

AGE BETTER  
IN SHEFFIELD

# Access Ambassadors

2015–2018



## Introduction

Age Better in Sheffield is a partnership of organisations working to reduce loneliness and social isolation amongst people over 50 and to help them to live fulfilling lives. It is funded by the National Lottery Community Fund and is one of 14 Ageing Better pilot areas across England working to explore what works in reducing loneliness and isolation. Age Better in Sheffield services are commissioned to focus on four target wards (Burngreave, Woodhouse, Firth Park and Beauchief and Greenhill). These wards were identified as having a high percentage of the older population at risk of loneliness and isolation. The first round of Age Better in Sheffield Projects also focused on a number of hotspot areas across the city where there are particularly high numbers of people in groups at higher risk of loneliness and isolation (carers, people experiencing poor physical or mental health, people experiencing financial hardship and people from black, Asian and minority ethnic (BAME) backgrounds).

In 2015, five projects were commissioned to explore innovative ideas for tackling loneliness and isolation.

This report provides an overview of the Access Ambassadors project, including the outcomes achieved and the lessons learned.

## Methodology

The report draws on data from the National Lottery's quantitative evaluation<sup>1</sup> as well as a locally developed questionnaire tailored to the individual projects.

Participants were asked to complete questionnaires at the start of their involvement with the project, six months into the project, at the end of the project and then six months after completion.

Outcomes from the national evaluation were similar for participants on both projects and scores have been combined.

The report also draws on reports written by the project officer for Access Ambassadors.

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<sup>1</sup> These questionnaires included a standardised questionnaire, the Common Measurement Framework (CMF) completed for all National Lottery funded Ageing Better projects (as well as the other 13 pilot areas across the Big Lottery's Ageing Better programme).

## The project

***“I love getting out of the flat but I thought I’d never go out again.”***

During the initial coproduction phase of Age Better, older people in Sheffield told us that issues around access and transport were key factors resulting in their loneliness and isolation. The main issues identified were associated with the accessibility of services including timetabling and availability of information.

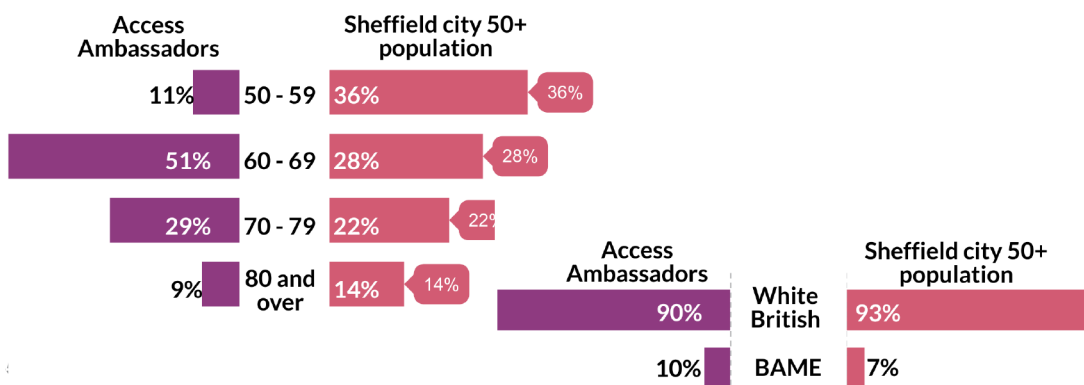
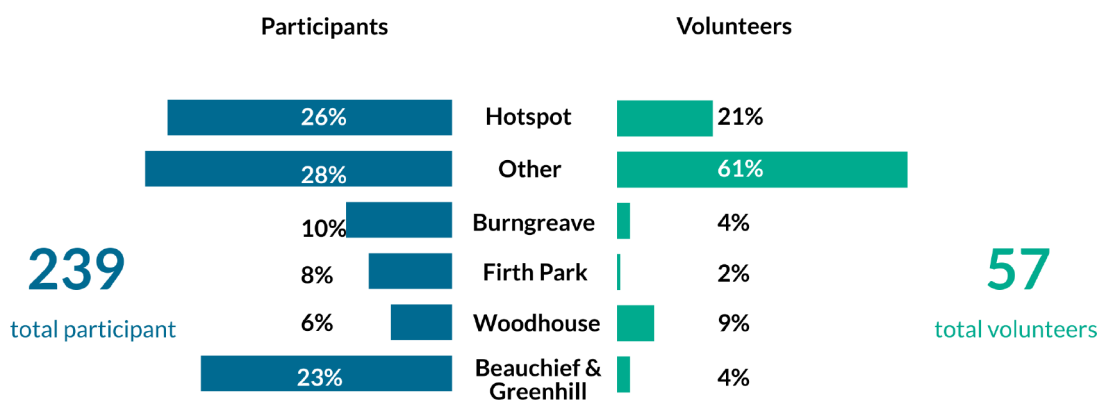
The Access Ambassadors project was developed in response to this to take a two-fold approach:

- Primarily by tackling individual issues relating to confidence, knowledge and skills by offering older people volunteer support through a ‘befriending plus’ model (in which the volunteer both befriends and supports an individual to increase their skills).
- The project initially aimed to empower older people to influence organisations within the city to address the functional, systemic causes behind access and transport barriers such as inadequate transport or community assets.

The project was delivered by South Yorkshire Housing Association with a small team of one full-time programme coordinator with five hours of support a week from one admin assistant.

Initially, efforts were made to develop partnerships with transport providers across the city. The aim was to establish a regular steering group which could bring these providers together with older people who were socially isolated or lonely to enable them to influence service provision. Time constraints meant that delivering this aspect in addition to the befriending aspect was not possible. However, a partnership with Sheffield Community Transport continued and they proved to be valuable allies when participants needed to find people alternative or long-term support when Access Ambassadors wasn’t suitable.

# Participants and volunteers<sup>2</sup>



<sup>2</sup> Due to rounding, percentages of participants and volunteers add up to greater than 100%.

The project was designed to help participants who wanted to develop knowledge of travel options and build their confidence to eventually travel independently. The project initially aimed to work with participants who were expected to be able to reach independence through a relatively low level of support. However, people who were referred to the project often had anxiety or more complex needs than the project was designed (or had the capacity) to address.

### **Key learning**

- **Lack of availability of services means that people are referred to services that are not appropriate for them.** The project officer noticed that other services often referred people to Access Ambassadors to fill a gap in the other support they received, or where their own service was not suitable, even though Access Ambassadors was not a natural fit. People wanted to be able to help and were encouraged to signpost elsewhere. To be able to help those who the service was more suited to it may have been more appropriate to decline some.

## **Initial engagement**

Once a potential participant had been identified, they were assessed for suitability for the project and subsequently matched with a volunteer. Matching meetings included both the participant and the volunteer, as well as the project coordinator, with a matching plan drawn up to agree the frequency of befriending sessions (approximately 40% met weekly, 40% two weekly and 20% monthly).

The initial matching plan covered: learning about the participant as a person; what was important to them; outlining their current situation; discussing how they want things to be; identifying goals to achieve with support from a volunteer; identifying outcomes needed to progress towards goals and any support that needed to be put in place; and noting any risks to be aware of.

### **Challenges**

- **The research aspect of the project deterred some volunteers.** Volunteers were often unwilling to complete the evaluation and disengaged from the project as a result.
- **Lengthy DBS processes.** Waiting up to six weeks for DBS certificates meant that some volunteers disengaged or were not able to take part.

- **Volunteer geography.** Volunteers were recruited on a city-wide basis whereas the project aimed for participants to be predominantly from specific target areas. This meant that it was logistically challenging to match a volunteer with a participant as they often lived in different parts of the city and volunteers were often unwilling to travel far. This could potentially have been solved by taking a targeted approach to volunteer recruitment. This would have come with additional benefits such as local knowledge and a greater potential for friendships which might have lasted beyond the length of the programme.
- **Engaging people from target wards.** SYHA did not have existing networks in the target wards and struggled to recruit through local groups and only 1/3 of participants were from the target wards.
- **Inappropriate referrals.** Access Ambassadors struggled with getting appropriate referrals. People were referred who were capable to get out and about but were actually looking for social interaction and who would have been more suited to a straight-forward befriending model. The project officer struggled to concisely promote the project as the remit wasn't always easy to grasp.

### **Key learning**

- A befriending model may not be attractive to people who have a lower level of need. Befriending may have negative connotations for people who do not consider themselves to be lonely or isolated (or who do not want to be paired up with a volunteer befriender) but may have a need for transport support.
- Marketing materials and a clear name and model can help in ensuring appropriate referrals. Work was carried out to explore how more appropriate referrals could be made to Access Ambassadors. This found that the name didn't obviously suggest a transport project, and marketing materials weren't clear and that marketing material which used simple, real-life, examples would be the best way to promote the project. Delivery partners suggested that the key to accurate referrals was spending more time understanding participants' barriers and motivations during the first meeting, possibly through a dedicated 'triage' style role for incoming referrals.
- Phone triage saved time. As it became clear that referrals were often inappropriate, an initial assessment for suitability was carried out by phone before the project coordinator travelled to the individual's home for a full assessment. This significantly reduced the time and resources wasted on unnecessary journeys as a higher proportion of inappropriate referrals were identified earlier in the process.
- Clear role descriptions are vital to recruiting volunteers. Although there were initially high numbers of volunteers, this reduced through the project. The project carried out a recruitment drive with community organisations and also found that support from VAS's Volunteer Bureau to improve the role description resulted in a significant increase in volunteers through VAS's database.

## Delivery

Once matched, befriending partnerships usually lasted for approximately six months, meeting approximately three times a month. Review meetings with the project coordinator and the participant after a month, three months and at the end allowed for progress to be monitored and support to be adapted if appropriate.

In addition to the befriending sessions, there were alternating monthly social activities and project steering meetings throughout the project.

### Occupational therapy students

During the final year, the project hosted two occupational therapy students from Sheffield Hallam University on a 12-week placement. They worked with participants who it hadn't been possible to match with volunteers to develop a personalised programme of support. Their expert knowledge allowed them to really focus on the causes of transport barriers and work with the participants to identify different coping mechanisms to allow them to get out and about in their community. Alongside this, they ran two workshops based around the five ways to wellbeing. The occupational therapy model complimented the Access Ambassadors project well and it would be something worth exploring more in the future.

### Challenges

- **Balancing the numbers of volunteers and participants.** Initially the project had a high number of volunteers who were turned away or disengaged because there was a low number of participants, then later in the project demand from participants outstripped the supply of volunteers.
- **Finding time to recruit and coordinate volunteers, coordinate the project, and manage referrals (among other tasks) was a challenge with one project coordinator.** Feedback from volunteers suggested that a more informal approach with less supervision (with regard to pre and post meeting check ins) would be preferred. Volunteers would have liked the service to just set up the befriending relationship and then step back and remove the supervision aspect, making it more informal. This solution would have indirectly solved the challenge of limited capacity (and potentially led to longer lasting friendship).

### Key learning

- **Risk management needs to be appropriate to allow trust to develop.** Initially the project did not allow volunteers to enter the homes of participants to minimise risk.

- This was resented by participants and volunteers and created an atmosphere of distrust and, over time, the project reviewed risk procedures and allowed volunteers to visit participant's homes.
- **Scaffolding approaches can improve outcomes but may be challenging for volunteers.** Volunteers could work towards their participant's goal by gradually upscaling the activity or journey that they took part in. A travel training approach, whereby the pair went on the same trip a number of times until the participant felt comfortable doing it alone, was helpful for some participants but put a lot of pressure on the volunteer.
- **Providing transport support to social events is important.** Social activities were appreciated (with approximately eight attending each session) but volunteers were more likely to attend than participants. Participants did not tend to attend unless supported by their volunteer. More coordination to encourage volunteer support, or organisation of transport for participants may have increased take-up for participants.

## Exit and progression

The project usually reached a conclusion when goals were achieved or if the partnership was no longer suitable for one or both partners.

### Key learning

- **Time limited partnerships can reduce dependence.** Initially the project aimed for a maximum of six months' support but this was not always followed and, the lack of a clear end point sometimes created dependency. This was especially the case for participants who may have preferred a befriending project. Reducing to a more clearly time limited support model with clearer goals may have reduced dependency.
- **Clear goals result in better outcomes and progression.** Participants who had clearer goals at the outset were more likely to leave and join up with other programmes or move on to other steps. Those who didn't were more likely to continue long term with the befriending relationship and then required further support from Sheffield Community Transport and other services when finished.
- **Volunteer skills levels affect participant outcomes.** Volunteers did not always have the skills to reassess goals and support the participant towards them in the same way as a paid key worker or occupational therapist. Increased training, or more rigorous recruitment criteria for volunteers, may have addressed this, or a professional model might have been more successful rather than involving volunteers.



## Outcomes

Participants were asked to complete questionnaires at the start of their involvement with the project, six months into the project, at the end of the project and then six months after completion. These questionnaires included a standardised questionnaire, the Common Measurement Framework (CMF) completed for all ABiS projects (as well as the other 13 pilot areas across the Big Lottery's Ageing Better programme), as well as a bespoke questionnaire considering the aims of the individual pilot project.

42 participants (17.5% of the total) answered the CMF questions on joining and leaving the project. These outcomes are based on information provided by these 42 individuals. A full breakdown of the quantitative outcomes of participants can be seen at Appendix 1.

- 54% of participants reported an improvement in wellbeing
- 38% reported an improvement in loneliness and isolation according to the UCLA scale
- 31% reported an increase according to the De Jong scale.

Whilst the quantitative data from the project did not demonstrate high levels of improvement in loneliness and isolation, qualitative feedback indicates some of the ways in which people felt that they benefited from the project. For some participants, the project was genuinely transformative with one GP calling to give feedback that the support from a volunteer had literally changed her patient's life. Participants indicated the project had increased their confidence; with some reporting increased involvement with community activities.

For a number of participants, the personal interaction and the chance to have a chat and 'a laugh' was the best bit about the project, while for one participant, it gave her reassurance that someone cared.

***"It has changed my life. I have met lots of friendly people and made a wider circle of friends."***

***"Before I had Jake, I didn't go out walking on my own, I couldn't! But now I have much more confidence!"***

## Case study

### Jim and Steve's Story

Jim is a friendly guy, a skilled chef, and keen fisherman, who wanted to get out and about in Sheffield a little more than he was doing. Jim said that his main motivation for getting involved was that he "wanted to get out, enjoy himself and gain independence to have a normal life".

Jim does struggle with depression and anxiety however, and this makes going out alone difficult. Therefore, Jim's initial aim was just to get out of the house and go on a short walk into the village. Thanks to Jim's ambition and resilience, he was able to set bigger goals for the future which seemed achievable with the support from a volunteer. Jim was matched with Steve who accompanied him on trips across Sheffield. They visited the town centre, museums, Rother Valley and have even been golfing. The friendly chat and company helped Jim keep his mind off previous worries and feel confident having someone there to support him.

Steve and Jim have been seeing each other every Monday for a few hours and Jim's confidence has improved no end. These visits have also recently given Jim the confidence to go on more social visits with his friend. This has resulted in Jim getting out and about alone more often and starting to gain his independence. There has even been talk of Jim going with friends on a few fishing trips and a holiday somewhere sunny!

### A volunteer perspective

I have been meeting with C for about 4 weeks, it takes time to establish a relationship with someone. I have found C to be very honest and reliable. We have met up every week and gone out shopping in Sheffield. We have had conversations about how C feels about her current situation and other things that are happening in her life.

I feel that over time we are building a trusting relationship and C is building her confidence. She has started to go out by herself, which she was not doing previously to meeting up with me. She is also meeting people in the street who know her, and it is good for her to get out and meet people again. This is also a two-way thing for me as a volunteer as I was also a bit isolated and without purpose. Doing this work has given me this purpose and it feels good to support someone else.

We are working towards a goal for her to be more independent and we will continue to work towards this goal through a well-established routine which we both agree on.

## Appendix 1 – Outcomes<sup>3</sup>

<b>Outcomes</b>	<b>Improved</b>	<b>Same</b>	<b>Deteriorated</b>	<b>Total</b>	<b>% Improved</b>	<b>% Same</b>	<b>% Deteriorated</b>
<b>1. Social isolation and loneliness De Jong Scale</b>	11	14	10	35	31%	40%	29%
<b>2. Social isolation and loneliness UCLA Scale</b>	13	15	6	34	38%	44%	18%
<b>3. Social Contact - children / family / friends</b>	5	21	6	32	16%	66%	19%
<b>4. Social Contact - other</b>	3	14	3	20	15%	70%	15%
<b>5. Social participation - membership of clubs / organisations / societies</b>	12	17	9	38	32%	45%	24%
<b>6. Social Participation - social activities</b>	6	12	7	25	24%	48%	28%
<b>7. Wellbeing - SWEMWBS</b>	21	3	15	39	54%	8%	38%
<b>8. Health - Quality of Life (EQ - 5D - 3L)</b>	15	5	20	40	38%	13%	50%
<b>9. Health - Health Score (EQ VAS)</b>	12	4	11	27	44%	15%	41%
<b>10. Volunteering</b>	11	17	8	36	31%	47%	22%
<b>11. Co-design</b>	7	10	5	22	32%	45%	23%
<b>12. Influencing</b>	14	10	17	41	34%	24%	41%

<sup>3</sup> Detailed information about the evaluation framework for Age Better in Sheffield can be found at: [https://ageingbetter.ecorys.org.uk/PublicFiles/cmf\\_outcomes\\_measures\\_2018v3.docx](https://ageingbetter.ecorys.org.uk/PublicFiles/cmf_outcomes_measures_2018v3.docx).

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