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# The Neighbourhood Links Project: Interim Evaluation Report, July 2012

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# The Neighbourhood Links Project

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Interim Evaluation Report  
July 2012

For Torridge  
Voluntary Services

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## **ACKNOWLEDGEMENTS**

Our grateful thanks must go to all the participants who completed questionnaires, interviews or took part in focus groups. Their honesty, openness and willingness to give of their time and to share their experiences has afforded the research team a unique opportunity to present what we hope is a vivid picture of the needs of older people living in Torridge and of the aspirations of all those who are contributing time, skills and expertise to services which aim to increase and improve the support that is available to those who find themselves in need of help. It has been a privilege to be offered such insight into the power of volunteers to achieve change in their communities.



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## 1.0 INTRODUCTION

### 1.1 Background to the Study

This interim evaluation report aims to identify the key elements of the Neighbourhood Links (NL) project that continue to improve the quality of life and well-being of older residents, aged 60 plus, in Torridge, North Devon. Well-being is feeling good and being healthy in mind and body (Berenson, 2006; Bazalgette et al, 2012). In pursuit of older persons 'well-being in Torridge, the evaluation takes account of the project's progress since August, 2009. The involvement of older active retired people and their views and experience as participants, as volunteers and carers in partnership and liaison with local agencies and as community researchers empowered by the project staff and early support of the stakeholders are central. The motivation of the voluntary effort to help others from the bottom up has been a critical factor. This interim report coincides with the publication of '*Doing Good Does You Good*' (McCulloch, May 27 2012) a Mental Health Foundation 'pocket guide to helping others'. It reminds us of the benefits of local altruism that feels good; it leads to a sense of belonging and helps to maintain good health. These positives also underpin our findings and those of previous research over the years. Being older and retired has been described as 'prime time' to be creative and involved in community projects and enterprises (Manheim, 1959; Freedman, 1999; Moody, 2002; Nazroo and Matthews, 2012). Older retired people internationally indicate that they are very busy; such as is exemplified in the reports, *Healthy Ageing; a Challenge for Europe* (Berenson, 2006) and *Ageing Across Europe* (Bazalgette et al 2012). Just as there is a 'work ethic' before retirement, there is also a 'busy ethic' afterwards for large numbers of dedicated older volunteers and carers (Ekerst, 1986), motivated and inspired by concern for others (Kitwood, 1990) and altruism (McCulloch, 2012).

As our interim report demonstrates, older volunteers have expertise that has been acquired over many pre-retirement years. They have held jobs, built social networks and usually reared families. Older people are social capital, which local agencies can profitably draw upon. Deservedly, older volunteers are recognised as experts, who are increasingly involved in training programmes in the public and voluntary sectors. Also, they play a crucial pivotal role in rural settings in reaching out to the isolated and the lonely elderly, many of whom are increasingly suffering from chronic illnesses and disabilities. Significant numbers of older persons serve the frail or help run activities, giving freely of their services as mentors often within inter-generational teams who as a 'bottom-up' informal sector collaborate with local authorities, professional bodies, and voluntary agencies.

As researchers, we have been mindful of these factors as we collate the data from the service users' questionnaire, the focus groups of volunteers, and the interviews with project staff and stakeholders.

## 2.0 STUDY DESIGN

### 2.1 Aims and Outcomes

The evaluation aimed to identify the key elements of the project that improved the quality of life for older people in Torridge. The five key outcomes identified in the evaluation brief were addressed within the study as follows:

	Key Outcomes	Evidence sources
(i)	Improved physical, social and psychological wellbeing of older people	Service users – Survey & Interviews
(ii)	Reduced loneliness and improved social integration	Service users – Survey & Interviews Volunteers – Focus groups
(iii)	Improved awareness of and engagement with the needs of particularly vulnerable older people in local communities	Volunteers – Focus groups Stakeholder – Interviews Delivery staff - interviews
(iv)	Increased responsiveness of service providers to the needs of 'hard to reach' people	Stakeholders – Interviews Service users – Survey & Interviews Delivery staff - interviews
(v)	Increase in opportunities for older people to experience full, healthy and happy lives	Service users – Survey & Interviews Volunteers – Focus groups Stakeholders - Interviews Delivery staff - interviews

### 2.2 Methods

To achieve these aims and outcomes, the study used a mix of methods to obtain both quantitative and qualitative data. Consideration from a number of perspectives provided the opportunity to compare and contrast the findings and to corroborate and enhance their validity.

### 2.3 Participants

Participants were identified and grouped into four categories and were invited to join the evaluation study as follows:

- **Service users**
- **Volunteers**
- **Delivery staff**
- **Steering group/stakeholders**

All participants were provided with an individual information sheet and their agreement to take part in the study was confirmed in a signed and countersigned consent form.

### 2.4 Process

#### (a) Service Users

- **Survey using community research partners**

In evaluating the Neighbourhood Links project, gathering the perspectives of those older people receiving services was regarded as a key element of the study. North Devon covers a large geographical area with many people living in small, often isolated rural communities with access to limited local resources and

poor transport facilities. In order to make best use of time and resources three volunteers already engaged with the project delivery were identified and agreed to take on the roles of '*community researchers*'. This approach reached as many service user participants as possible regardless of disability, social or geographical disadvantage and/or isolation, whilst also having the added benefit of building community capacity for direct engagement with and understanding of research and evaluation processes. Volunteers identified as community researchers contributed to the content of the semi-structured questionnaire and the agreed survey form was completed either by telephone or in face-to-face home interviews with all those service users who consented to take part in the study. In order to maintain confidentiality and provide an environment in which individual service users felt safe to express their ideas and opinions, community researchers did not undertake interviews with those with whom they had contact during the project. Volunteers identified as community researchers already had current criminal records bureau (CRB) checks in place.

The evaluation team facilitated training sessions prior to the commencement of the survey to prepare community researchers for the task, focussing on issues of consent, confidentiality and developing a common understanding of the survey protocol and response scales. An informal focus group was held after the survey was complete to gather views about the process and researcher experiences and to provide an opportunity for feedback to inform future similar developments with volunteers in a community research role.

#### **(b) Project Volunteers**

- **Focus groups**

The views of project volunteers were gathered by invitation to attend two focus groups held at accessible locations suitable for each group of participants in Holsworthy and Torrington. A total of 14 volunteers took part. A buffet lunch was provided and a specific budget to meet travel expenses including taxi fares for those without appropriate transport was made available to facilitate attendance by all those volunteers wishing to take part in the evaluation. A topic guide was used to gather in-depth perceptions and opinions of services needed, offered and delivered from the perspective of each participant. Each session lasted for no more than two hours and with the permission of those taking part, was recorded and transcribed for the purposes of analysis.

- **Hub management committee interviews**

The perspective of the developing hub management committee members was gathered from four semi-structured telephone interviews with members from three geographical and one activity hub, nominated by the project development worker. Each interview lasted between 40 – 45 minutes and with the consent of participants was recorded and transcribed for analysis.

#### **(c) Delivery Staff and Service Providers/Stakeholders**

- **Interviews**

All paid delivery staff and two stakeholders from the project steering group nominated by the project development worker were invited and agreed to take part in a face-to-face, individual semi-structured interview, each of which lasted between 45 – 60 minutes. For logistical reasons, one stakeholder interview was carried out over the telephone.

### **3.0 DATA COLLECTION**

It is important to note that it was not the intention to collect personal data in any of the study activities. All records were anonymised, using a sequential research reference number, and all responses were forwarded direct to the evaluation team at Plymouth University. Plymouth University researchers used appropriately encrypted laptop or personal computers which were also password protected for the collection, analysis and storage of all data.

#### **3.1 Ethical Considerations**

As part of the standard procedures within Plymouth University and to provide validation of the evaluation team's commitment to the principles of equality of opportunity, anti-oppressive practice and the right to confidentiality of those involved at all levels in the study, the proposal was reviewed and approved by the university's Faculty of Health Human Ethics Sub-Committee.

All those working directly on the study had up-to-date Criminal Records Bureau (CRB) checks in place.

#### **3.2 Informed consent**

Full informed consent from all participants to their involvement in the study was sought through the provision of an information sheet and opportunities to ask questions and seek further advice from either the university research team or the project development worker before deciding whether to take part or not. Individual informed consent was confirmed in a signed /countersigned consent form immediately prior to participation in an interview or focus group.

#### **3.3 Confidentiality**

The Centre for Health & Social Care Innovation is fully compliant with all requirements of the Information Commissioner's Office. In accordance with good research practice, the research team recognised the data protection principles set out in the Data Protection Act 1989, and operated within the spirit of the law:

- Using data only for the purposes originally specified
- Collecting accurately only that which is actually needed
- Retaining data no longer than is necessary
- Keeping data securely in a locked cabinet and on specified computers only with encryption and password protection on computer-held records
- Prohibiting distribution of any data to other organisations.

#### **3.4 Data Analysis**

Quantitative data was coded and analysed using the Statistical Package for the Social Sciences (SPSS). Digital recordings from interviews were transcribed for initial collation and coding. Initial categories identified from focus groups and interviews were sorted, compared and refined as data sets was built up. Emerging trends and themes were extracted, which informed the findings and recommendations for inclusion in report.

## 4.0 FINDINGS

This report brings together all of the themes which have emerged from analysis of both quantitative data as well as the more qualitative material drawn from individual comments and opinions in interviews and focus groups. The findings are reported in five sections as follows:

- Project staff interviews
- Stakeholder/initial stage steering group interviews
- Volunteer focus groups
- Hub committee member interviews
- Service user survey and interviews

### 4.1 Project Staff Interviews

Individual face-to-face interviews with the three paid project staff were undertaken by researchers in sessions lasting from 45 – 65 minutes.

#### Delivery and management arrangements

All of the project staff demonstrated high levels of motivation and a clear understanding of the strategic aims and objectives of the project and of their own specific roles, tasks and contribution to the expected outcomes. An extremely high level of co-operative working, based on frequent, open communication in a small co-located team, together with a flexible approach to working practices, was clearly evident throughout all of the interviews:

“I wanted to be hands on and I wanted to, again do something I knew what I was doing, why I was doing it and what the outcomes were”.

“And it’s really good that we’ve got a good working relationship, we sit in the same office and I personally think it’s better when we see and we converse .... And you can sort of just bounce ideas off each other... that’s brilliant, that’s me and how I work”.

“From a very early stage I understood what we were trying to achieve and what we were doing. I don’t find it a chore, ever in here, ever. I’ve never not, I’ve never not wanted to come to work..”

All of those interviewed spoke extremely positively about their commitment to the project and the rewards of their particular role within it, exemplified by the following comments:

“The main job satisfaction you get is when you hear those individual stories from people saying the project has made a real difference.”

“I love the feedback that I get from, kind of, service users when you pick up the phone to somebody that you know has been sorted out with a volunteer and they’re so thrilled..... you can have some lovely chats with people. You just think it’s so nice to come to work and have that.”

Although all of the respondents reported satisfaction with the management and delivery arrangements of the project overall, two areas of concern emerged. The first was a lack of funding to purchase appropriate IT equipment and to support its set up and software, including a suitable database to underpin production of the large number of frequent and detailed management and monitoring reports required both by sponsors and steering group stakeholders. Poorly performing IT had at times undermined the confidence of staff especially when they were new in post or

attempting to develop their role in new directions. Secondly, insufficient consideration appeared to have been given at inception to the time that would be needed for administration although the more recent appointment of a part-time administrator had addressed this gap.

“But if they’re [*development staff*] spending the majority of their time typing up that, updating spread sheets etc., then they’re not doing what we’re supposed to be putting on the spread sheets.”

Staff felt that particularly in the early stages of development, an identifiable, physical office base, like that available in Torrington, had played an important part in establishing a recognisable presence in the community to promote trust, confidence and engagement with both potential volunteers as well as service users

“Yes, I think a presence so that people got to know the name and the logo and got to feel more comfortable with us, I think, yes.”

“...even if they [*volunteers*] just want to come in and have a cup of tea and a little bit of a whinge, and then they feel better. It’s that somewhere to go and, they do, they quite often just pop in.”

“So I think the, kind of, just that one little link.....just that, almost like a tether, just keeping them tethered.”

One member of staff described the project as ‘an infrastructure organisation’ charged with establishing and developing the governance, constitution and policies for hubs, or groups of volunteers, geographically-based and sustainable in the long-term, to support older people. Although all staff interviewed reported that they would recommend similar ‘hub’ delivery and management arrangements to others, there were areas in which developments had clearly diverged from the initial plan and expectations had been changed or amended in the light of practical experience. For example, there was an initial expectation amongst those interviewed that hubs would operate much like ‘*Neighbourhood Watch*’ schemes, offering a standardised service, covering a very small area, perhaps just one or two roads or an individual estate. Confounding these early expectations, the four NL hubs explored in this evaluation have all developed in diverse ways.

“I think probably the most unexpected thing for me has been, which is probably obvious in retrospect, is that each hub is so very, very different, completely different.....It’s to do with the need in the particular, the need in the particular community that we’ve identified definitely but it also varies according to the volunteers that you’ve got and their skills ..... older, older people in [*Hub Area*] they’re like in their 80s and they’re very happy running the social activities but they wouldn’t want to get involved in the kind of level of work that direct services involves.”

Staff reported that hubs were bigger than envisaged, covering whole towns (e.g. *Holsworthy Help*) rather than just a few streets and for some, a specific activity rather than geography had become the central focus of a hub (e.g. Gardening, Well-being Watch, providing regular, telephone-based befriending). There was a recognition that the tendency to operate over a larger geographical area might reduce the final number of area-based hubs. The potential number of service users was positively increased so that staff expected that the target number of people supported would be exceeded.

Another key difference in expectations noted by respondents was that all of the current hubs, with the sole exception of gardening, had been set up 'from scratch' despite an initial intention to work with existing organisations:

"One of the things that was said in the original bid to the Lottery is that we'd look at setting up these hubs from scratch but we'd also look at working with groups that, who were already offering services, looking at working with them and helping them out in what they already offer. Which sounds like a great idea but that's, we've found that quite difficult."

A number of barriers to this more 'joined up' approach in relation to other community and voluntary groups were suggested including resistance to change in established groups, or a lack of willingness on the part of more informal groups to formalise their systems, which was perceived as introducing unnecessary and unwarranted layers of bureaucracy. There was also a general perception amongst project staff that the more isolated communities frequently held a firm tradition of managing by themselves and outside help appeared to be experienced as interfering and unwelcome. In these circumstances, project staff had responded by adopting a slow process of informal, face to face contacts, familiarisation and trust-building which they felt had clearly impacted on their ability to develop the expected number, although not the quality, of area-based hubs in the medium term.

However, successful or developing links with more formal and statutory service providers were mentioned in all of the interviews. For example, a paid representative for the voluntary sector attending regular meetings of the three local complex care teams, linking health and social care services in north Devon, was highlighted as a good source of referrals to the NL project.

"And I'd say, probably, the key people for us really have been the complex care teams have been very good at referring people to us and keeping us informed about things."

Other community-based health professionals such as district nurses and occupational therapists were also mentioned together with organisations such as Red Cross 'Home from Hospital' scheme and local community mental health teams. In each case, establishing named contacts was seen as the foundation for a successful referral network facilitating on-going support and follow-up. Interestingly, few referrals appeared to have been received directly from either social workers or general practitioners (GPs) although there was a sense that this was improving:

"GPs have been getting better because there's an initiative at the moment to try and encourage GPs to get more involved with the voluntary sector, so that have started, started to get more involved, but historically they've been quite difficult to engage with. But I'd say they're definitely improving. Social services, probably not so much, we haven't had so much contact from them."

A final unexpected challenge identified in all of the staff interviews was the tension in managing what is available in hub areas and requests for help from outside a particular geographical location which became at times irresistible so that services were provided to meet the needs of those outside a hub area, as illustrated by the following comment:

"I would say, it's ... it's made it a bit harder to focus on the hubs because we can't focus on the hubs totally. We have to, because of the nature of the work as well, you have to respond to that need."

You can't say to somebody, 'Well no, you live in, wherever, so we're not going to help you'. I mean, you can't do that, you've got to help people."

Through tracking and monitoring of all requests for help and support, the project team indicated their intention to base new hub initiatives in the locations from which high levels of requests and referrals had been received, in an iterative process, using the accumulated data as indicators of unmet need.

### **Volunteers – recruitment and support**

The central importance of volunteers and the high value placed on the range of skills and expertise which they bring to the project and its plans for long-term sustainability was evident throughout all of the interviews. Interestingly, the recruitment of volunteers did not appear to be a problem and at times, numbers of volunteers exceeded those seeking help.

"It's, I'd say for things like befriending and the advocacy and the help, the direct services volunteers, it's quite easy to recruit them because they are quite, they're quite nice, they're nice volunteer roles that people are attracted to, so people do tend to come to us .... It's a responsibility but people like the idea of going round and having a chat and a cup of tea."

"... in those early stages it was chicken and egg and that was really frustrating for me because I didn't want to sign up loads of people because I knew we hadn't got the service users. And it's like in [hub area name] I did a bit of a sort of, run around six, eight months ago because we had five or six volunteers but no service users. And I'm thinking, "Well, they'll lose interest." You know? You try to get them to, perhaps, to diversify their volunteering, so a couple of them may have come on board with befriending, but I'm quite persuasive, and might, sort of, suggest, "What about a little bit of gardening?" And so that's, sort of, kept them tinkering along, you know, and perhaps they'll do a little bit of gardening and befriending."

Volunteers were recruited through local advertising, for example in the office window, in the local press, parish magazines, a quarterly project newsletter and most often by 'word of mouth'. Alongside being 'personable and approachable', 'reliability' was the key characteristic of a good volunteer identified in the interviews and this was explored and emphasised with individual applicants before formal criminal record's bureau (CRB) checks and registration procedures were completed. Gardening hub volunteers met twice-yearly as a group and although this was an underlying aspiration for all volunteers, it was recognised that attendance at meetings was problematic in terms of resources, timing and venue in a wide rural area. Project staff made use of handbooks such as *'The Guide to Safe Volunteering'* in periodic training sessions and were also in the process of producing their own compendium of case studies, *'Hints and Tips for Volunteers'*, offering advice and guidance based on recent, 'real world' situations experienced by some of the local volunteers. At the time of the interim evaluation, this booklet was in the process of final drafting and approval.

Different skills sets were required by those delivering activities and services to those required by office-holders in the hub committees and the latter sometimes proved rather harder to identify.

"And it's like, but when it comes to recruiting the hub volunteers, so the people to sit on the committees and run the hubs, then that's different because those volunteers tend to have a different skill set and different, want to get different things out of volunteering. And I'd say that that's harder,

it's harder to find people who want to take on that level of responsibility. And we tend to have to go out there to recruit those people rather than have them come to us."

There was acknowledgement of the tensions inherent in managing volunteers.

"Because you're not employing these people, they are volunteering, so you need to have that kind of supportive friendship, almost, with them. Yes, something that's very, very new to me, but it's, kind of, managing people without managing them. And learning how to do that and, kind of, like I say, sort of a jokey, chatty approach ....so it's a whole different way of dealing with people, but nice, it's lovely, really."

'Keeping expectations low', 'reining in enthusiasms', minimising the requirements for form-filling, and remembering to celebrate individual successes, small changes and improvements as well as providing frequent 'positive feedback about how the project is performing' were all mentioned as ways in which volunteers were supported, motivated and retained.

"Really, I think the key to it is that they can see the difference they are making."

"I think the support is hugely part of it....the feeling of being wanted and needed... to give them, it's a sense of purpose I suppose. So if we're telling them they're fulfilling a purpose, then that motivates them to keep doing it.....that was something that I didn't realise would, kind of, come from people volunteering is they get something out of it as well."

### **Service users – identification, activities and services**

A clear sense of the existence of a permeable boundary between being a volunteer and being a service user emerged from the interviews. Respondents each reported instances in which individuals moved from the role of volunteer, providing help to that of someone needing help if only for a short time and back again.

All of the project staff commented in different ways on the difficulties of identifying service users and a wide range of advertising and promotion activities, including local media articles, posters, leaflets and newsletters were all being employed to engage potential service users. Efforts were being sustained despite lower than expected responses on occasions. Although referrals from other organisations were received, project staff considered that the majority of contacts came from family, primarily sons or daughters living outside the county or from self-identification by older people.

Some concerns were raised in all of the interviews about the level of need of some service users referred by outside agencies. This posed challenges in managing the drive to respond positively to referrals and provide services at a time of increasing austerity, when statutory provision is severely restricted, whilst also protecting volunteers from exposure to inappropriate roles and tasks:

"And sometimes it might be there with the complex care team because of specific complex medical problems, and therefore they're a bit down and a bit a lonely so a volunteer could go and, kind of, make a difference there. But we've had referrals where the person's got, like, really severe mental health problems and hallucinations and that kind of thing, and it's just not been appropriate to send a volunteer in."

Asked about uncovering and recording what older people need in new hub areas, staff reported using postal questionnaires circulated to the whole community. Although a useful starting point, the project team were ambivalent about relying *exclusively* on survey results following very low attendance in one area at a reminiscence group which had been placed top in their area survey. Learning from this experience was being transferred directly to a new survey, delivered to each door by hand but also explained in person 'on the doorstep' by volunteers. All of the respondents identified a range of social activities (e.g. film club, chair-based exercise, day trips) and direct services (e.g. gardening, shopping, befriending) delivered through NL hubs but arrangements for signposting to other local resources that might be of help to older people, including information (e.g. from parish, town and district councils); support or special interest groups, (e.g. Alzheimer's or Parkinson's Society, carers' support group) all appeared to be at a very early stage of development.

One member of staff summed up the benefit of the NL project for service users as follows:

"But I don't know that he [*service user with anxiety problems*] would have been comfortable to ring them [*GP/social services*] up. I think people are quite scared of, you know, maybe, again this is just speculation, maybe he thought if he went to see his GP or rang his nurse, or what have you, there might be consequences to that. They might be, "Oh, he's getting worse, you know, we need to do this, that and the other." Whereas ringing us there isn't. All we do is help if we can..... and he went away happy. I didn't really do anything. I just, kind of chatted, but again, where would he have had that anywhere else?"

Asked about key developments over the next 12 – 18 months, staff spoke about plans to arrange mutual 'exchange visits' for volunteers and particularly for hub committee members to share experiences, exchange ideas and examples of best practice, developing the mutual support networks which will be vital for long-term sustainability. Going a little further, a final aspiration expressed by one member of staff was as follows:

"If we could get the hubs that we have into a position where they were able to train up other neighbouring communities to get hubs set up along the same lines, like a snowball effect .... That would be like, the ideal end to the project."

## **4.2 Stakeholder/Initial Stage Steering Group Interviews**

Two stakeholders drawn from the members of the project steering group were nominated by the project development worker and both agreed to take part in an individual interview, one of which was held face to face and the other by telephone. It is important to note that at the time of undertaking the interim evaluation, the project steering group had been dissolved and no longer met although written progress reports and development updates were made available to steering group members who were however no longer directly involved in project management.

The two interviewees were from contrasting backgrounds. One, in a professional health services role, had been involved with NL at inception, planning and supporting the initial bid for funding while the second had become involved through voluntary work through a faith group and the Senior Council for Devon, a community organisation supported by the local authority giving a voice in decision-making at county level to older people. Both brought enthusiasm and commitment to involvement in the model of community development adopted by NL, albeit from differing perspectives

### **Roles and tasks of the steering group**

As the bid was being developed, the steering group appeared to play an important role in providing a forum for inter-agency discussions. Members felt that they were part of a useful process in which their views were encouraged and used in the development of the project:

“...but every few months we met. And, in actual fact, because again there was quite a wide spectrum of expertise on that group, I think there was some quite valuable discussions across the group about how the project was developing and, particularly in those early days, suggestions as to how it could progress and what could possibly be done.”

“Very much so. Oh, very much so, very much so involved in those early days which I think was what, well, I felt it was very valuable for me and hopefully helped the rest of the group.”

However, more latterly as the project established itself, the steering group role became one of monitoring activities and supporting the project development team rather than a forum for suggesting new ideas and eventually meetings were discontinued:

“But, I must admit, we, because as the work is progressed we haven’t really needed to physically meet, so we’d get just the progress reports...”

“I wasn’t involved with developing the bid, I went along to the monitoring meetings and with all due respect to those who were there, and it’s like quite often happens in organisations, the people that are at the sharp end make suggestions for policy and most people generally, sort of, agree with it. So, to a large extent, we were keeping informed as to what was going on at that time and sort of saying well done, carry on, steady as she goes, type thing.”

One stakeholder referred to networking amongst a range of voluntary and statutory sector organisations in gathering the evidence to set up one of the local NL hubs, with for example Senior Council for Devon, the District Council, and Torridge Voluntary Services all contributing to the process. However, this level of networking does not appear to have been sustained as an integral part of NL partnerships:

“We’ve tended to operate separately in separate compartments, so there wasn’t much cross-over. We kept in touch but there weren’t all that many joint initiatives or anything like that after the development of the [hub name] where we did the initial groundwork and then handed it over.”

### **Benefits of the Neighbourhood Links model**

Stakeholders noted that hubs were developing most readily in cohesive areas such as estates or other well-defined ‘natural communities’ frequently clustered around a common amenity and where these foundations were absent, rather more preparation work with local people might be required.

“Yes, it is a question of what is the entry point? One can’t go in and just take over, one has got to identify key individuals within the community that can invite the TorrAGE Neighbourhood Links into the community and gradually see, so that people get a sense that they’re having something added rather than something displacing or taking over.”

Both stakeholders spoke about the value of a ‘grass roots’ approach to developing services for older people. Adopting what one stakeholder referred to as a ‘piggy back’ process, building on what already exists, was regarded as crucial not only for project sustainability but also to promote optimum relevance and take-up of services particularly in rural areas where stakeholders felt there was frequently a tradition of ‘self-contained communities’ and individual coping observed and emulated across the generations:

“I suppose, to sum it up, I’ve always believed in rural areas we need to adopt a sort of piggy back process of building on what’s already there which hopefully will mean it has a better chance of sustainability rather than necessarily floating in or dropping in totally new things which, as we know, always take a long, long time to establish.”

“Yes, yes. But, having said that, I think quite often people, and I’m making a sweeping statement to a certain extent here, but generally, I would say, if people have lived and grown up in the area they’ve seen earlier generations cope. And they make an assumption, ‘Well, we will just get on and cope, as our parents, as our grandparents did before us’ “

Stakeholders were aware of the need to meet a diverse range of needs in different communities and while very supportive of the model of hub development, appreciated the necessity to respond in a flexible way to meet the needs of specific communities by developing available resources to their full potential. Stakeholders recognised that ‘necessary resources’ were not always financial but included individuals, their skills and expertise as well as community infrastructure and networks.

“I think it’s [*the hub model*] very, very relevant because I think it is very much local, locally focused and it’s very much listening to local people and what they want and that’s why, I think, there was a tremendous benefit, but it’s not one size fits all, it’s very much a flexible approach depending on the communities. “

“Plus you know, this shift in emphasis, well you’ve got to do more yourself, but to do more yourself you have to have the resource in yourself, within the community, it isn’t necessarily money but it is about attitude, culture, connect, you know, those people things that need to be there to enable it to happen.”

## **Challenges for Neighbourhood Links development**

The stakeholders interviewed recognised the difficulties of identifying those in need of services and encouraging others to come forward to make use of what was on offer. The need to continually provide and reinforce information, spreading the word about the project and services including those already available in each local area was highlighted although one stakeholder pointed out that signposting alone sometimes resulted in difficulties for an organisation in retaining its presence and profile, becoming itself 'invisible' in the provider landscape:

"Because people are so reliant on finding their own resources, like getting family members and such like to come in and not realising that they can get the underpinning help locally so that the family members can do it as a bonus..."

"There's got to be a signposting. The difficulty is if one is only a signpost, which is really what Senior Council's doing, then people don't see a clear *raison d'être* for the organisation as such."

The context of almost endemic organisational change, both locally and nationally particularly in statutory agencies, was noted as a factor that was likely to impact negatively on NL development and there was concern that energy and enthusiasm could be eroded when progress was slower and more difficult than expected:

"Because, obviously, in setting up the initial idea there was a demand, there was a need identified otherwise the bid wouldn't have gone through. But I think, as I touched on earlier, I think there's been such change in the patch from, if you like, which has, to a certain extent, had an impact and I think whenever you've got change quite often people withdraw and want to, sort of, stick with what they've got rather than stepping out. So I think things take longer, and some communities they do take a lot longer in time to be given to support, to develop, and that just, you know, holds things back."

A key challenge identified by both of the steering group members was that of managing volunteers who could not be held to account in quite the same way as a paid employee. Another layer of complexity that would be key for the successful sustainability of hubs that emerged from the interviews was the importance of engaging volunteers in the management committees.

"But it does raise all sorts of management issues because people are volunteers and they don't have to take any notice, they don't have to, sort of, it's not like the board's saying do this and somebody's got to do it. It's people have got to do it and we have to thrash out some issues from time to time."

"I think there has to be a balance but I think, it's the age old problem, if you've got somebody paid and employed to actually do specific tasks then it's much easier to question what they're doing and how they're doing it. Whereas with volunteers it can sometimes be more challenging."

## **Future developments for Neighbourhood Links**

Strong central co-ordination was highlighted as a principle element of the success so far of the project and stakeholders were ambivalent about the degree to which this could be sustained by volunteers acting alone, albeit supporting each other in locality hubs. There was a feeling that a paid worker had been extremely helpful and that consideration could be given to continuance of this role, hosted somewhere in the district as part of the network of voluntary organisations in the locality.

“It’s quite a task because it could, sort of, you know, in an ideal world if we made sure there was enough resource within the [volunteer service name], you know, it could be an added role because they have the contacts but, in some of the areas that have been identified through TorrAGE they need more than that, they don’t just want somebody on the end of a phone who can give them a little bit of guidance, they want more, they need more, and that’s more of a challenge.”

Networking between the huge range of local organisations, and signposting to existing services were identified as areas for development with one steering group member drawing particular attention to the central role that parish councils could play in identifying key people to be the ‘eyes and ears of the organisation’ looking out for those in need of help. Early involvement on the steering group with parish councillors did not appear to have been developed into a broader engagement across the hub network which could be helpful in identifying individuals in need or gaps in service provision.

“Yes, definitely. But also I think it is about trying, if nothing else, if we could try and energise the parish councillors and the council so that it can maybe look at its remit in a much more constructive way.”

When asked about gaps in services, retirement planning emerged as a key, foundational support for the wider well-being of older people in both interviews with particular resonances for those living in more rural locations often with fewer services readily accessible:

“But after mid 70s they need to look very seriously about that and not make the choice at 65 thinking it’s going to be a choice for life. If people say, “Right, well, yes, we’d like to enjoy this whilst we can.” I live in [town name] a town and I deliberately chose a town and I chose a house which could have a stair lift in it. I’ve got an outhouse with access to the street, where I could put my mobility scooter, so yes, I’ve got these things at the back of mind when I looked in there, yes, and I’ve got a bus stop that’s just round the corner. So, I can...”

“Yes, yes, yes. Because I’m a strong believer that we need to speak to people before they finish work, before they’ve retired to actually think about, “Well, what are your, sort of, plans? Are you going to move? Are you going to stay in the place in place you’re in now? Are you going to downsize? If so, think about, well, where is that location? Is it ideal for you?” And particularly if someone has a degree of a health problem, as you get older quite often that will get worse not better. “

The lack of community infrastructure, for example a community hall, was highlighted as a distinct disadvantage in some locations which exacerbated the difficulties of creating a recognisable organisational profile and presence in the local area as well as an appropriate place to meet and deliver social, education or training activities.

“We’ve got no community focus, so there’s no building where we can hold local meetings.”

Asked about future development, the importance of steady incremental growth, nurturing realistic expectations of all involved and maximising internal and external resources of the whole community was re-emphasised by stakeholders. They suggested that even if the final number of hubs was smaller than originally anticipated, there might be benefits from encouraging successful, established hubs to link up with those at an earlier stage of development to share ideas, experiences and for peer support, reflecting the processes frequently adopted for example in ‘town twinning’.

“Absolutely, I mean, absolutely, and it needs, I would suggest it needs to be a drip, drip, drip because it won’t happen overnight, it won’t happen in one meeting, it’s got to be a constant drip and it’s also got to have elements of activity to support what you’re trying to say, so that it reinforces it.”

“Exactly, and even if it means that, you know, we just help out on a number of particular communities but really try and learn and grow from them and, in a way, possibly those communities can do some degree of buddying with others so ...you know ..... it’s back to this idea of piggy back on the back and make it something which would appeal to a community.”

Asked about their overall satisfaction with what NL is offering to older people, stakeholders were unanimous in their appreciation of the way in which the project had been managed and what had been achieved in an ‘increasingly hostile financial climate’.

“Well, I’m very satisfied, I think they’ve worked very hard in a quite a challenging and testing area at a difficult time because when we started on the journey, you know, we certainly didn’t expect the pressures that have obviously got greater over the last couple of years. You know, the financial world that we’re in, the bureaucratic structures, you know, the massive changes within local government, massive changes within health and social care services, and trying to keep the ship afloat, I think, has been tremendous.”

Stakeholders were particularly keen to acknowledge the positive impact that the project was having on the lives of those with whom volunteers were currently in contact and highlighted the ‘stored potential’ for those not yet ready or willing to identify themselves as service users in need of support but who had been offered a ‘route to take things forward’ should the need arise through the work of NL.

“..... I’m very, very pleased that the organisation exists, I believe that it has built solidly on the foundations set by the previous TorrAGE, and that it has a good potential and is making a significant difference in the lives of a lot of people. This is may not be statistically significant in terms of the overall population, but for those individuals it’s making a real difference, they’ve got a sense of the befriending aspect of it and know that there is a route to take things forward as and when difficulties arise.”

### 4.3 Volunteer focus groups

All of the volunteers registered with the project (N=70) were invited to take part in one of two focus group meetings held in Torrington and Holsworthy. A specific budget was made available to meet travel costs including taxi fares for those without appropriate transport in order to facilitate participation in the evaluation for all those who expressed an interest in doing so. A total of 14 (20%) registered volunteers took part and the general characteristics of participants is set out in Table 1 below.

**Table 1: General characteristics of focus group participants**

Volunteers		Study data	Project data
<b>Registrants</b>		<b>n =14</b>	<b>N = 70</b>
<b>Gender</b>	Female	71%	62%
	Male	29%	38%
<b>Age</b>	Under 60 years	8%	-
	60 – 74 years	77%	-
	75 – 90 years	15%	-
<b>Ethnicity</b>	White (includes British, Irish, Other)	100%	-
<b>Employment Status</b>	Retired	93%	-
	Employed – part time	7%	-
<b>Length of involvement with Neighbourhood Links/TorrAGE</b>	Up to 1 year	29%	-
	1 – 2 years	21%	-
	3+ years	50%	-
<b>Services delivered</b>	Social support – e.g. clubs, meetings, outings	50%	-
	Emotional support – e.g. befriending, visiting	86%	-
	Practical support – e.g. advocacy, paperwork	7%	-
	Administrative/Office/IT support	7%	-
	Gardening	36%	-
<b>Time commitment – average volunteer hours per week</b>	0 – 5 hours	86%	-
	6 – 10 hours	7%	-
	11 – 15 hours	7%	-

#### Identification and motivation

Most participants in the focus groups appeared to have learned about NL by ‘word of mouth’ through personal family and friendship networks, from volunteering roles with other local organisations or from advertising in local newspapers or parish magazines. The vast majority (77%) had started volunteering in the early years of their retirement and for some that commitment had endured late into their 70s and 80s. During discussions, some concern was expressed at the likely negative impact of the increasing age at which retirement begins on the willingness and/or ability of retirees to come forward to take on volunteering roles in the future.

Asked about their motivations, participants frequently spoke about retirement as ‘the trigger’ when they had time available to them in which they wanted to remain active, learn new things, make new friends and a positive contribution to their communities.

“And when I came down here [*Devon*] I needed to make some new friends because the only person I knew was my son..... and I rang up and spoke to [*volunteer co-ordinator*] and that was it. It was lovey.

And I thoroughly enjoy what I'm doing I think particularly when you've moved into a new area as well, because you get background about your area and different stories of what's gone on in the past"

"And I said well, you know, here I am, plenty of time – not working, anyway – and I ought to be doing something".

"And as we've all got a sort of thirst for knowledge – well, most of us have, anyway – and I do learn quite a bit from the two men I've befriended, more than what I should know sometimes!"

They acknowledged the interconnections between their roles as volunteers, providing services and as possible service recipients, as well as the personal rewards encapsulated in the epithet '*doing good, does you good*' as illustrated in the following comments:

"Yes, and it's also I think, it's there but for the grace of God go I. You could actually be that person in every one of those requests"

"It's just seeing that you make a bit of difference. And quite often you know, you're visiting or doing things, but you're having fun yourself".

"It's that sometimes seeing... – sorry, going back – when you see somebody and they've got a sad face and moans and groans, and when you come away you're having a giggle. And you think well, yes, I have cheered them up a bit. Not a big thing, but it does make you yourself feel happier. Like a selfish thing".

### **Roles, tasks and time commitments**

There was wide recognition that volunteering was a broad canvas that provided ample room for contributions from a range of different skills, sometimes drawing on and validating knowledge and expertise accrued from a life-time of experiences in a particular setting or offering opportunities for new and different challenges. Only a small proportion (21%) of the focus group participants were also committee members or office holders and these tended to be those with strong office skills who were more comfortable with documentation or found pleasure in paperwork or computers.

"My skills are not the soft, touchy feely ones but more the office ones: and I've been doing that role for a good number of years now... and so yes, it just escalates from that sort of thing"

"That's one advantage with most of us being sort of a certain age, that we've got lifetime experiences and some of us have had training through whatever jobs we've had, so we're not coming in with nothing".

"And I thoroughly enjoy what I'm doing. And I think you don't have to be trained to do something like this. I'd been a receptionist for 20 something years in the hotel trade, and if you've got an affinity with people, you can slip in anywhere. You can".

Half of the focus group participants (50%) were already established as volunteers at the inception of the project while the remainder (50%) reported being more recently recruited directly into NL and were in the first one or two years of their volunteer 'career'. It quickly became apparent that participants had multiple interests, 'wore many hats' and offered their help to a range of other local organisations in addition to NL including a lunch club, transport/ driving scheme, charity shop, day centre, town museum, memory café, hospice, tourist information centre, school library.

The range of tasks undertaken for NL was no less diverse including practical help such as dog walking, shopping and 'back office tasks' including computer support and database input; social activities such as coffee mornings, film club, outings, 'sing-along' entertainment and chair-based exercise classes; and emotional support including befriending both visiting and support via '*Well-being Watch*' involving regular contact by telephone. All but two participants (86%) were involved with befriending, designed to offer emotional support, as well as providing other practical help and/or social activities. Interestingly, high proportions of both men (75%) and women (90%) were involved as befrienders but a higher proportion of women (60%) than men (25%) was involved in delivering social activities for service users. The need for what one participant described as 'quick response one offs' or 'shorter blocks of more intensive help' was also highlighted.

"The befriending is great ...because the befriending is absolutely wonderful. But there's lots of us who do not want to do something every week. We have busy lives. I've just come back from six weeks away, and I will go off again for a period. So whilst we're home, we can do a big block; then we're away."

Some volunteers reported that they needed to manage the expectations of service users to keep the level of work delivered within reasonable and acceptable limits. For example, in the initial phases of development, some gardening tasks turned out to be of commercial proportions and help with household chores had been interpreted by one service user to mean 'unpaid housekeeper'. Experience had led to more common understandings and with guidance from the project development team, volunteers felt increasingly able to be more appropriately assertive in what they would or would not take on. Sometimes, referrals had been inappropriate when service user needs were too intensive or complex and volunteers looked to the 'vetting and matching' process used by the volunteer co-ordinator and the initial joint introductory visit undertaken with befrienders to manage potentially difficult or risky situations as illustrated in the following comment:

"and then you've got to be vetted when you go to see somebody to befriend them; Two that I went to see, no way would [*Volunteer Co-ordinator*] let me go on my own to see them because they were very badly mentally handicapped, if you want to put it that way. One was quite vicious – no way would I go in there on my own."

The vast majority of respondents (86%) estimated that they spent on average up to five hours each week on volunteering with NL. There was unanimous agreement that the real key to maintaining their long-term engagement was the flexibility of their commitment and freedom from the responsibility and accountability that pertained to paid work.

"Because I don't know whether other people feel the same, but as a volunteer, it's the doing that I want to do; I don't want the ultimate responsibility or the worry to then have to go chase things up. I want to be able to think if there is a problem, there's somebody to offload it to. Because I've done my bit when I was working, and this is an extra bit, but I don't want all the other bits that go with it."

"And also, because most of us have worked and we've got children and things, when we retire we actually do want a bit of freedom to do what we want when we want."

"Yes, but I liked that because I just did it but I had no responsibility, which I love. Because I was a teacher before and a mother, and it's nice getting rid of all the responsibility and just doing as you're told."

There appeared to be slightly different arrangements in each hub but in general, volunteers understood the necessity for some record-keeping and reporting procedures. For example there were time-sheets and donation records for gardeners to complete and befrienders spoke about providing written monthly 'diary-type' reports for feedback to the main office but all felt that bureaucracy and form-filling needed to be kept to the absolute minimum if their services were to be encouraged, nurtured and retained.

"It only takes a minute or two it does do but there are a lot of folk who are willing to help – like the gardeners – they don't want paperwork, don't want any paperwork. Which is a difficult one to cover... ."

### **Training and support**

A mixed picture emerged from group discussions of their training and support needs. All had been interviewed and undertaken criminal records bureau (CRB) checks, with one volunteer holding 9 of these simultaneously. Most had been issued with or were awaiting TorrAGE/NL identification cards or badges. Given the potential vulnerability of the service users receiving volunteers into their homes, it is somewhat surprising to note that none of the volunteers reported ever being asked by a service user to produce identification.

The volunteers in this group did not identify any specific requirement for training before starting to deliver services or activities, with most feeling competent to undertake the tasks required of them using problem-solving skills and a 'common sense' approach. There was however a sense in which willingness and enthusiasm could lead them across boundaries into inappropriate areas where they might inadvertently place themselves and/or service users at risk and there was some acknowledgement that more could be done to raise awareness of boundary issues.

"But no training really, just what I've brought along with me."

"...and thrown in at the deep end ..... and then you sort of pick things up as you go along"

"It depends on the person you are, yes. If you're handy, you fix it. If you're not, you tell [*volunteer co-ordinator*] about it and she'll get someone to fix it".

Respondents referred to task specific induction and training for gardeners and although few appeared to have taken part, they did refer to the availability of a number of courses including for example health and safety, legal responsibilities and raising awareness of dementia. As might be expected in a large, rural area, accessibility issues – time and travel costs - appeared to deter many from attendance at formal courses whether they were provided in-house or by outside agencies, even when they were perceived as interesting and relevant.

Volunteers reported that they had not yet been offered opportunities to meet together in every hub but support and feedback as part of a delivery team were consistently identified as key elements in maintaining motivation and for some this was an area that could be improved.

"Sometimes I feel as though we could do with a little more back up, befrienders. Very often it's me that has to do the ringing; nobody sort of once a month rings and says, "How's it gone this month? Have you got any problems?" And I've felt a little bit out on a limb, so I tend to... I do it now."

“I don’t think somebody comes around and pats you on the head.... You just read between the lines about it.”

An office and a paid co-ordinator were considered very important in providing volunteers with a central point of contact and a sense of security and confidence in their role to provide back-up and to bear formal accountability in cases of emergency or doubt where further information or onward referral for example to another agency or specialist service might be required.

“I don’t know, but I wouldn’t have volunteered had it not been that [*volunteer co-ordinator*] was there to provide, you know... if I got into difficulties.”

## **Sustainability**

All of the volunteers wanted to see their hubs become sustainable entities that would be self-supporting when the initial ‘Big Lottery’ funding ended but there were varying degrees of optimism about how the challenges to achieving the transformation could be managed.

Respondents in these focus groups identified a tension between the ease with which volunteers could be identified and recruited and the greater difficulty all reported in identifying those needing services:

“We are desperately trying.... We’ve got a lot of people who are able to volunteer and help, but we haven’t got the, haven’t identified those that need the help – only about half a dozen or so at the moment...”

“We know there are people who are splendid volunteers ... they volunteer at the drop of a hat to do anything and want to make people’s lives better. But there don’t appear to be those number of people there that need their lives being made better.”

“We’d like more people to come forward. We know that there are people out there in need but they don’t always refer themselves; they don’t always ask for help.”

There was a general recognition of the value of strong links with other local agencies and voluntary groups and organisations in building a sustainable framework but these appeared to have arisen from individual, personal relationships rather than from more strategic local network building.

“but there needs to be some sort of central impetus... It would be wonderful if... I’ve forgotten how many hundreds of charities and volunteer groups there are in [*town*] and [*county*] – it is hundreds, all requiring volunteers to do this, that and the other. but there is very – or seems to be – little formal coordination between all the charity or volunteer associations. I don’t know how you can, quite frankly, without having a massive organisation on top of it, which causes problems.”

Volunteers referred to a contribution to hub development from parish plans in at least one rural location but were more sceptical about how helpful town or district councils were in working alongside voluntary groups. Participants were able to identify a vast array of local groups and activities but pointed to a frequent lack of interconnections between them:

“I tell you what I would like to do –there is always a crack between one organisation and another, and invariably people fall through. And I would like to obliterate that. It really is awful.”

“And then you’ve got all the sort of ones where you’ve got... you’ve got all these groups and then you’ve got like frayed edged, where... I mean, where I live, going up towards [*village name*], well do you belong to this side? Or do you belong to that side? It’s like, “No, you’re not ours,” and it’s all sort of like a frayed rug really.”

All of the volunteers agreed that a minimum level of funding would be required to support the long-term sustainability of each of the local hubs. Again, there was a feeling amongst participants that although individual hubs were developing well, there would always be a need for at least some paid staff in a central location, to provide overarching strategic direction and cohesion as well as co-ordination and final accountability to ensure safety and protection for volunteers.

“I think whatever happens, you’re going to still need a number of full-time volunteers who are paid – sorry, full-time staff who are paid to coordinate the thing, and an office and everything, and a telephone. And that’s going to cost a lot of money.”

“Yes, so you’ve got to have somebody paid, that that is their remit.”

“Yes, that does seem sensible to me. I can’t imagine the hubs continuing without somebody who was there bearing the responsibility, who was accountable in a way, isn’t it? It is that person that you can say, [*service user*] is in danger. I didn’t like what I found,” or “I am feeling very disturbed, just simply from what she’s been telling me.”

“But you need a certain amount of money just to have the buildings and the phones. You just can’t do that with no money at all. Even if you’re not paying the volunteers and you get people, you need the money for the buildings and the communication and all the rest of it.”

When asked about changes and improvements, some volunteers felt that access to a regular meeting place in a central location in the hub area was particularly important in promoting awareness of the project in the community and encouraging potential service users to identify themselves. One volunteer who provided car transport for those with mobility problems to a variety of appointments highlighted frequent parking problems and felt that arrangements for easy access to a ‘blue badge’ would be a helpful tool to support this particular service.

Asked to rate their overall satisfaction with what the NL project offers older people in their area, 73% of the volunteers rated the service as ‘very good’ or better.

#### **4.4 Hub Management Committee Interviews**

Four project volunteers who were also members of hub management committees were nominated by the project development worker to take part in the evaluation study. Participants were drawn from three geographical hubs and one activity hub. All agreed to take part in an individual semi-structured telephone interview, lasting 40 – 45 minutes, which with the consent of each participant was recorded and transcribed for analysis.

##### **Committee structures, roles and tasks**

Local hub committees, staffed and managed by volunteers, were generally in the early stages of development. Committees had been in existence for between 3 and 18 months and were properly constituted with named office-holders carrying out the key roles of chair, secretary and treasurer although it was recognised that volunteers with the requisite skills for these roles were sometimes not easy to find and recruit. Interestingly, participants reported that all committee members with the exception of two were women and most likely to be in their late 70s and 80s. The importance of a proper constitution to prevent collapse when there are inevitable changes in volunteer personnel and circumstances was emphasised:

“So if they haven't got it fully constituted, and it's rather more informally done by very willing volunteers .... Well the danger with that sort of activity is you lose one or two volunteers, either because they move away or become elderly, too elderly or just decided they're doing too much and once they step away, then the whole thing is in danger of collapsing unless it's been set up properly, constitutionally but also with some level of awareness of the need for continuity and succession.”

Each committee comprised the three named officers plus no more than two additional members, meeting at 4 – 8 weekly intervals for up to two hours per session, generally in a member's home as a 'no cost' option although one committee was able to make use of a local community centre for its meetings currently without charge. Asked about their remit and responsibilities, committee members were primarily focussed on stimulating the interest of potential service users, the provision of direct services and concerned about future financial viability.

“The main responsibility I think of the committee is to oversee what's happening and to endeavour to ensure that the service has a long-term future which is often therefore related to getting further funding and of course ensuring that we recruit sufficient volunteers. It also has responsibility to ensure that the volunteers are supported and given sufficient training to be able to carry out their volunteer services satisfactorily.”

“And I think if we could get this hub going, really going, I mean within the next 12 months, long term I think if we could do it, bring in more people, do more fund raising and motivating people more, it would be a good thing for this area. Well, we're trying yes we are on our way but at the moment it's only a small select group.”

“And the fact is we haven't done any fund raising yet. I guess that might be something we would have to do after 2014, yes. But that's something we haven't, we haven't tackled yet.”

##### **Services, activities and researching needs**

Committees had taken early responsibility for advertising and promoting their directly delivered services, primarily making use of their own individual social networks, word of mouth, articles, adverts and inserts in local free press and parish publications as well as leaflets left for instance in libraries, doctors' surgeries, community hospitals,

information centres and at events such as charity coffee mornings, lunch clubs and in one location using a display stand at the local agricultural show. All of the hub committee members spoke about a range of direct services developed and delivered in each local neighbourhood including befriending whether on a regular basis or more 'ad hoc' responding to need relayed through the 'eyes and ears' of the neighbourhood network, assistance with paperwork and a wide variety of social and leisure activities, groups and outings. One participant drew particular attention to the importance of the almost immediate assistance that could be mobilised in times of crisis through hubs based around 'neighbour volunteers':

"Well, if anybody needs us we're there in seconds if need be and that's how we work. If I'm out there's always another number that they can call and it's knowing that somebody is at the end of the line that gives them reassurance I believe."

The difficulties in identifying new service users and the reluctance of older people to come forward for services or take part in activities were widely acknowledged:

"It's a funny place really in this respect that things are offered to people, for older people and they just sit at home and don't take them up. ....We've tried advertising at various events but people just seem content not to bother so that's a bit sad really."

Committees were anxious to respond to need identified in their local communities. While drawing on consultation outcomes through local town and parish councils could provide some useful information about their local contexts, committee members felt it was important to combine community-wide surveys and paper questionnaires with direct interaction with older people themselves and participants variously mentioned their intention to distribute information leaflets accompanied by doorstep conversations in targeted areas to promote the project and gather evidence of needs and service demands.

"... to consult in a much better way, directly with the communities. Not just, I'm not just talking about the councils, I'm talking about actually talking to local communities and saying, what is it really that does need to happen here? And that doesn't always work properly."

"One thing we have, that arose at the last meeting is this, there's one particular road in the town where there are a lot of, well, mostly elderly people but shall we say people in, shall we say needy people? I think that's the best way, I won't say socially deprived, but that sort of thing really. So we've produced a special leaflet and we're going, not just, we're not just going to put them through letter boxes, we're going to call on these houses, you know, a few at a time, personally call and hand over the leaflet, explain what it says, so we hope that by doing this we'll get the message across much more clear."

### **Networks, sign-posting and building referrals**

Committee members spoke about the wide range of services on offer in each locality but of a lack of co-ordination between them which sometimes meant a wasteful duplication of effort by volunteers as well as some confusion for potential service users who then simply stayed at home:

"There's a lot going on in the town but we don't sort of all get together. Whether some form of an organisation could be formed to link all these things, I don't know. That might be an idea I suppose."

"I think it would be trying to create a stronger umbrella for the various voluntary organisations; an umbrella which would, in particular, try and coordinate the activities much more firmly, I think and

endeavour to make best use of the volunteers. There's an attempt at that at the moment but I think that's something we need to add on."

"You sometimes wonder whether people perhaps don't know all these things are going on and I don't know they're content to stay in their own homes and watch the television rather than going out and joining in activities"

None of those interviewed referred to contact with other providers, particularly professionals in health and social care settings, who would be likely to be working with older, more vulnerable people in the community and those most likely to be in need of help. There appeared to be scope to develop closer, more robust networks with professionals to increase referrals and identify gaps in the types of activities and services relevant to need in each neighbourhood:

"Although I still think the long-term future of many of these services is based on referrals and that is not always easy to set up. You talk to professionals, either health or social service professionals about referrals but to get them to actually make referrals is, can be surprisingly difficult so a lot of our activity, I think, is about promoting the services we provide to professionals, in order to create referrals because referrals have the advantage of being, of recognising people who have real need."

### **Supports and future sustainability**

Not all hubs had yet assumed responsibility for the identification and recruitment of service users and volunteers and there was a high level of continued reliance on advice, guidance and support from the paid project staff as well as for the provision of supplies and services from the NL office. Those interviewed felt that a central office provided not only an essential focal point for the project in the community but also a much-needed point of contact and co-ordination for committees and volunteers that would need to be retained, requiring some level of longer-term future funding:

" Well you need volunteers to be able to run things, but you also need to have a focus point and that focus point is often a physical one; a building for example which in my mind should be the TTVS or TorrAGE office. It's a focal point from the point of view of providing information; collecting information; leaflets; brochures; providing things like telephone contacts and also services such as printing and these sorts of things, which many organisations need and would have to pay for, but the point is that they need to be able to access these services so I think that continuing to have that focal point is absolutely vital."

"It's all very well and good local and national government asking, suggesting that we need to provide services run by volunteers but those voluntary organisations need support. They often need facilities and services to ensure that their organisation runs properly and that's got to be under an umbrella."

However, some in those committees that had been established for rather longer could see how much progress had been made and were beginning to feel that given time, they could emerge as a '*stand alone*' organisation:

"Yes well it is important the support that we're getting from [paid workers] but I think that we've, shall we say, slowly grown in confidence and now we've got our own chairman who chairs the meetings very efficiently. And I think slowly we will reach a point where we're able to stand on our own feet."

The provision of on-going training for volunteers was seen as a key factor in the development of a sustainable and robust service capable of inspiring respect and

confidence in professionals from whom referrals are needed as well as the trust of service users in need of help.

“The hub committee has responsibility to ensure that the volunteers are supported and given sufficient training to be able to carry out their volunteer services satisfactorily.”

“It goes without saying that we do need training, we do need help. We need the training and we do need the key staff you know and that is most important.”

Although based in quite different communities and developing services in different ways, the hub committees were facing common issues. Although communication was facilitated by the project staff, carrying messages about good practice between hubs through attendance at local meetings, committee members identified direct contact between them as a valuable support mechanism to enable the sharing of ideas and experiences, both good and bad:

“I think the hub approach is a very good one. The important thing is, having created those hubs, is to then ensure that you've got the overall coordination of those various hubs so that those hubs communicate to the centre and communicate, therefore to each other ..... so you can try and endeavour to cross-fertilise, cross-support, if you like, the various groups.”

“And one suggestion I did have, and nothing's come of it at the moment is that we meet up with another hub. Perhaps invite them down for afternoon tea. And we could then talk amongst ourselves to see how they're managing to get new people in perhaps.”

The main focus of the hub committees at the time of interview appeared to be the consolidation of what was currently being offered although one participant mentioned basic computer literacy which had emerged from a recent community-wide survey as a local need although some facilities were already available in other locations in the neighbourhood, suggesting that better co-ordination and more 'joined up thinking' might extend the range of services and supports to which people could be sign-posted as an alternative to direct provision.

## 4.5 Service User Interviews

Service user interviews were carried out by three local volunteer community researchers, briefed and trained for the role by members of the evaluation team. A purposive sample of registrants (N=91) who had received or were receiving services from NL were identified by the project delivery team and invited to take part in the evaluation. A total of 24 self-identified service users from this sample (26%) took part in the study and the general characteristics of participants are set out in Table 2 below.

**Table 2: Comparison of general characteristics of study service user participants, project management data & district population data**

General characteristics of service users		Study sample n=24	Project data N=91	District data POPPI*
Gender	Female	83%	79%	53%
	Male	17%	21%	47%
Age	65 – 79 years	50%	45%	74%
	80+ years	50%	55%	26%
Ethnicity	White (inc. British, Irish, Other)	100%	100%	99%
Disability	Self-identified disability	96%	-	-
	Mobility impairment	67%	-	18%
Transport	Access to own transport	38%	-	28%
Caring responsibilities	Providing unpaid care to another	21%	-	10%
Faith group	Membership of a faith group	46%	-	73%
House occupancy	Living alone	78%	-	37%
	Living with partner/spouse/other	22%	-	-
Dwelling location	City/Town	61%	-	-
	Village/Hamlet	39%	-	-
Length of residency	Less than 10 years	22%	-	-
	10 – 19 years	35%	-	-
	20+ years	43%	-	-
Employment Status	Retired	91%	-	-
	Unemployed – looking for work	4%	-	-
	Unable to work – ill-health	4%	-	-
Home internet access		46%	-	-
Health - GP Visits in last 6 months	None	17%	-	-
	Up to 4	33%	-	-
	5 or more	50%	-	-

\*Data provided by Projecting Older People Population Information System (2011), Institute of Public Care, Oxford Brookes University available at <http://www.poppi.org.uk/index.php?&PHPSESSID=8g1dj9v4fcecq9jb17bqt76gkj7&arealD=8446&np=1>

Service users in this study were nearly all white/British, reflecting the lack of ethnic diversity across the Torridge area. The general demographic characteristics (age and gender) of the self-identified study sample are broadly comparable to the data reported for the whole project population although comparing with the general population of Torridge, the study sample contains a higher proportion of older women but rather fewer older men than might have been expected.

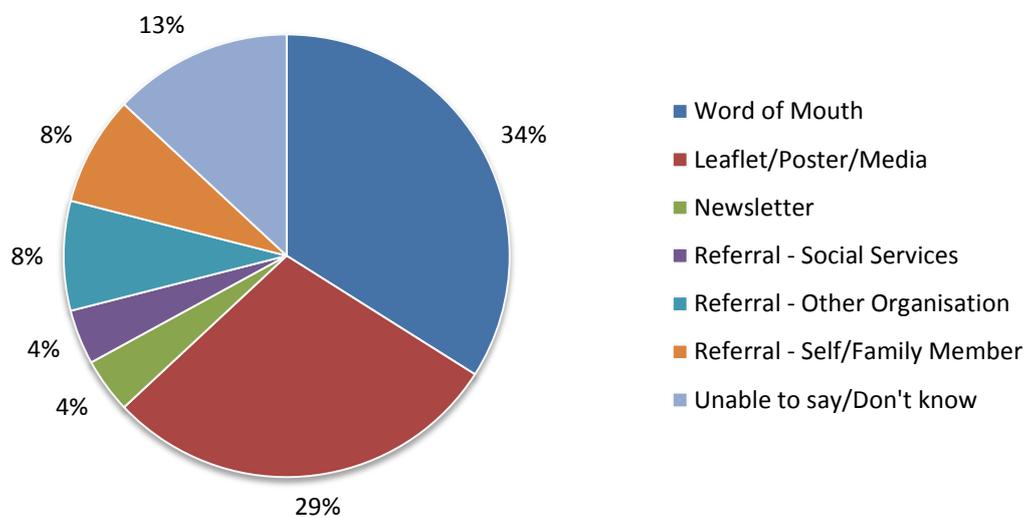
The majority of participants in the study were retired women (83%), living alone (78%) in a town setting (66%) which for nearly half had been home for 20 years or

more. A substantial minority (45%) reported home internet access, with the larger proportion of these (64%) aged under 80 years.

### Finding and registering with Neighbourhood Links

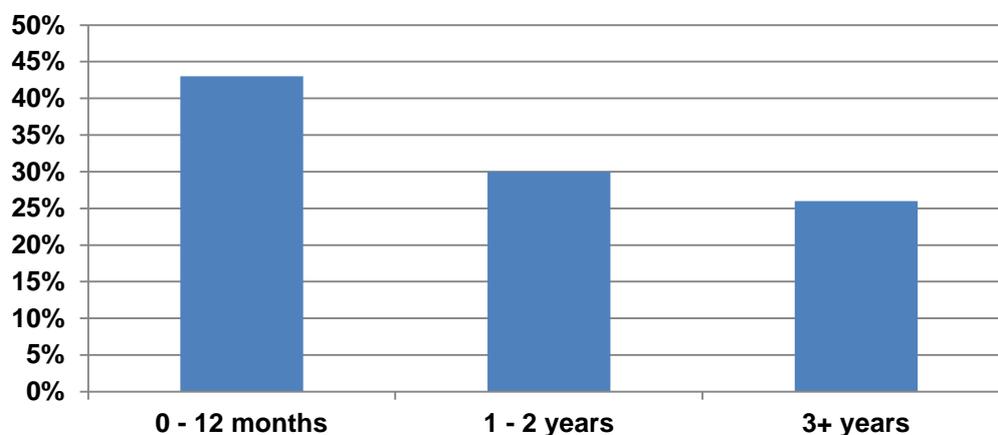
When asked about sources of information or referral that triggered registration with NL, service users identified a wide range of contacts, summarised in Figure 1 below. The largest proportion had been informed by word of mouth through local family, neighbour or social networks or through local leafleting, media and advertising including the 'shop window' of the TorrAGE office in Torrington and had made a self-referral. It is important to note the low level of referral in this sample from outside organisations (8%), especially social services (4%).

**Figure 1: Sources of information and referral**



Asked about the length of time that they had been registered with NL, the largest proportion (43%) were new registrants in their first year of support from the project as summarised in Figure 2 below.

**Figure 2: Length of registration with Neighbourhood Links**



Some service users reported contact in excess of three years because they had been registered with 'TorrAGE', a predecessor project based in Torrington in the same office as NL which had offered some similar services, for example gardening.

However, these data suggest steady annual growth in registrations, with a quarter 'inherited' from TorrAGE but 43% of this sample comprising new registrations made in the preceding twelve months.

### **Finance, transport and social integration**

Over one-third of the sample of service users reported that they were financially 'comfortable', with only one respondent admitting to 'struggling to get by'. This may indicate that this sample of participants has access to more financial resources than is the case for the general population of pensionable age in Torridge where 68% are receiving the state pension only and 32% are in receipt of at least one other state benefit (POPPI, 2011).

Most participants (59%) reported having access to a private car even if not necessarily driving themselves but access to independent transport was a source of dissatisfaction for a sizeable minority (43%). Very few (8%) mentioned making use of transport services aimed at older people such as 'Ring and Ride' or Red Cross hospital transport.

Asked about the quality of a number of aspects of their lives, a very high proportion (83%) reported that they felt safe in their communities yet one-third very often or always felt isolated, with 1 in 4 reporting that they never participated in local activities. In terms of their physical health, nearly all (91%) identified a disability with most (67%) having mobility problems. A very high proportion of respondents (71%) had visited their GP practice 3 times or more in the previous six months, with half (50%) attending on five or more occasions.

There were however high levels of satisfaction with the help and support from family (71%), friends (63%) and neighbours (71%) which is perhaps not surprising given a long-standing and stable population in the sample.

### **Quality of life**

Participants were asked to rate their quality of life using a five-point scale from very poor to very good and responses have been examined in relation to a range of individual characteristics.

- Nearly three-quarters (71%) reported that they 'always' relied on medication to function in daily living yet 2 in 5 of these respondents rated their quality of life as 'good/very good' compared to 1 in 5 of this group rating it 'poor/very poor'.
- Age also appeared to exert some influence. For example, it is interesting to note that those aged over 80 years were less likely to rate their quality of life as poor but were more likely to feel isolated and less likely to participate in community activities than those under 80 years old.
- Dwelling location also appeared important. A very small proportion (13%) of those in village, hamlet or lone dwelling situations rated their quality of life as good compared to 43% of those living in towns. In addition, those in the non-town locations were more likely to report feeling anxious and stressed than others.

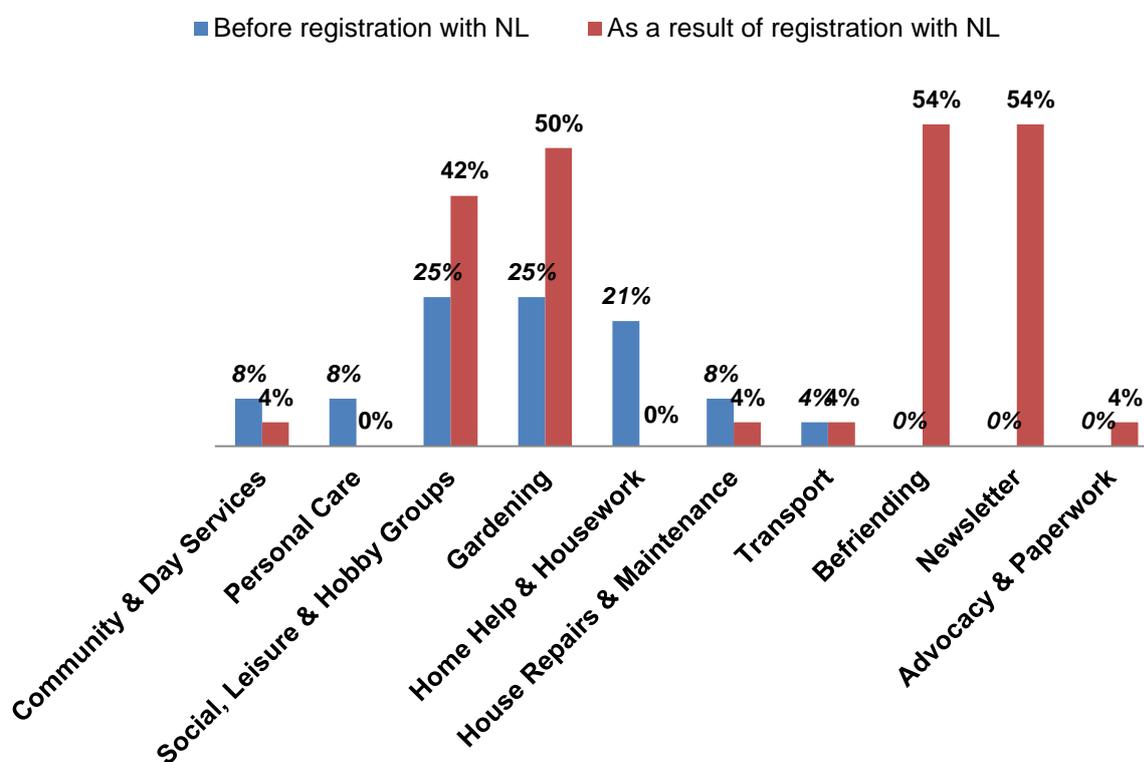
- Social belonging and ‘connectedness’ appeared to influence judgement with 2 in 3 of those rating their quality of life as good reporting that they only rarely, if ever, felt isolated. Interestingly, nearly half of the study sample (42%) were members of a faith community and were twice as likely to report overall quality of life as ‘good or better’ than their non-faith counterparts.

Taken together these data suggest that a range of factors, in addition to the physical health of older people which as reported here may not always be good, interact in complex ways in making judgements about the quality of life.

### Service use

A high proportion of this sample (70%) were in receipt of some sort of services before registering with NL and the type and range of activities involving participants both before and after registration with NL is reported in Figure 3 below.

**Figure 3: Services received before and after registration with Neighbourhood Links**



These data suggest that NL has been successful in delivering a number of new direct services such as advocacy, a newsletter and befriending with the two latter services being delivered to over half (54%) of the sample. The data also suggests that NL has substantially increased the uptake of two other direct services, namely gardening and social and leisure activities in which some respondents were already involved prior to registration. The level of use of those services not directly delivered, for example personal care, home help & housework, house repairs & maintenance, to which participants might just be signposted, does not appear to have changed in the period following registration with NL.

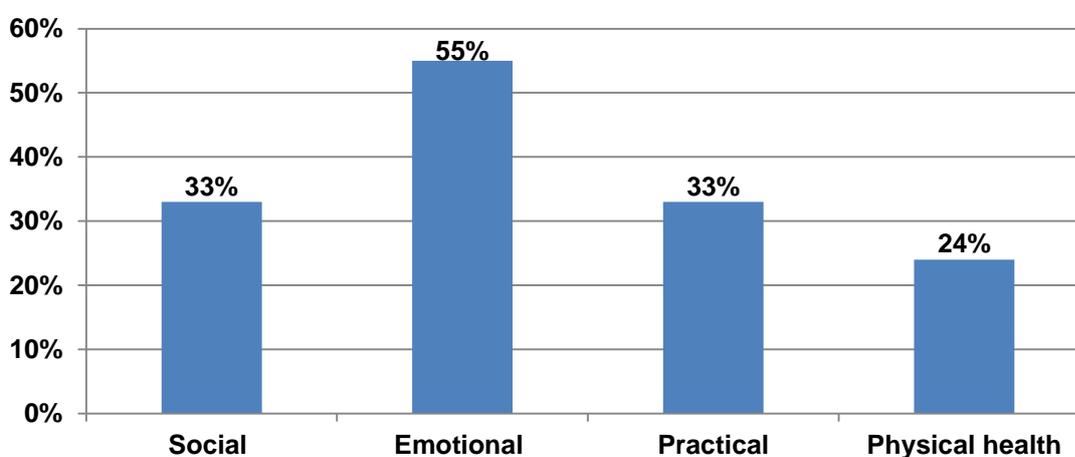
### Impact

Service users were asked to consider whether they had experienced any positive impacts on four pre-selected aspects of well-being as follows:

- **Social aspects** – for example *feeling more involved, contributing locally*
- **Emotional aspects** – for example *feeling less stress, anxiety or depression*
- **Practical aspects** – for example *signposting, information, developing new skills*
- **Physical health** – for example *lifestyle changes, including diet and exercise*

A positive impact on emotional aspects of their well-being was reported by more than 1 in 2 (55%) of the service users in this sample. Responses in all four aspects are summarised in Figure 4.

**Figure 4: Service users reporting positive impact on aspects of well-being**

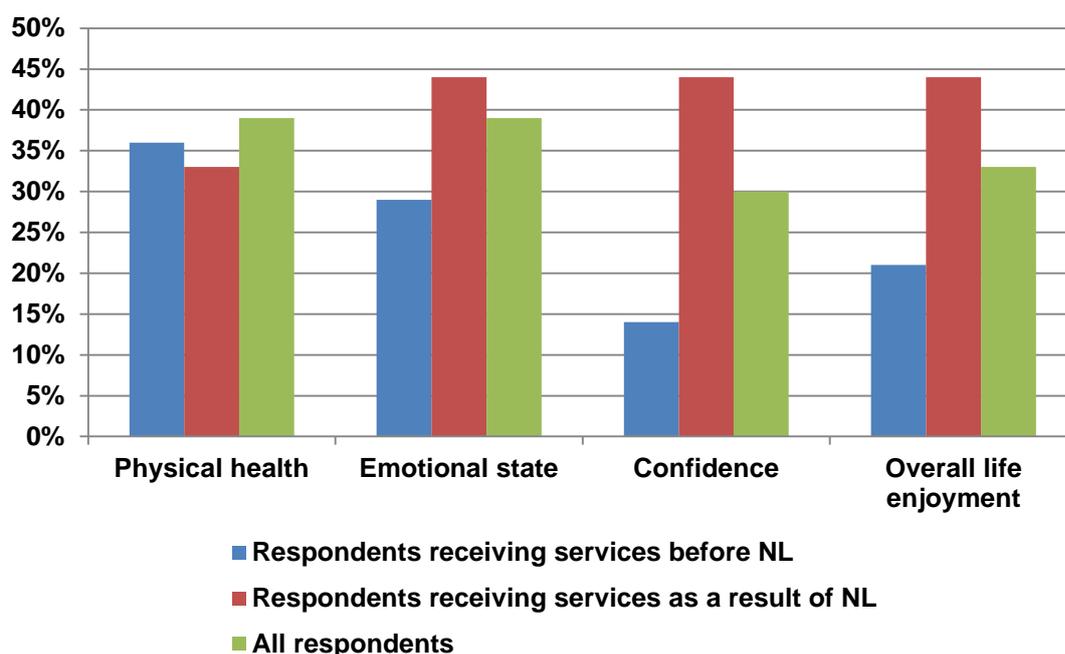


Turning to specific activities, two of the most popular services delivered by NL showed considerable impact. Over half (56%) of those participating in social/leisure activities felt that NL support had had a positive impact on their social well-being, enabling them to feel more involved in their communities. All of those identifying positive impacts in this area were women but drawn from all age groups identified in the study. A similar proportion (55%) of those receiving befriending support felt that it had had a positive impact on their emotional well-being and a reduction in their experiences of stress and anxiety. One quarter of those receiving befriending services were male and over two-thirds (69%) were aged over 80 years.

### Improvement

As well as positive impacts in the four areas above, service users were also asked to consider whether they had become aware of any improvement in four measures of their *overall well-being* since they first had help or joined activities provided by NL. Responses are summarised in Figure 5 below in which those who already received some services before joining NL (blue columns) are reported separately from those whose only service experience is from NL (red columns). The green columns show the aggregated results for the whole sample.

**Figure 5: Service users reporting improvement in four measures of well-being**



The table above shows that for more than 2 in 5 (44%) of those receiving services as a result of NL (red columns) there has been a recognisable improvement in their emotional state, personal confidence and overall enjoyment of life.

Turning to specific activities, findings in relation to the four most popular services delivered by NL and the four measures of well-being identified above are reported in Table 3 below.

**Table 3: Specific services and improvements in all four measures of well-being reported by service users**

Service received	Proportion of service users reporting improvements in all four measures of well-being		Quality of life reported as 'good / very good'
	Percentage	Ratio	
Newsletter	38%	1 in 3	38%
Gardening	17%	1 in 6	25%
Social activities	44%	2 in 5	60%
Befriending	38%	1 in 3	38%

### Satisfaction with Neighbourhood Links

More than 4 in 5 participants said that they would recommend NL to others. It is also important to note that nearly 2 in 3 participants reported that they would like to see an increase in services offered by NL with specific mention of swimming, chiropody, professionally-led exercise classes and film matinees. Other suggestions for

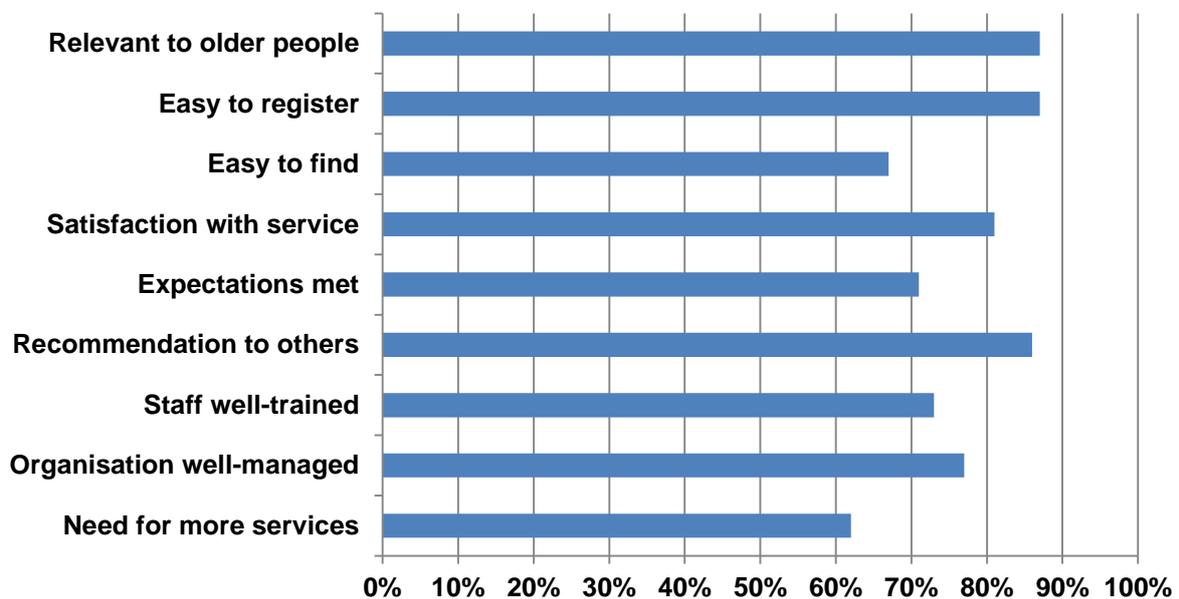
improvements included more frequent ‘opening hours’ and activities in town-centre locations on level ground, to facilitate access in the hilly terrain prevalent in many towns and villages for those with mobility difficulties. Unsurprisingly, mobility issues, access to suitable transport and caring responsibilities were mentioned most often as key limiting factors in service take up as the following comments illustrate:

“My poor mobility prevents me making more use of other services.”

“I would like to use more than I am able, for example film night but for that I would need help with my dependent sister.”

Asked their opinion of a number of pre-selected statements about the NL service, its management and delivery, service users were overwhelmingly positive. The proportion of respondents giving the highest scores, either agreeing or strongly agreeing, with each statement is reported in Figure 6

**Figure 6: Service users’ appraisal of Neighbourhood Links**



The data suggest a high level of satisfaction with NL from the majority of service users, not only in the way that the organisation is staffed and managed but also the ease with which contact and registration can be arranged and importantly, the relevance of its services to the needs of older people, illustrated by the following service users’ comments:

“They are very good at whatever they do”

“Only part of the world where you are treated like a person, not a number”

## 5.0 DISCUSSION

Some discussion of the findings is set out in this section in relation to four key themes which emerged from the study data as follows:

- Defining communities, neighbourhoods and hub development
- Services supporting social networks
- Alliances with the wider community
- Support for volunteers and building sustainability

### **Defining communities, neighbourhoods and hub development**

It is often reported that community connections that reach out across place, interests and identity are largely untapped assets that can promote well-being and address social exclusion (Morris & Gilchrist, 2010). Neighbourhood Links (NL) is a community-based initiative developing relationships, supports and services in the community designed to meet the needs of individual older people. As the project team discovered, definitions of community or neighbourhood may range from a few streets or blocks close to people's homes to wider districts incorporating access to transport links, civic amenities and so on. While communities can be defined by geography in some circumstances, the social networks and relationships contained within them are a key element. The 'social convoy' of family members, friends, acquaintances and even strangers which collectively moves through life with each individual provides a network of relationships that offers a 'protective buffer' or cushion against challenging life events (Stassen Berger, 2001). Where people know each other in a range of roles – such as parents, neighbours, co-workers, friends and family members – networks are said to be dense and it is these relationships that are by far the most frequently mentioned aspects that contribute to well-being for older people (WRVS, 2011). Yet we know that many people are increasingly living alone with 'single-stranded ties', only knowing each other in one single or specialised role. Indeed, older people are particularly susceptible to major life events that reduce their connectedness to relationships and social networks, for example withdrawal from paid work, death of a spouse and other close family or friends as well as the onset of chronic illness or disability (Skills for Care, 2010).

One of the primary objectives of the NL project is to increase the density of these social relationships which Mann (1954) has usefully divided into two types of 'neighbourliness'. On the one hand, *manifest neighbourliness* involves overt forms of social relationships such as mutual visiting at home and outings for leisure and recreation while on the other, *latent neighbourliness* is characterised by favourable attitudes which result in positive action when a need arises in times of emergency or crisis. While the primary focus of the NL project activity is clearly the building of manifest neighbourliness, the presence of a good foundation of latent neighbourliness had certainly become apparent in one hub in adverse winter weather when the speed of response that is the special province of neighbours enabled the establishment of a 'snow patrol' to deliver basic supplies and ensure safety by applying grit to local doorsteps. Conversely, the density of social networks at times appeared to operate against the establishment of new hubs frustrating the early aspirations of project staff who found resistance to change in very settled communities, where self-reliance and a history of coping passed down through the generations did not initially welcome new partnerships. It must be expected however that the exchange of help between residents in a community will typically evolve only

as a slow process, starting with minor transactions requiring only little trust because little risk is involved. Only when information is widely available and mutual trust is more firmly established will there be a gradual increase in mutual support (Bulmer, 1986).

At this interim stage, NL has achieved 40% of the overall target set at inception of the project for the establishment of 15 local hubs. Although this might initially be disappointing at the half-way stage, development has proceeded in more diverse ways than originally envisaged and there was high regard amongst the stakeholders interviewed for the flexible way in which the project team had rejected a rigid 'one size fits all' approach and had responded with respect and sensitivity to the different contexts of each locality. It is interesting to note that two of the most successful 'hubs' have focussed not on a geographical area but around the delivery of specific direct services, namely gardening and '*Well-being Watch*' offering befriending through regular telephone contact with service users across the whole district. Evidence supports this flexible approach. Differences in the starting point between neighbourhoods in terms of institutional resources, particularly the availability of a community hall for meetings, patterns of social organisation, perceptions of community safety and the overall quality of the physical environment all impact on the rate at which people are able to develop trusting relationships as the basis for active engagement with new ideas and developments in their communities (Pierson, 2008). As NL was first establishing itself in Torridge, ideas of neighbourhood and community were also beginning to take on increasing political significance, highlighted in 2010 by the newly-elected Prime Minister's intention to create 'the big society' by giving communities more powers and encouraging people to take on active roles in their communities (HM Government, 2010). Interestingly local opposition to this national policy driver became one of the first barriers to be overcome as NL attempted to engage local people as volunteers and hub committee members. Using stocks of persistence, encouragement, seizing even small opportunities for positive feedback and frequently applying the humour which has been evident throughout the evaluation interviews, the project team have been successful in assuaging these pockets of scepticism and turning resistance into commitment and enthusiasm for building community connections.

### **Services supporting social networks**

Deteriorating health, the onset of disabilities and bereavement pose some of the greatest threats to mental health and well-being amongst older people (Foresight, 2010; Banks et al, 2006). Loss of mobility can harm emotional well-being through its social impact, for example leading to fewer opportunities and/or lack of confidence to venture out, less contact with family and friends which in turn may increase feelings of isolation and withdrawal in a clear pathway to depression. Loneliness impacts negatively on physical health, affecting the immune and cardio-vascular systems and has been shown to carry a higher risk than lifelong smoking. In addition, a recent study reported a double risk of Alzheimer's disease amongst those who were lonely compared to those with good social ties and it is no surprise that loneliness is closely associated with depression which in turn has been shown to increase with age (Age UK, 2011).

Combating loneliness is a key NL objective and given that a very high proportion of project participants are living alone (78%) and over 2 in 3 have identified mobility

impairment as a primary disability, the study data strongly suggest that NL has been successful in identifying those with weak social networks and those most at risk of isolation and is effectively offering services to a sizeable proportion of service users (43%), which tackle loneliness through a range of directly-delivered social activities tailored to individual needs. However, the data also show that all of those service users currently taking part in social activities are female and that those aged 85 years and over are also less likely to be involved. It may be that social activities that more readily address the specific needs of men and the barriers to access for older age groups may be usefully targeted for consideration in the next phase of project development.

Although debate continues over the prevalence of mental health problems among older people, there is increasing evidence that depressive symptoms increase with age manifesting themselves as poor emotional well-being or reduced life satisfaction (McCormick et al, 2009). A significant degree of under-reporting of mental health problems among older people has been suggested (Allen, 2008) and recent reports have highlighted the 'normalising' of depression by some health care professionals, the small proportion of older people with depression who discuss their symptoms with their GP and the much reduced chance for older people of being offered talking therapies (UK Inquiry into Mental Health and Well-being in Later Life, 2007, Chew-Graham and Burroughs, 2004). The reluctance of some NL service users experiencing anxiety or mental health problems to make contact with statutory services was highlighted in the project staff interviews and perhaps one of the greatest strengths of the NL project lies in its ability to provide this 'missing link' for older people, giving almost instant access to support which is free of consequences, by offering a 'listening ear' either through its home visiting services or through the telephone support delivered via the 'Well-being Watch' hub. In fact it has been shown that the support of volunteers who are relatively healthy older people is particularly helpful in diminishing depression in older service users, whilst at the same time significantly bolstering the sense of well-being of the elder volunteers themselves. Importantly, literature has also shown that the involvement of volunteers in befriending can act as a preventive strategy and delay the need for more expensive services (Paylor, 2011; Borgonovi, 2008; Musick and Wilson, 2003; Wheeler et al, 1998). The relationship established in the 'talking and listening' dyad between the giver and the receiver is a key component in motivating and sustaining the engagement of both volunteers and service users in the NL befriending activities and all those involved recognised these fluid boundaries, inter-dependencies and mutual benefits.

Asked about local activities, the majority of participants in the evaluation referred to direct services and certainly those with highest take-up included befriending, gardening and social and leisure activities. There was little mention of information provision and sign-posting as a discrete activity per se although the quarterly newsletter distributed from the central office certainly addresses some of these needs. However, none of the hubs appeared to have its own up-to-date local service and activity directory or information bank through which to offer a 'one-stop shop' for service users in their neighbourhood. There was frequent reference to the very large number of different projects, groups and activities on offer across the whole district with confusion expressed about the different funding streams supporting them and concern that duplication was almost inevitable. The perceived lack of co-ordination

at district level also led some participants to the conclusion that sometimes those in need simply 'fell through the gaps' between the competing organisations. In these circumstances, there may be an opportunity for hubs to research and produce a local directory with the dual purpose of meeting the need for information provision and sign-posting for service users whilst also marketing NL, raising the profile and presence of the hub within its community. Activity of this sort might also be a useful adjunct to the further work which will be required in the second phase of project development in uncovering the gaps in what is already available and what new services might usefully be developed.

### **Alliances with the wider community**

Neighbourhood Links has grown very successfully from the foundation established in Torrington by its predecessor organisation, TorrAGE and at the time of the interim evaluation four geographically-defined 'hubs' had been established all of which had identified key residents and formalized arrangements for a local volunteer management committee or were in the process of doing so. Each hub also had its own distinct characteristics developing in ways which made optimum use of personnel and community resources.

One of the key concerns raised by all those involved in the evaluation study was the difficulty experienced in identifying potential service users which will have serious implications for the long-term survival of the hubs, not least because volunteers may drift away if their offers of help are not taken up sufficiently swiftly. Social capital is an important concept underpinning the community-based approach of NL and in this context, has two meanings. Firstly, there is social capital as 'bonding capital' comprising the networks and relationships of trust between those within communities. Secondly, there is social capital as 'bridging capital' relating to the networks and inter-relationships between neighbourhoods, communities and external agencies and resources (White, 2002). The evaluation has revealed good evidence for the promotion and development of increasing levels of bonding capital within each hub, strengthening the density of relationships within and between project staff, volunteers, service users and committee members. However, work on developing stocks of bridging capital is at an early stage. Although self-referral to the project by service users is strong, there is scope to expand referrals from outside sources to Neighbourhood Links in order to increase registrations and service take-up. Suggestions from those taking part in the evaluation included strengthening links with parish and town councils as well as with the range of health professionals working in community settings such as district nurses and community psychiatric nurses. There appears to be a particularly worrying gap in the level of referrals received from social services, other than the complex care teams which frequently deal with high dependency cases which may not always be appropriate for volunteer support. Previous work with informal family carers has shown that the GP surgery is often an important and trusted source of information and onward referral for patients (Donnellan et al 2011) and given that the vast majority of current service users (83%) had visited their GP practice more than four times in the previous six months, there may be advantages in taking a more proactive 'case finding' stance, perhaps seeking for example to establish named contacts in each surgery and with discharge teams in local community hospitals to raise the profile of the project and encourage referrals. NL services may be most effective when they are explicitly part of a pathway targeted at those older people who straddle the eligibility boundaries and

may not have access to on-going social care support and at those experiencing significant life events for example a bereavement, the onset of disability or becoming a carer (DH, 2008). It may be at this point that the 'immediate response' and 'shorter, more intensive' practical support suggested in the volunteer focus groups could find a place. As highlighted earlier in this report, for some, faith groups also play an important part in community cohesion (McCormick et al, 2009) and establishing regular contact with the full range of local faith communities may provide a further conduit through which service user uptake may be enhanced. It will be essential in the second phase of project development to increase the focus on strengthening links with other projects, organisations and service providers, building information networks and co-operation with professionals and others involved in the delivery of services for older people in each hub neighbourhood in order to maximize NL registrations, service take-up as well as the range of options offered to service users

### **Supporting volunteers and building sustainability**

Project staff commented on the individuality of each hub and they were rightly proud of the ability to reflect each unique local context. This theme also emerged from the stakeholder interviews in which a 'one size fits all' approach was strongly eschewed. While difference can function as a strength, it also poses risks in terms of diluting project vision, presence and profile. In these circumstances, it will be important to provide lots of opportunities for volunteers and hub committees to meet with each other on a regular basis, to maintain a common purpose. Exchange community visits have been shown to be particularly effective in fostering commitment and providing opportunities to share knowledge and ideas as well as celebrating successes however big or small so that vital forward momentum is maintained and there was evidence that these had started to take place (Stuteley, 2011). Research also suggests that the engagement, commitment and motivation of volunteers is best maintained when they are offered multiple, flexible opportunities to contribute in areas which feed into their individual interests and wishes and where there is an adequate level of training and support (Paylor, 2011). There is good evidence in the evaluation for the deployment of volunteers in a variety of roles that both match their skills and meet their wishes but there is scope to develop opportunities in which they are enabled to come together for training, greater peer support and mechanisms for the provision of monitoring and feedback appear to be at an early stage of development.

Although project staff were beginning to focus on a process of helping hubs to develop independently, to stand alone as sustainable enterprises, there appeared to be a high level of reliance amongst hub committee members on the paid project staff for on-going support, guidance and advice, particularly in the co-ordination of the befriending service. Similarly volunteers regarded a central point of contact as important in providing them with a sense of security and confidence in their role, to provide back-up and to bear formal responsibility in cases of emergency or doubt where referral for example to another agency or specialist service might be required. The willingness of volunteers to be involved in delivering activities was clear but considerable concerns were raised in the evaluation that all of the functions of the paid staff, particularly in relation to bearing final responsibility and accountability for managing services could not be transferred wholly to volunteer committees and further work with partners will clearly be required to establish which elements of the

paid work may be needed and how income streams might be generated to ensure continuity after the end of the pilot scheme funding.

A primary threat to the sustainability of any community project is the tendency to rely on a small nucleus of volunteers whose individual enthusiasm and commitment, often arising from deeply held faith or social values, sustains the early development which can be threatened when people move away, withdraw or are unable to continue through ill-health or the onset of disability which is likely to happen more frequently where volunteers are drawn almost exclusively from older people. Hubs need to ensure that they maintain a steady programme of recruitment, remain open and welcoming to new members and that committees especially nurture a range of volunteers who are able to offer IT, management, office and secretarial skills so that tasks are shared and the operational load is spread across as wide a group as possible so that deputy post-holders are ready to 'step up' when losses and resignations occur.

It is important to note that all of the volunteers wanted their hubs to continue. In line with the diversity of locations and hub types, some communities will need more support than others in establishing sustainable structures and processes and the next phase of project development will clearly be concerned with steady withdrawal from those neighbourhoods where resilience and social capital is high to focus on those where community resources are not so well-developed or where hubs are in the earlier stages of formation.

## **6.0 RECOMMENDATIONS**

Findings from the study have been brought together to produce eight principal recommendations. Some are practical recommendations to improve existing processes and procedures or suggestions to meet gaps which have been identified. Taken together the findings and recommendations are intended to stimulate discussion, inform and influence the way in which partners in the NL project can work together to improve the lives of older people, with the ultimate aim of establishing a range of vibrant and sustainable hubs, staffed for the long term by volunteers that will be capable of meeting the on-going needs of older people in Torridge.

### **Recommendation 1**

*To continue to develop a range of activities focussing on promoting the strength and breadth of social networks giving consideration to the needs of the older population (aged 85 years or over) and in particular social activities that will meet the specific needs of men.*

### **Recommendation 2**

*To continue to offer and increase the range of opportunities for 'talking and listening', particularly where anxiety and depression are included in the presenting problems, in which older people are enabled to build relationships in a variety of ways that are of reciprocal benefit to the emotional well-being of both service users and volunteers.*

### **Recommendation 3**

*To increase the level of service user referrals, taking a stronger 'case finding stance' by broadening and strengthening the range of multi-agency partnerships and establishing a more formal network of named individual contacts within relevant agencies, organisations and groups in each hub neighbourhood with special reference to parish councils, GP practices and faith groups.*

### **Recommendation 4**

*To consider, in addition to the provision of direct services, the information and sign-posting needs of service users in each hub and the ways in which for example a 'one stop shop' could be developed.*

### **Recommendation 5**

*To consider a range of ways in which service user needs can be regularly explored and uncovered using surveys, questionnaires and feedback but also engaging with other forums and face to face contacts in community settings specifically with older people and those in need of help that will simultaneously promote the presence and profile of the NL projects.*

### **Recommendation 6**

*To begin to replace central management support by establishing mechanisms for regular 'hub to hub' contact particularly for committee members and post-holders and to facilitate exchange community visits to share expertise, ideas and to celebrate successes.*

**Recommendation 7**

*To consider ways in which opportunities for regular peer support which recognises the emotional impact of some contacts, training which addresses task boundary issues and monitoring and feedback can be made available for volunteers, individually and in teams to ensure sustained commitment.*

**Recommendation 8**

*Working with volunteers and as wide a range of stakeholders as possible in each community, to consider the requirement for continuing central co-ordination of activities, the role of a central office base and paid worker and to explore ways in which an agreed minimum requirement can be sustained in the long term.*

## **7.0 LIMITATIONS**

This is a small empirical study undertaken with groups of self-identified service users, volunteers and project staff.

### **7.1 Assumptions**

In considering the findings, an assumption has been made that the participants comprise a representative sample of the whole project population.

### **7.2 Limitations**

There are a number of limitations when seeking to generalise any of the findings to a wider population:

- (i) The sample size in each category of participants is very small
- (ii) Participants have identified themselves and may be introducing bias because they possess particular characteristics as people who put themselves forward rather than reflecting differences across the whole population, including those who do not choose to come forward.
- (iii) The low response rate from both service users (23%) and volunteers (25%) means that the number of responses had been too small to be broken down into sub-groups and subjected to any meaningful statistical analyses.

### **7.3 Mitigation**

Having acknowledged the assumptions made and the limitations imposed by a small, self-selected study sample, we are encouraged to find broad congruence of our sample internally with the project population as a whole across a number of important characteristics (age, gender) which provides confidence that the study has not identified an aberrant group.

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