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Age Friendly Nottinghamshire Pilot Evaluation – EXECUTIVE SUMMARY

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1. There is overwhelming evidence of the negative impact of loneliness on the health and wellbeing of the population. The elderly are especially vulnerable and, while there have been extensive policy-based initiatives to tackle loneliness throughout the UK, these are rarely informed by a theoretical framework or systematic research evidence.
2. Academic research illustrates the importance of social relationships (and group activities in particular) to the health and wellbeing of communities and their residents. Studies of the use of support groups show substantial and sustained benefits to people’s health. On this principle, varieties of models of ‘Social Prescribing’ have been developed to capitalise on these benefits and improve the social connectivity and health of vulnerable populations.
3. Likewise, volunteering has been found to be an effective form of social activity in enhancing the wellbeing of particularly engaged community members. In part, this is due to the impact on volunteers’ sense of personal self-efficacy and self-esteem and in part because of the social relationships and group activities involved. However, this evidence is rarely included in the development of Social Prescribing initiatives.
4. Age Friendly Nottinghamshire is a unique approach to Social Prescribing which combines a resident-centred Social Prescribing model with a programme of community activation and volunteering. Neighbourhood coordinators work organically within communities to identify individuals’ social needs, support volunteers to develop local initiatives, and scaffold or deliver local groups and activities. The goal is to deliver a more integrated, active and healthy community, thereby reducing the burden on health and social care resources.
5. Our evaluation has systematically charted the impact of these activities on those involved by:
	1. Mapping the activities of AFN neighbourhood coordinators across the target communities of Beeston and Ladybrook
	2. Conducting a community-wide survey assessing the levels of loneliness, engagement in AFN activities, levels of volunteering and levels of health and wellbeing
	3. Surveying AFN beneficiaries at an initial timepoint, followed up 4 months later, giving us an assessment of the impact of AFN on individuals’ health, wellbeing and service use over this time
	4. Interviewing beneficiaries of AFN activities, including both volunteers and recipients of support
	5. From this work we are able to give a clear and comprehensive assessment of the effectiveness of the AFN approach, its impact upon these target communities.
6. Our **mapping exercise** indicates a range of groups and activities supported by AFN across both areas which serve to reach a wide variety of residents. These activities were organically developed and resident-led rather than programmatic or universal in delivery. The maximum number of service users at any one time was estimated at 258, with an additional maximum of 62 longterm volunteers and 77 ‘Movers and Shakers’ supported to set up and lead group activities. Neighbourhood coordinators supported 32 groups across the two areas and liaised with 364 businesses and organisations.
7. Our **community survey** indicates a strong relationship between social isolation, loneliness and poor health in both target areas, which match patterns across the UK. The beneficial effects of social support are more pronounced in Beeston than Ladybrook, suggesting an inequality in community cohesion between the two areas and a greater need for intervention in Ladybrook. Across both areas there were low levels of participation in AFN initiatives and very low levels of awareness of AFN in Ladybrook.
8. Our **interviews with beneficiaries** indicate the profound effects that loneliness has on residents, especially those who are older or have complex health needs as well as the remarkable impact that AFN has had upon their lives. Those who took up a volunteering role reported both increased social integration and a sense of contributing to the community, both of which they experienced as positive.
9. Our **longitudinal survey** of beneficiaries of AFN showed that for all who participated in the survey at the initial timepoint, there was already strong associations between their participations in AFN, their sense of community integration and their wellbeing. (The follow-up occurred within a shorter period than we would expect to see evidence of health improvement). Yet still, we see some evidence of improvements in our main measure of health.
10. Our **cost analysis** shows that, after only three months, participants evidenced some reduction in their usage of health and social care services. With some caution, we can suggest that there is likely to be an overall return on investment from the programme, in the region of £1.26 per £1 spent. In addition, the increased level of volunteering and uptake of community activities within each area was estimated as being as much as £198k.
11. Overall, the outcomes of AFN in these two pilot areas compare favourably to many other similar initiatives elsewhere and point to the enormous potential of volunteer-based community development to improve health and wellbeing through reducing loneliness.