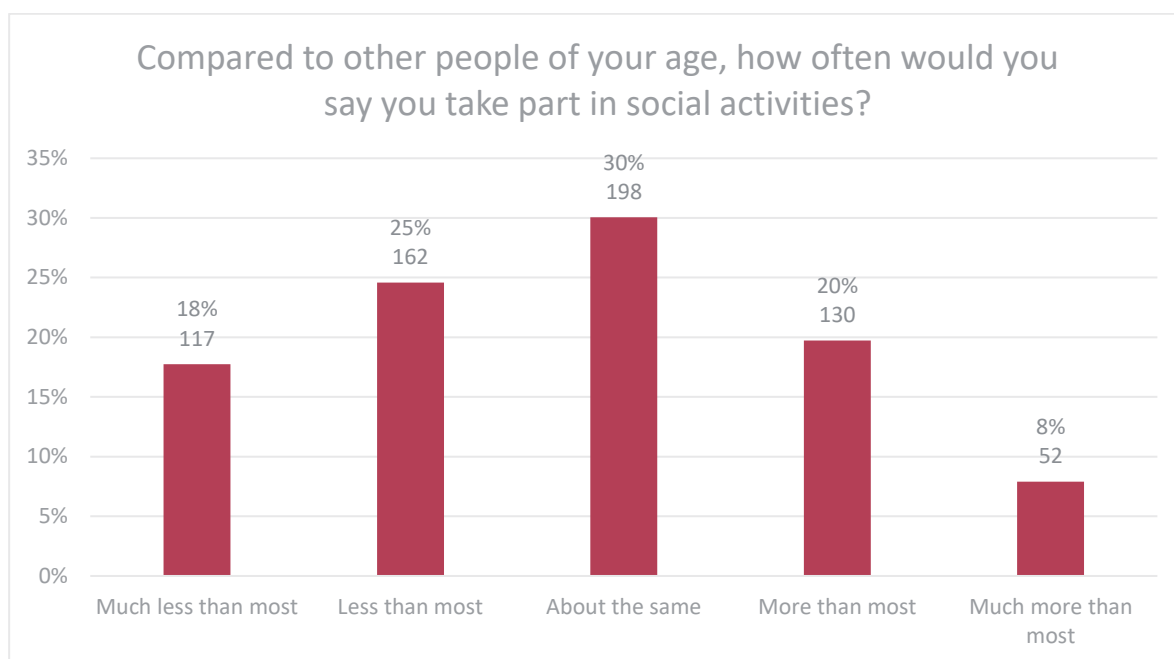


ABC is engaging participants with a wide range of perceptions on their social levels. Compared with other people in their age group:

- 43% of ABC participants felt that they socialised less or much less than their peers,
- 28% felt that they socialised more or much more
- and 30% of participants felt that they socialised about the same amount as their peers.

This is higher than for the average according to the omnibus survey, which found that 19% of those surveyed felt that they socialised more or much more than most, but 44%, felt that they socialised much less or less than most which is in line with ABC survey results.

Figure 22: CMF baseline respondents' self-perception of social levels

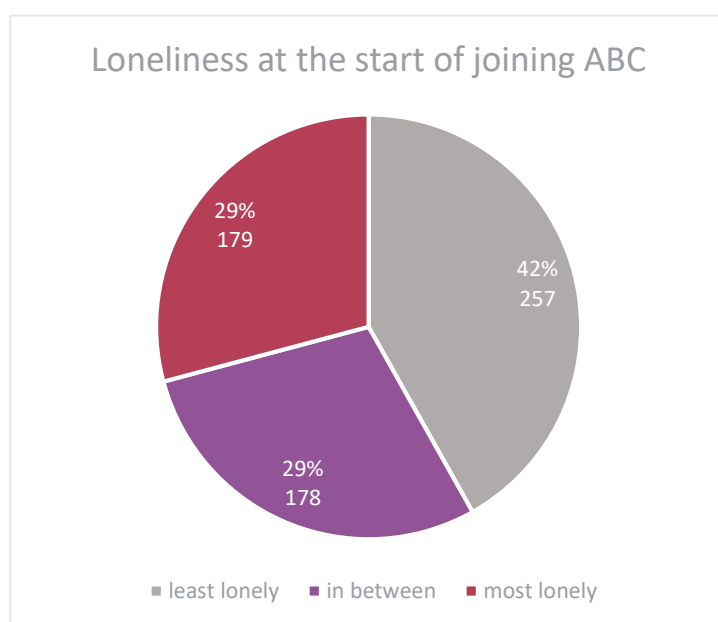


3. Levels of loneliness

Summary of chapter 3

- The largest number of CMF respondents (42%) were in the least lonely group; however, ABC projects are attracting higher numbers of the most lonely, compared to overall data on older Camden residents.
- Some subgroups of ABC participants appear to be more likely to be lonely than others. Age, gender and ethnicity play a role, where younger participants are among the loneliest and women are less lonely than men.
- There is a link between frequency of contact and loneliness levels, where regular in-person contact is more strongly linked to a low level of loneliness.
- The ways that participants offer help to others are linked to loneliness levels; offering help that requires strong social skills such as leading a group, campaigning or raising money was delivered by those with the lowest loneliness levels.
- Those living alone are less likely to have frequent in-person contact, but have more telephone contact than others.
- Poor health is linked to higher levels of loneliness, where mental health has a stronger link than physical health.

Figure 23: CMF baseline respondents' loneliness levels



The De Jong Gierveld scale (ranging 0 to 6) was used to estimate participant loneliness. Scores were banded into three categories: least lonely (0-2); moderately lonely (3-4), most lonely (5-6).

The largest single category of respondents was in the least lonely banding, 42% (See figure 23). Still, over a quarter (29%) of respondents were in the 'most lonely' category with a score of 5-6.

This suggests that ABC is attracting participants who are more lonely than the average Camden residents in this

age group, where the Ecorys baseline report (2016), suggests that 60% of those surveyed were in the least lonely category and 14% in the most lonely category.

While the data are too limited to form a statistically significant conclusion, some subgroups of participants are more likely to consider themselves lonely than others, for example:

- **Age:** The highest levels of loneliness were found among those in the 60-64 age category. This age group also has the highest proportion of those who consider themselves to have a disability (72%). The least lonely were those between the ages of 75-79 (see figure 25).
- **Gender:** The proportion of females who have signed up to ABC projects and are most lonely is less than that of males.
- **Ethnicity:** Over half of Black / African / Caribbean ABC participants are in the least lonely category. This could suggest that ABC activities are currently only reaching the least lonely members of this ethnic group (see figure 24).

The importance of these findings will need to be tested when more data becomes available. Other research on loneliness, for example, the Age UK Evidence review of Loneliness in Later life (2015), identified age, living alone, being widowed, health and disability as important factors contributing to loneliness.

Figure 24: CMF baseline respondents' loneliness levels and demographic factors

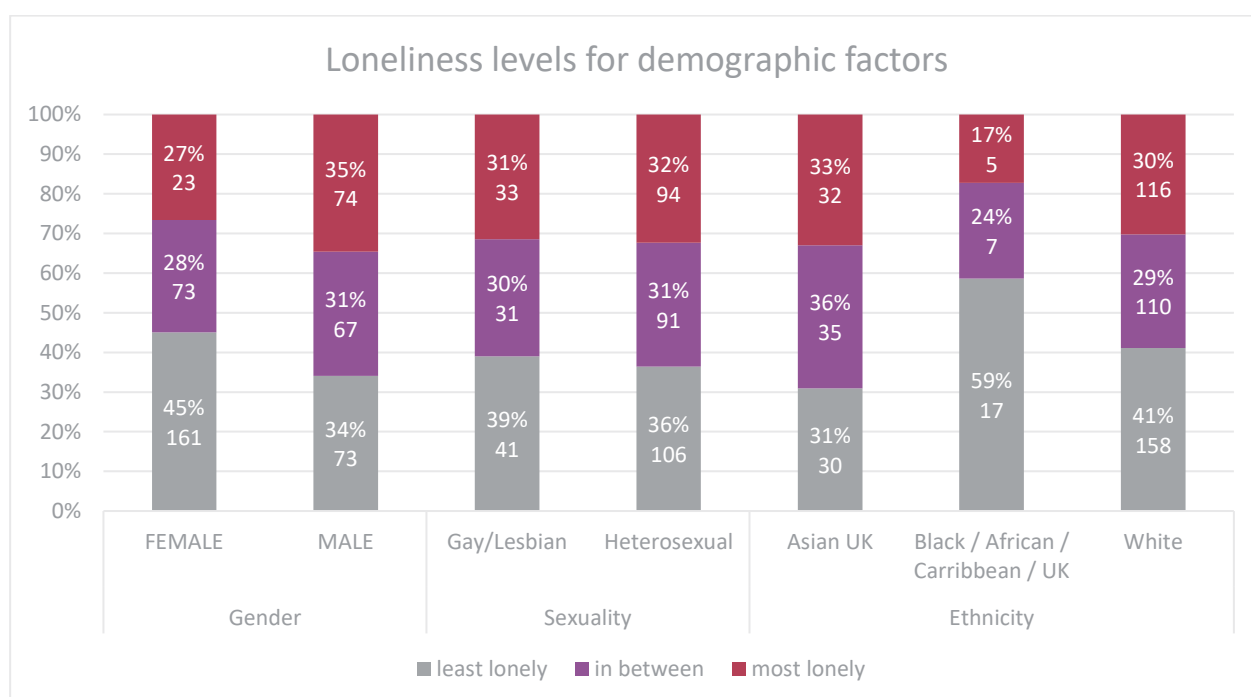
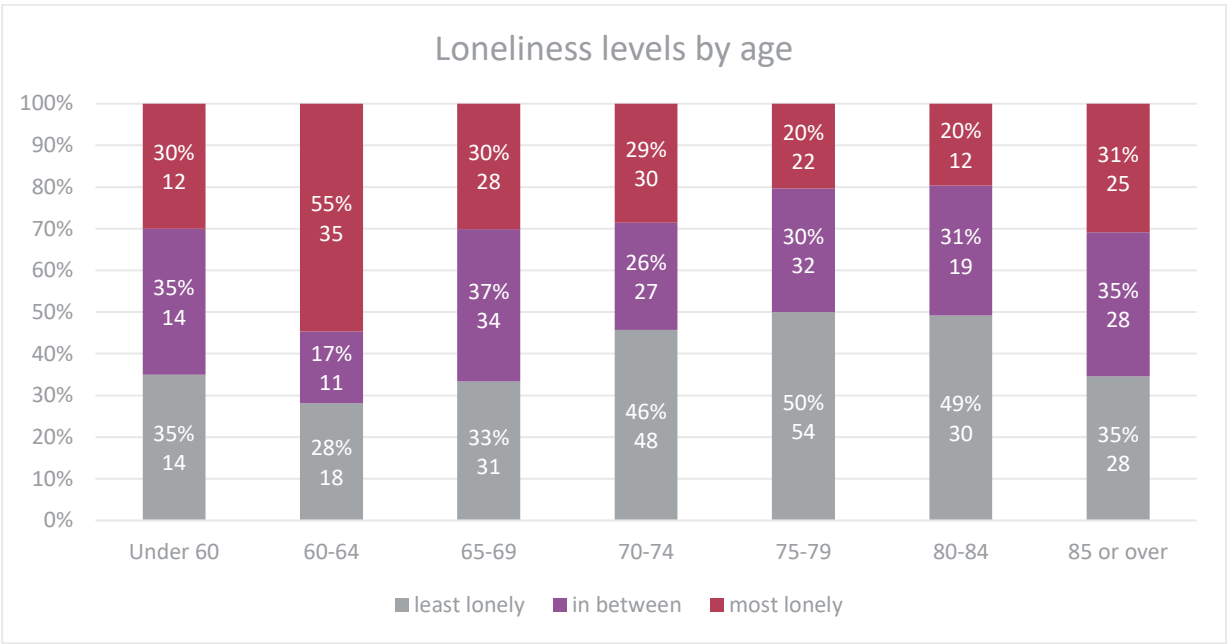


Figure 25: CMF baseline respondents' loneliness levels by age



3.1. Are levels of contact linked to loneliness levels?

There is a clear relationship between frequency of contact and levels of loneliness (figures 26 and 27), where more frequent contact is linked to lower loneliness levels. There is a big difference in loneliness levels between those who have contact with someone outside of their family three times a week or more, and those who have contact once or twice a week. This finding underlines the close link between social isolation and feelings of loneliness. This is observed for both in-person and telephone contacts.

- **Contact in person (figure 26):** Although similar numbers of participants said that they had contact in person 3 times a week compared to those who had it once or twice a week, there are double as many participants in the most lonely category for those who have contact in person once or twice a week compared to those who have it 3 times a week.
- **Contact over the phone (figure 27):** The highest proportion who have contact over the phone do this three times a week (53%). They are much less lonely than participants who have social contact over the phone once or twice a week.
- Compared with contact in person, contact over the phone needs to be more frequent to be linked to lower loneliness levels, 39% of those who have contact once or twice a week in person are in the least lonely category, compared to 29% of those who have the same amount of contact but over the phone.
- **Contact over text (figure 28):** When considering texting, the majority of participants are split between those who text less than once a year and those who text three

times a week. In both cases the largest proportion of them are in the least lonely category. Frequent texting is linked to lower levels of loneliness. For those who text less than once a year or never, texting has no clear link to loneliness levels.

Living alone is linked to a lower level of in-person contact outside of the house, where only 25% of those living alone see someone in person three times a week compared with 40% of participants who live in residential accommodation 44% of those living with family and 41% of those living with a spouse or partner seeing someone in person. However, those living alone have the highest proportion of participants who speak on the phone three times a week or more, with 59% doing so.

Figure 26: Baseline figures for how often respondents meet up in person and loneliness levels

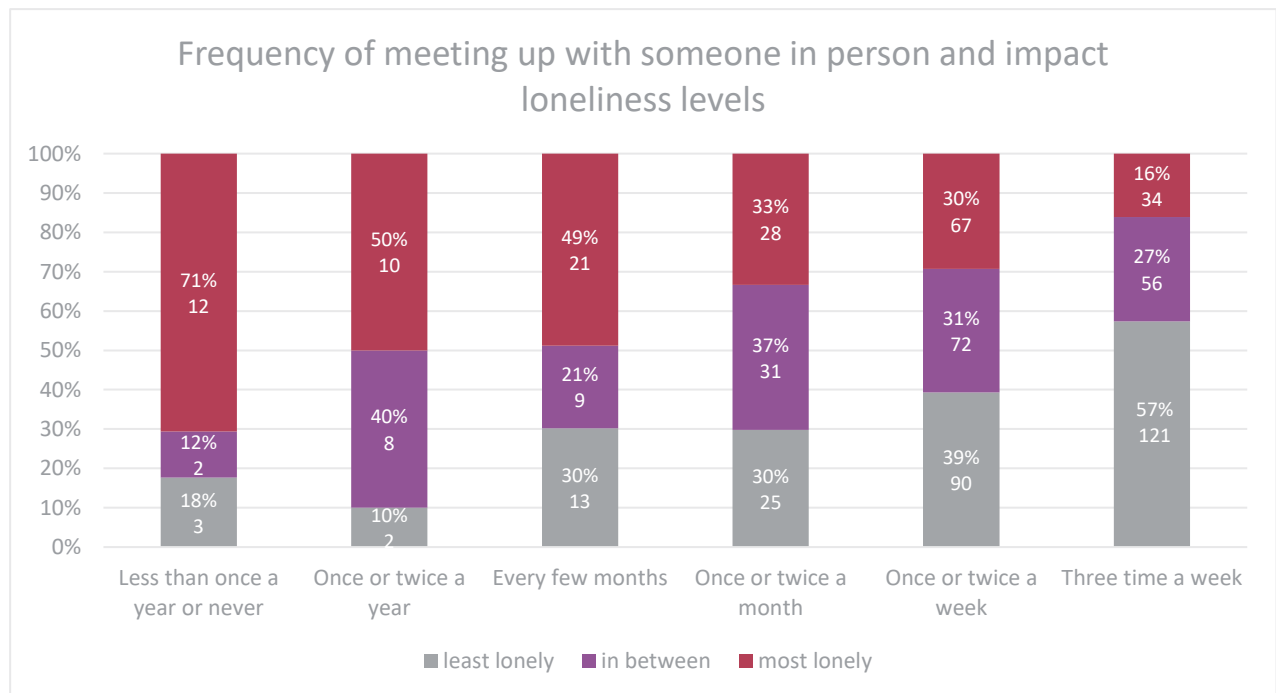


Figure 27: Baseline figures for how often respondents speak on the phone and loneliness levels

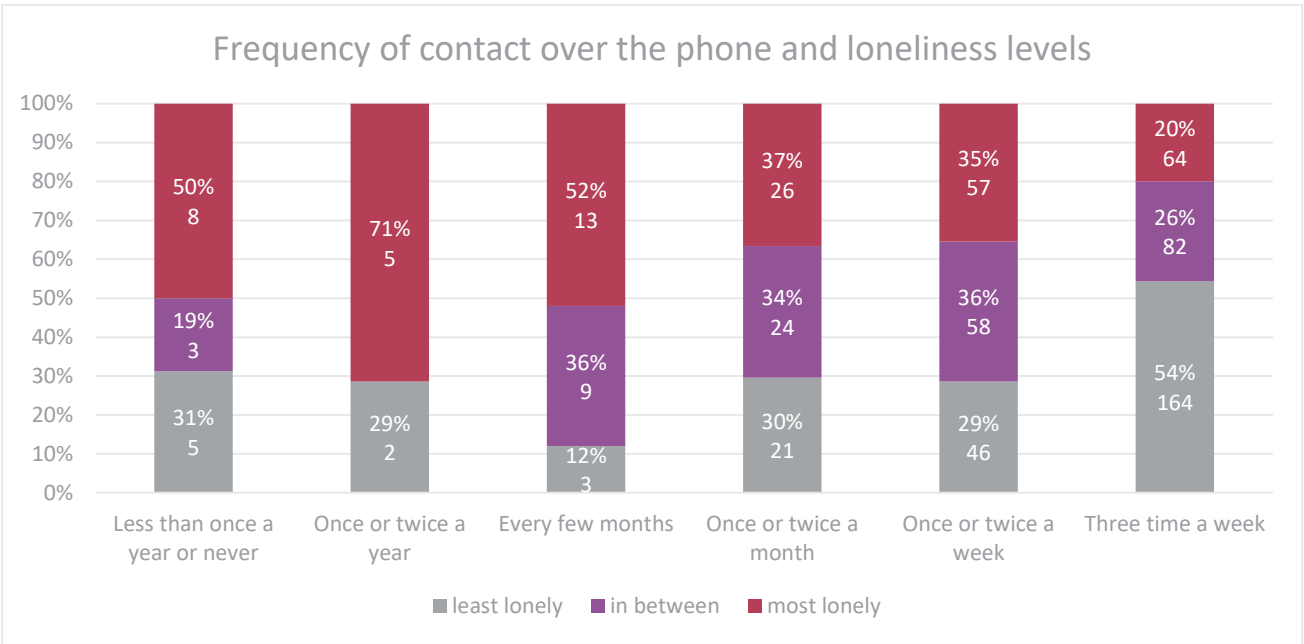
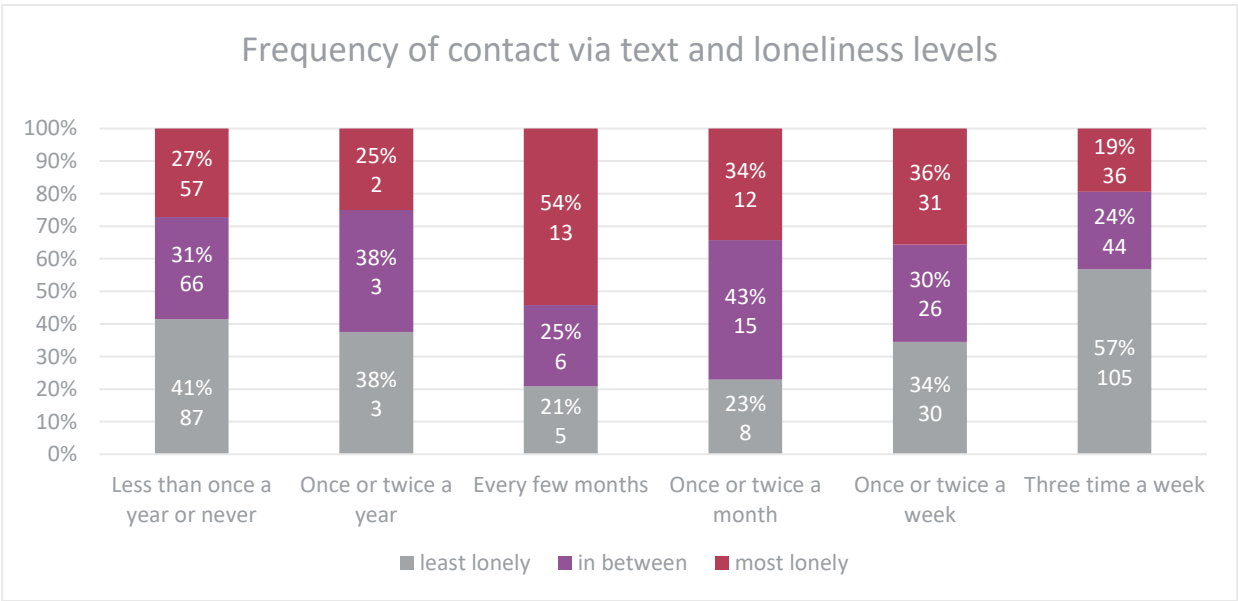


Figure 28: Baseline figures for how often respondents text and loneliness levels



3.2. Are social activities linked to loneliness levels?

At baseline, attending a social group was linked to lower levels of loneliness. Social activities such as social clubs, sports clubs and neighbourhood groups were the activities most popular among participants with lower loneliness levels, although attending any social activity corresponded with lower loneliness levels compared with those that do not attend any social activities at all. The highest proportion (42%) of those who **were not**

engaged in any social activities were within the most lonely category (and 27% in the least lonely category). This can be compared with those who engaged in one or more social activity, where 46% were in the least lonely category and 25% in the most lonely category.

Figure 29: Social activities and loneliness levels at baseline

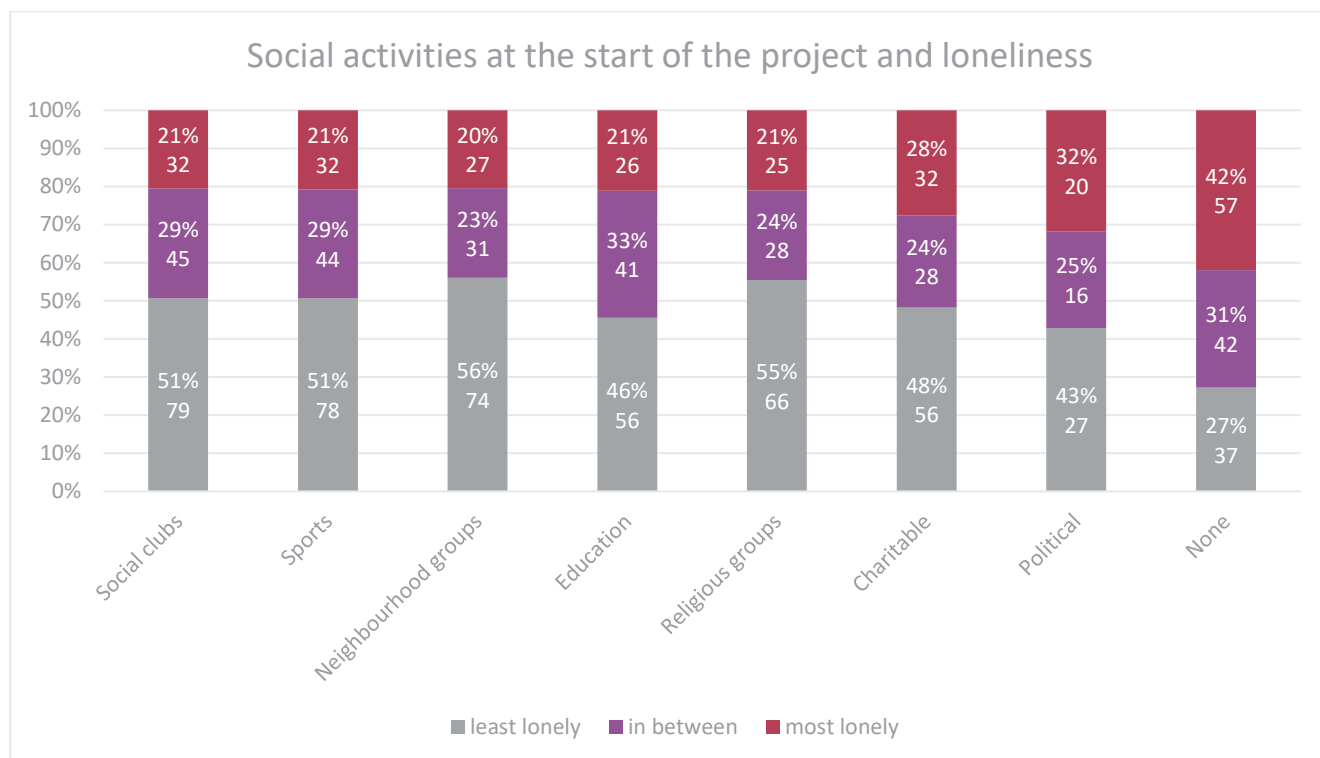


Figure 30: Activities among least lonely participants at baseline

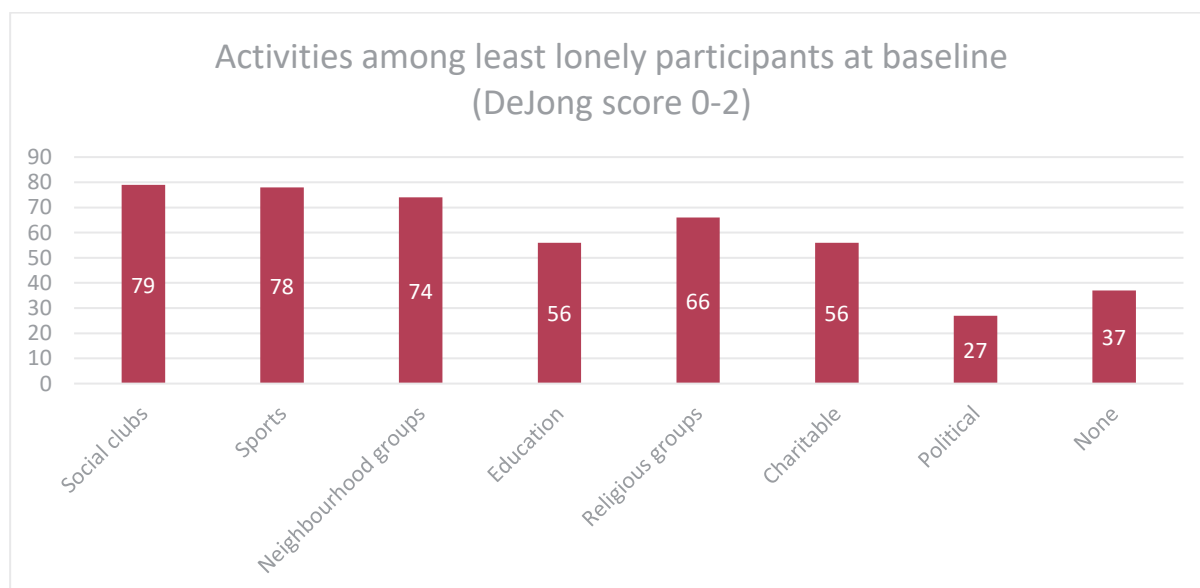


Figure 31: Activities among moderately lonely participants at baseline

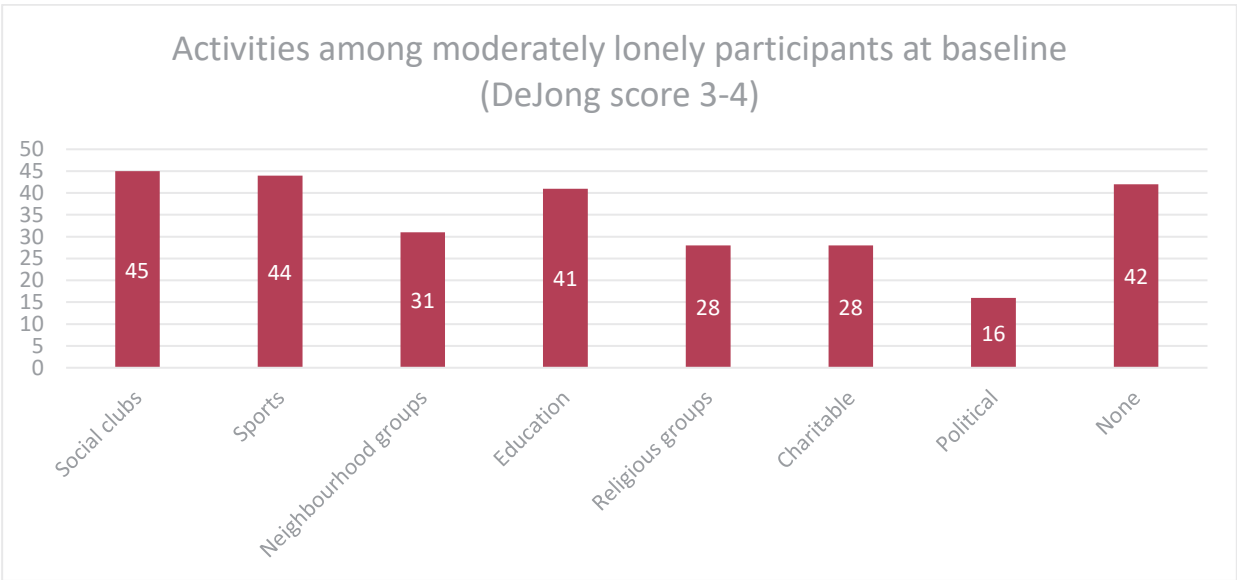
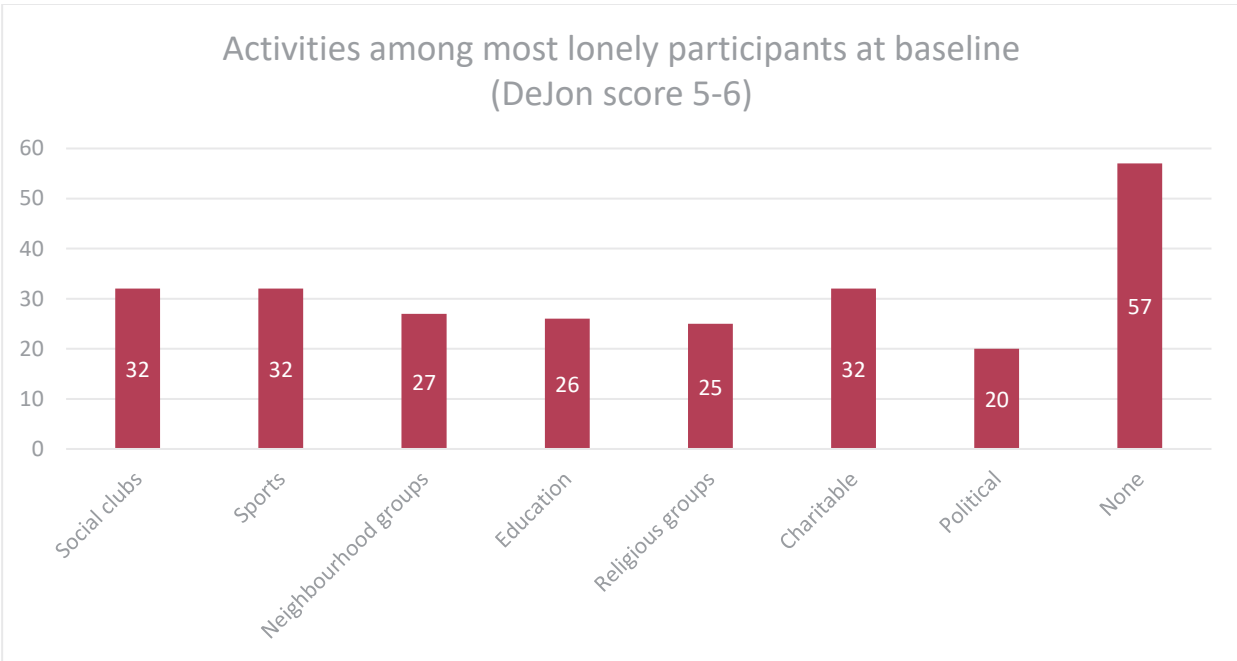


Figure 32: Activities among most lonely participants at baseline



3.3. Are loneliness levels linked to helping others?

According to the baseline data, while most participants did not state ways in which they help others (88%), the proportion who do state that they help is much higher among participants in the least lonely category. The data also suggest that for those that do help, there is a relationship between the ways in which participants help and their levels of loneliness, where least lonely participants were more likely to be involved with leading a group, raising money and offering practical help than the most lonely participants. This

could be because such activities require a higher level of social confidence.

Figure 33: Mode of helping and loneliness levels at baseline

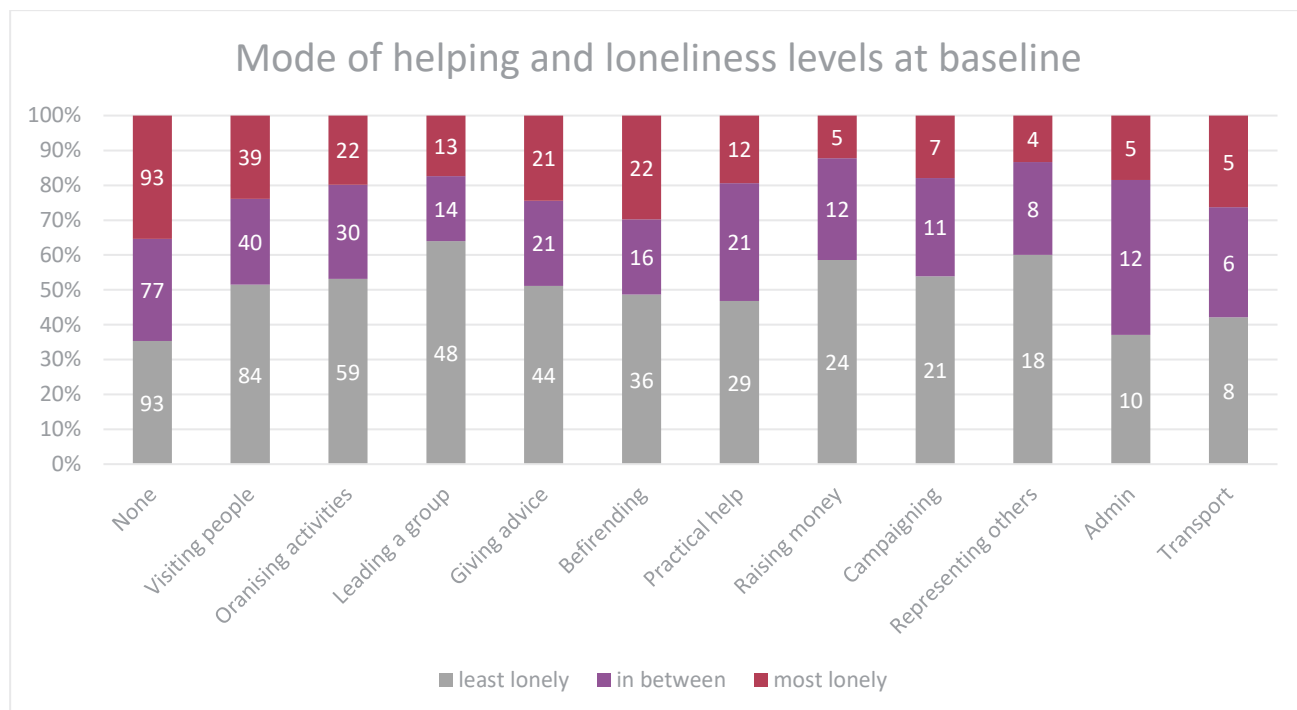


Figure 34: Least lonely participants and how they help

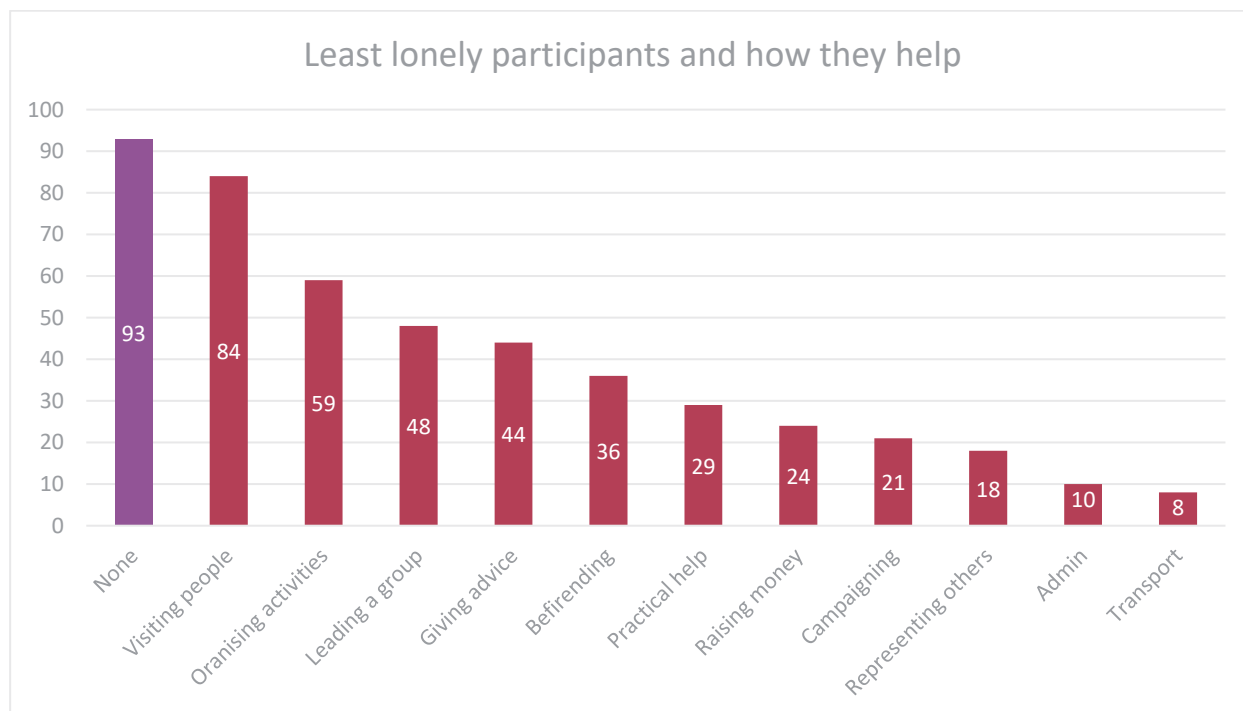


Figure 35: Moderately lonely participants and how they help

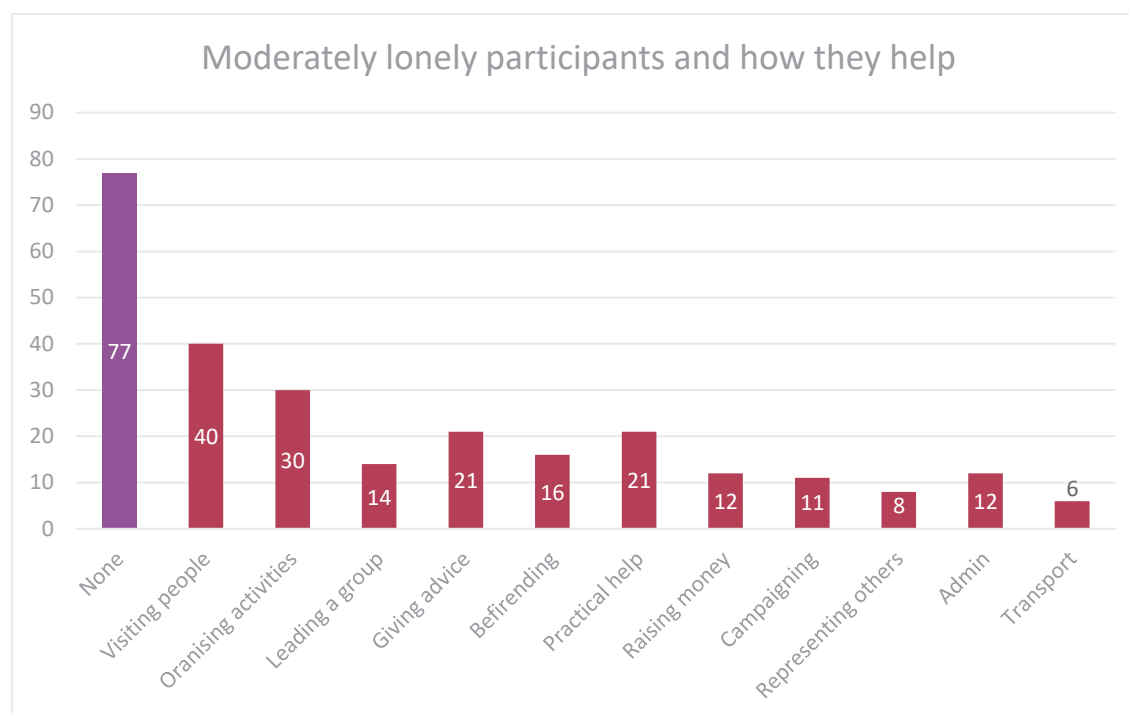
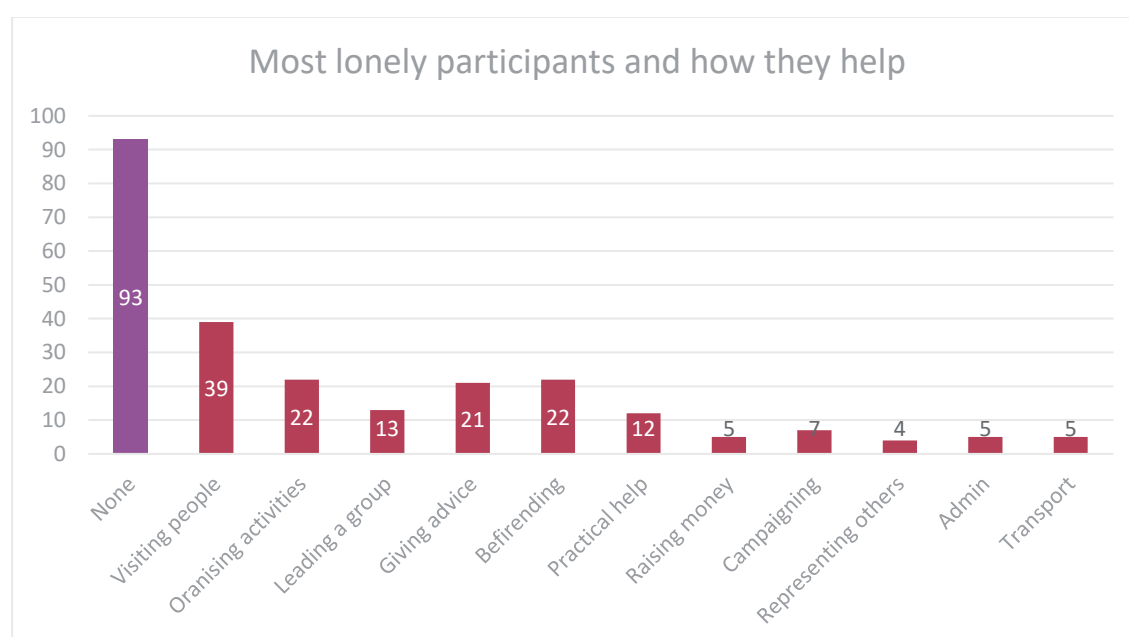


Figure 36: Most lonely participants and how they help



3.4. Are loneliness levels linked to health?

There is a relationship between the various dimensions of health and loneliness levels, where mental health has appears to have the strongest link. Participants with no health

issues appear to be less lonely. For example, out of those with no mobility issues most are in the least lonely category (64%) and for those experiencing no depression or anxiety the vast majority (86%) are in the least lonely category.

Even moderate levels of anxiety and depression have a strong link with high loneliness levels (figure 38). Looking at participants with a moderate level of anxiety and depression, double the amount of participants are in the most lonely category compared to those who fall into the least lonely one.

Comparing this with data for those with moderate mobility issues (figure 39), loneliness levels are evenly spread across categories. This suggests that moderate mobility issues have no great link to loneliness levels.

Figure 37: Health and loneliness levels at baseline

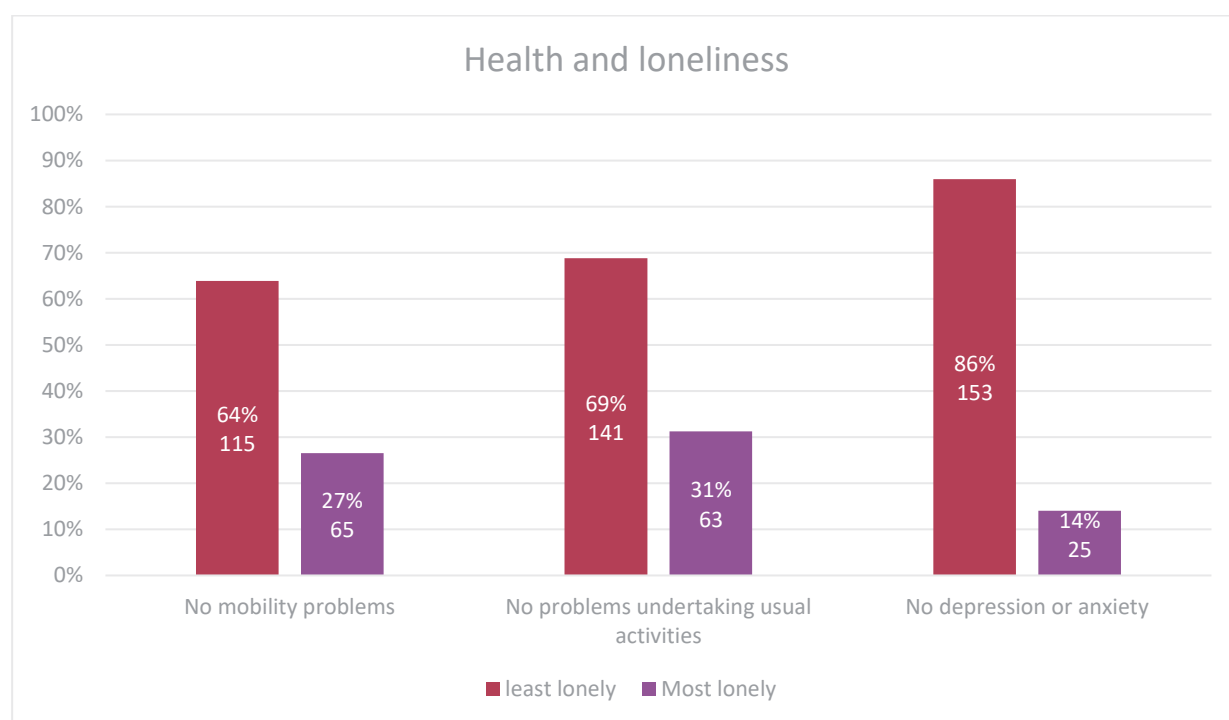


Figure 388: Levels of anxiety and depression at baseline and loneliness

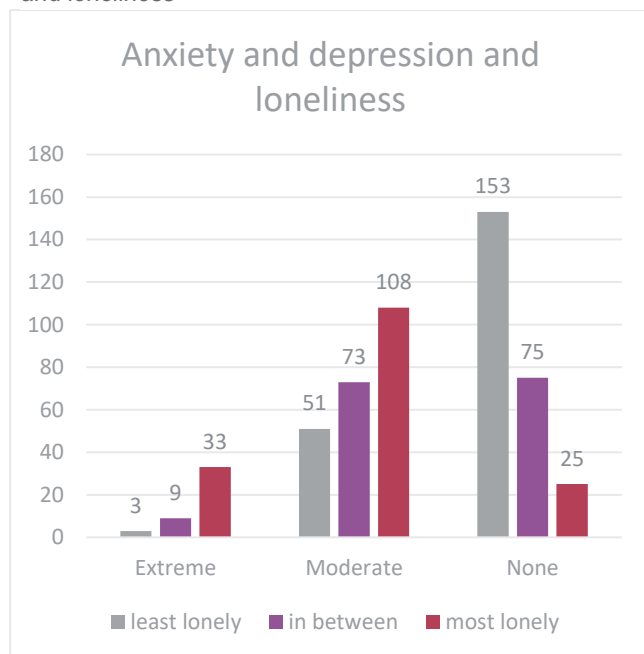
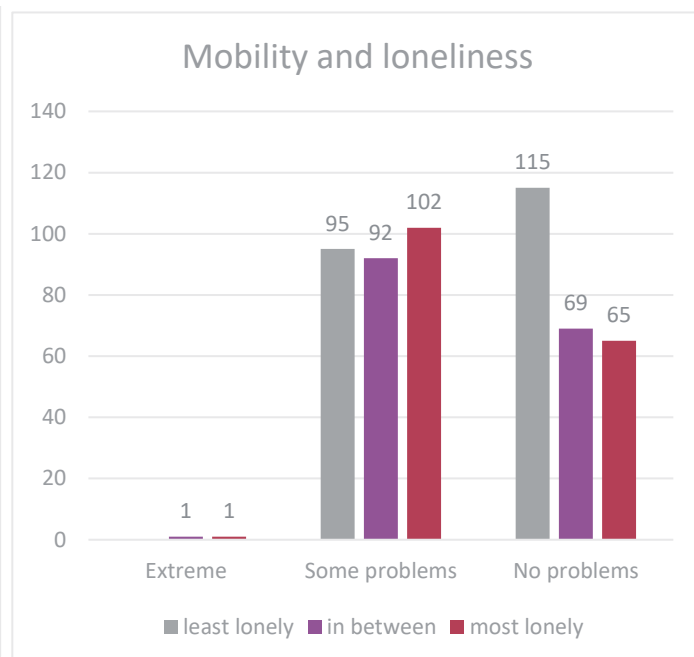


Figure 39: Levels mobility and baseline at loneliness



4. ABC project impacts

The following chapter focuses on data collected at follow up and compares this with baseline data. This helps determine the impact of ABC projects on participants. Given the limited follow up data (only 179 responses), findings reveal emerging trends that will require future follow up when more data has been collected.

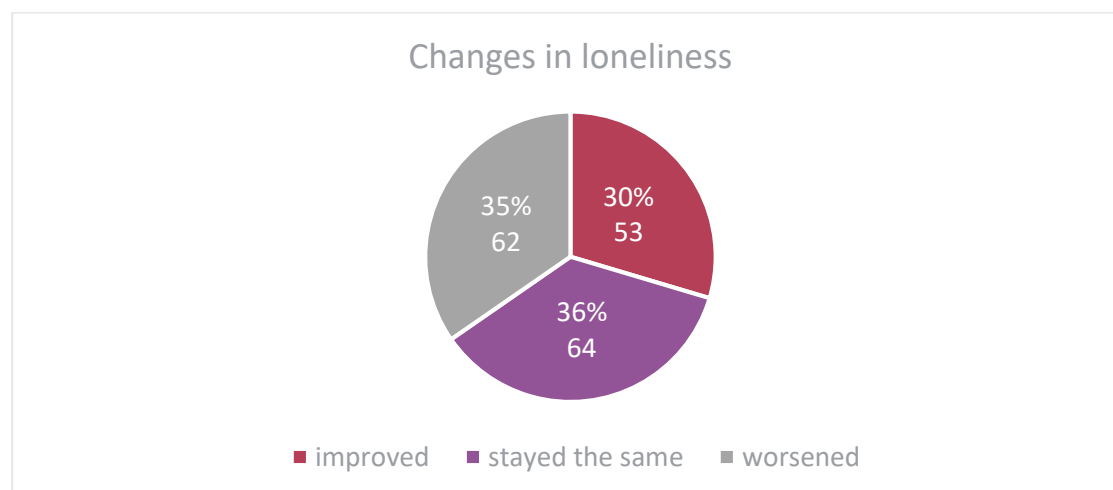
Summary of chapter 4

- Analysis of baseline and follow up responses shows a slight improvement in the mean average loneliness scores.
- Looking across both loneliness measures, a positive impact is seen for those who started out in the most lonely categories.
- There is insufficient data to draw conclusions about impacts on loneliness at the project level.

4.1. Have loneliness levels improved at follow up?

Drawing on the De Jong scores, among ABC participants who submitted a follow up survey, there are similar proportions of those whose loneliness levels have improved, those that have declined and those that have stayed the same. This means that it is unclear whether ABC is having a positive impact on participant loneliness levels. A smaller percentage of participants within ABC have become less lonely (30%) compared with the proportion across all Ageing Better projects (39%) and a higher percentage of ABC participant's loneliness scores have worsened (35%) compared to Ageing Better projects in general (25%) (Ecorys 2018). It is too early to speculate on these differences as more data are needed.

Figure 39: Change in loneliness levels from baseline to follow up



The emerging data reveals that the positive impact of ABC projects on the average De

Jong scores for those who started in the most lonely category is at a similar level to the negative impact on the loneliness levels of those who started least lonely, see table 2. The number of participants whose scores improved is higher among those who started in the most lonely category (40%), compared to 21% of those who started in the least lonely and whose loneliness scores have improved (table 3).

Improvements in loneliness scores among the most lonely tended to lift them out of the most lonely category. For participants who started least lonely, although most of their scores declined, they declined by a small amount where most remained within the least lonely category. While this reveals a possible emerging trend which should be explored further, it could be due to convergence to the mean (i.e. where the least lonely has little or no scope to improve, and the most lonely often cannot get worse, Ecorys 2018), and further impacted by loneliness bandings, where the least lonely category is larger (scores 0-2) than the most lonely category (scores 5-6).

Table 2: Average De Jong scores for participant categories at baseline and follow up

	Average baseline	Average follow-up	Difference
ABC participants	3.0	3.1	0.2
Least lonely	0.9	1.6	0.7
Moderately lonely	3.5	3.4	0.0
Most lonely	5.5	4.9	-0.6

Table 3: Change in DJG loneliness scores from baseline to follow up

	Improved (unit number and % of loneliness category)	Stayed the same (unit number and % of loneliness category)	Worsened (unit number and % of loneliness category)	Total
Started least lonely (0-2)	15 (21%)	21 (29%)	36 (50%)	72
Started moderately lonely (3-4)	16 (31%)	18 (35%)	18 (35%)	52
Started most lonely (5-6)	22 (40%)	25 (45%)	8 (15%)	55

Analysis of UCLA loneliness scores

The UCLA measure of loneliness is the approach recommended in the Government's policy paper, *A connected society: a strategy for tackling loneliness (2018)*. It consists of 3-items: 'How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?'. The measure scores from 3 (least lonely) to 9 (most lonely). Working with the UCLA measure provides a bit more data to work with compared with DJG (660 cases at baseline and 213 at follow up as of November 2018). This may be because it uses only three questions and is presumably less off-putting to respondents.

In terms of key findings:

- There is a small improvement in the overall average loneliness scores when comparing the baseline (660) and follow-up (213) (5.30 compared with 5.15).
- At follow up, the UCLA data shows a clear improvement in the loneliness scores for participants in the most lonely category. Compared with the DJG data (see Table 3), the UCLA scores show bigger improvements.

Table 4: Change in UCLA loneliness scores from baseline to follow up

	Improved (unit number and % of loneliness category)	Stayed the same (unit number and % of loneliness category)	Worsened (unit number and % of loneliness category)	Total
Least lonely (3-5)	18 (17%)	58 (54%)	31 (29%)	107
Moderately lonely (6-7)	34 (45%)	26 (35%)	15 (20%)	75
Most lonely (8-9)	19 (61%)	10 (32%)	2 (6%)	31

4.2. How are ABC projects linked to changes in loneliness levels?

At baseline, the projects that attracted participants with the highest level of loneliness were Community Connectors, LGBT+ Connect and Bangladeshi CAP. These correspond with the projects with the oldest participants (Community Connectors) and youngest participants (LGBT+ Connect and Bangladeshi CAP), which as discussed earlier, are the loneliest groups.

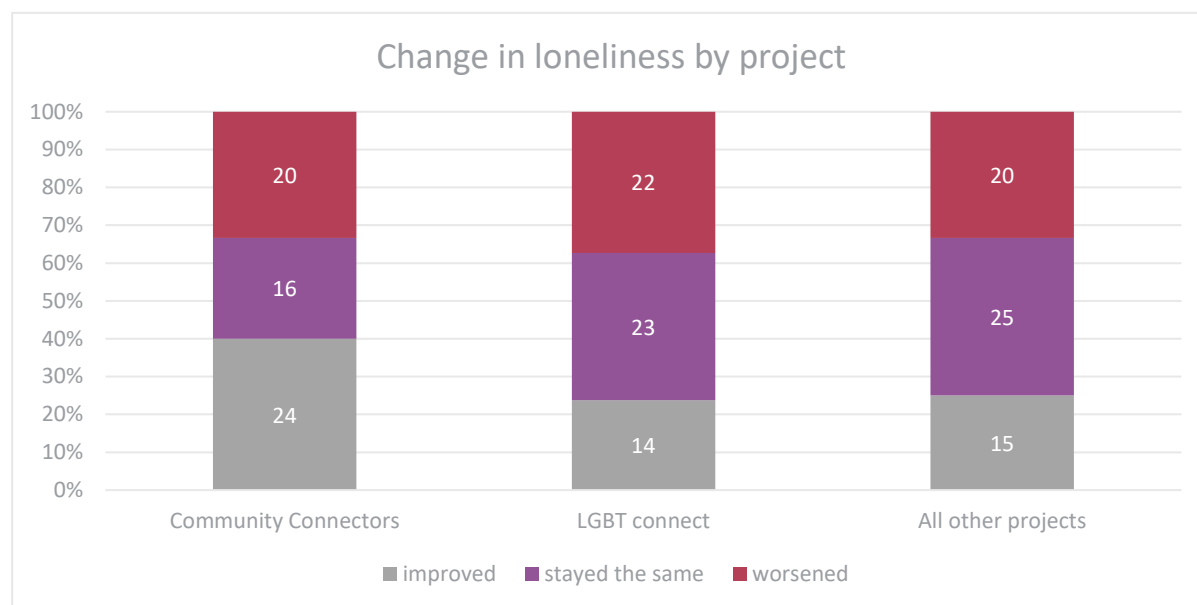
Comparing baseline data with follow up data per project, at first glance it seems that the Community Connectors project is the most impactful in terms of improving loneliness, yet

there is not enough data from across projects to draw a robust conclusion.

Table 5: Project and loneliness levels

	Number of participants (baselines respondents)	least lonely (% of project)	Moderately lonely (% of project)	most lonely (% of project)
Community Connectors	169	31%	30%	38%
Intergenerational	25	36%	40%	24%
Kilburn Community Action (KOVE)	51	57%	25%	18%
Digital Inclusion	49	41%	35%	25%
St Pancras and Somers Town	72	67%	18%	15%
LGBT+ connect	109	38%	28%	34%
Men's Action	24	58%	21%	21%
Regent's Park/Euston CAP	39	49%	28%	23%
Bangladeshi CAP	17	12%	41%	47%
Gospel Oak/Haverstock CAP	26	42%	42%	15%

Figure 40: Change in loneliness by project



5. Are participants more involved with their local community?

- On the whole, participants' perception of their level of influence on their local area has not changed after 6 months engagement with the ABC project.
- Given limited data, there is inconclusive evidence about the impact of ABC projects on participant involvement with their local community.
- Higher levels of social contact among participants is linked to improved loneliness levels.

5.1. Have participants become more involved in their communities?

The CMF questionnaire asked specific questions to determine the level of influence participants feel they have on their local area, how they offer help to the community and levels of volunteering.

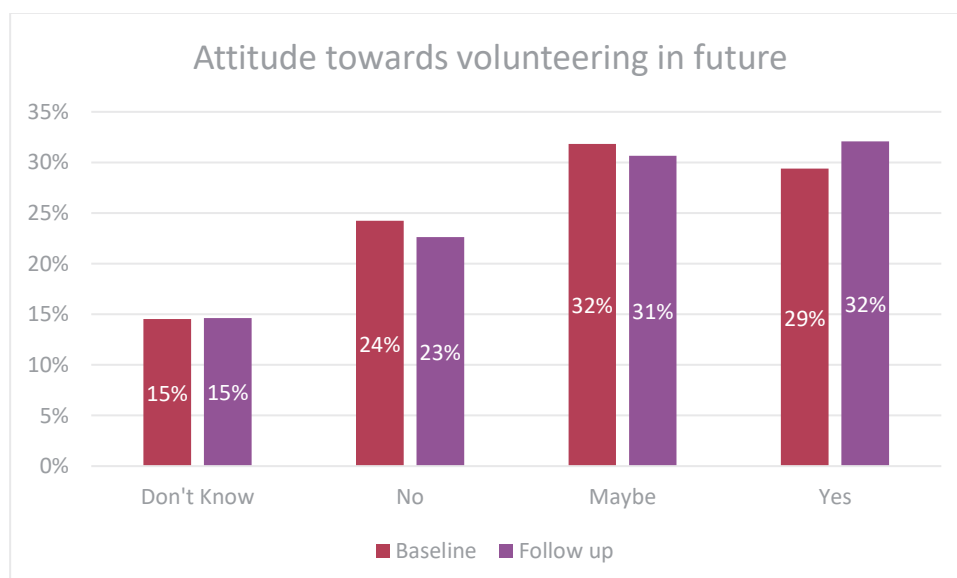
Level of influence on the local area

The levels of influence in their local community did not change significantly from baseline to follow up. There is a tendency for influence levels to decline from baseline to follow up. This could be due to becoming more aware of activities taking place within the community that they may not have been aware of before, impacted their perception.

Volunteering

There was a very slight increase in the proportion of participants who felt that they would volunteer in the future from baseline to follow up, although this needs to be further explored as more data is collected.

Figure 41: Attitude towards volunteering in future

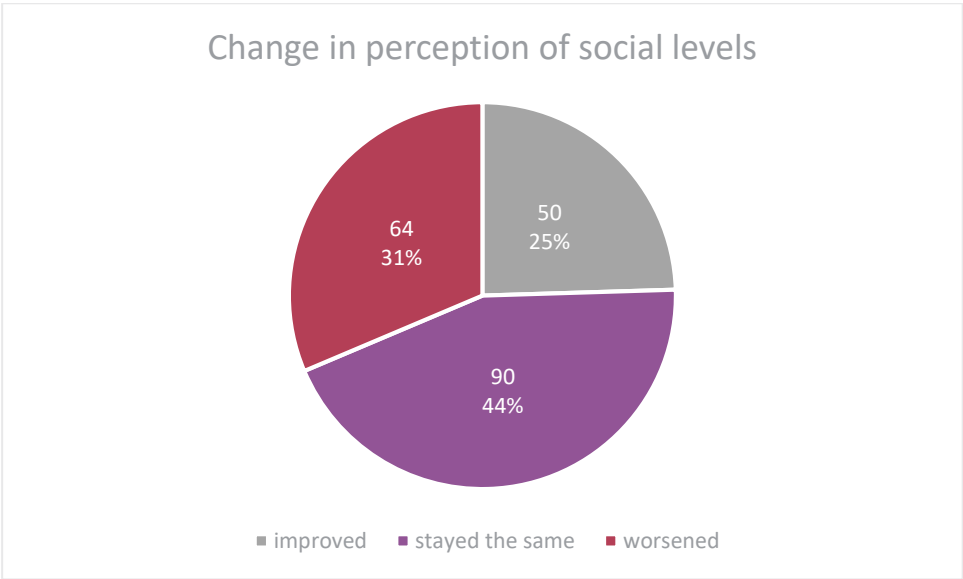


5.2. Have participants become less socially isolated?

While the numbers are too small to provide conclusive evidence, the emerging data suggest that contact levels among participants has increased from baseline to follow up, and this is connected with a decrease in loneliness levels. This should be explored further as more data is collected.

Participants perception of their social levels have stayed the same in most cases (44%), although some have a changed perception of their social levels.

Figure 42: Change in perception of social levels from baseline to follow up



5.3. Have participants become more engaged in project design and delivery?

When asking participants how they are involved with designing activities, only 35 participants responded at baseline with some level of involvement, where none responded at follow up. This suggests that the question might be difficult to understand, and it would be worth analysing this further through qualitative analysis.

6. Conclusions and next steps

The CMF data suggests that ABC projects are attracting a greater proportion of lonely participants and more of those who have less social contact compared with the average for older people living within Camden (Ecorys 2016).

Analysis of baseline and follow up responses shows a slight improvement in the mean average loneliness scores. Looking across both loneliness measures, a positive impact is seen for those who started out in the most lonely categories. Any changes in loneliness levels will be further explored as more data are collected to uncover whether changes can be attributed to ABC project involvement, and what other factors may be at play.

Moving forward we are planning to focus on analysing the UCLA loneliness data so that we are in line with the government loneliness strategy. Use of this scale can also provide a more nuanced understanding of the how people feel and we get more completed data from it.

Findings from the CMF data will also need to be explored through the planned qualitative research to understand more about what is happening and why. For example, the CMF data describes which projects participants are involved with, but it does not specify how often they attend, which activities they like the most and what they enjoy less about others. It also does not mention any details about the quality of the increased contact levels and when this amounts to decreased feelings of loneliness. Furthermore, the CMF survey is comprised of only closed questions, and the pre-coded options cannot capture the whole story.

It would be useful to undertake further qualitative research to explore how ABC participants feel about their level of influence on their locality, as well as learning more about their involvement in designing and shaping activities, as the CMF has limited responses to these questions.

7. Appendix

Loneliness and health measures

Loneliness

Loneliness is measured using two scoring methods. One method is the **De Jong Gierveld Scale** which measures social and emotional loneliness through asking the following questions:

Social loneliness

1. There are plenty of people I can rely on when I have problems
2. There are many people I can trust completely
3. There are enough people I feel close to

Answers are scored as follows:

- No: 1
- More or less: 1
- Yes: 0

Emotional loneliness

4. I experience a general sense of emptiness?
5. I miss having people around?
6. I often feel rejected?

Answers are scored as follows:

- No: 0
- More or less: 1
- Yes: 1

Answering all 6 questions corresponds to a score from 0-6. Where a score of 0 indicates the least loneliness and 6 represents the most lonely.

The other method used within the CMF survey is the **UCLA loneliness scale**. This asks the following questions:

1. How often do you feel you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

Answers are scored as follows:

- Hardly ever: 1
- Some of the time: 2
- Often: 3

Where answering all 3 questions corresponds to a score from 3-9, with 3 being the least lonely and 9 being the most lonely.

The UCLA and De Jong are strongly correlated (0.71). For the purposes of this report we will only refer to the De Jong score when discussing loneliness levels.

TRAVERSE

