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"Let's Start Assessing Not Assuming" A Report about the Approaches to Tackling Social Isolation within Welsh Local Authorities

“Let’s Start Assessing Not Assuming” – A Report about the Approaches to Tackling Social Isolation within Welsh Local Authorities

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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The quote used in the title, 'Let's start assessing, not assuming,' is taken from an interview conducted with one of the key facilitators of the three initiatives described in the case studies. These interviews were conducted to gather detailed information about the different initiatives and the quote was made in reference to how social isolation is not always immediately visible. This quote seemed particularly relevant in the light of the context of this report.

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Glossary of acronyms

BLF – British Lung Foundation

BME – Black and Minority Ethnic

COPD – Chronic Obstructive Pulmonary Disease

DWP – Department for Work and Pensions

ESRC – Economic and Social Research Council

HSCWB – Health, Social Care and Wellbeing (Strategy)

OAI – Opportunity Age Indicators

OPWM – Older People's Wellbeing Monitor

PALS – Positive Active Living Scheme

NIHR – National Institute for Health Research

SSIA – Social Services Improvement Agency

WLGA – Welsh Local Government Agency

Executive Summary

1. This report presents the findings of a baseline study into social isolation and loneliness in Wales, examining how policies and services address the issues and making recommendations for future improvements.
2. The report was commissioned by the Effective Services for Vulnerable Groups (ESVG) Programme. ESVG is one of four national programmes that report to the Public Services Leadership Group and has an explicit focus on services to support the most vulnerable people in Welsh society. The Programme focuses on a small number of long-term service challenges and social problems, identifying approaches that are effective in addressing them and sharing the learning to drive wider improvements.
3. One of the ESVG Programme's priorities is Promoting Independent Living (PIL), which focuses particularly on older people. Within the PIL work stream, social isolation and loneliness are areas of particular interest, alongside the integration of health and social care and reablement.
4. There is a need for social isolation to be clearly defined in policy and practice contexts. Social isolation means not having enough social contacts or having poor quality social contacts. It is not always a negative experience, but loneliness is one of the negative experiences of social isolation. There are two important types of loneliness for older people – social and emotional. It is important to measure the relevant aspect of social isolation or loneliness to gain an accurate indication of the effectiveness of particular initiatives.

5. Despite a large amount of research into social isolation, there is still a limited evidence base around effective ways of tackling it. The evidence base can point to certain characteristics of effective initiatives but is much less clear about what is definitely not effective. The characteristics of effective interventions that have been identified thus far are:
    I. Groups with an educational theme or a specific support function
    II. Target specific groups, for example women, carers, or people with a health need, and the sample of participants in the evaluation reflects this targeting

III. Participants consulted before the group was set up, or involved in some way in the running of the group (the element of co-production)
IV. Interventions developed within or run by an existing service.

Other initiatives may have significant value to the people who use them, but this is not the same as being effective. Additionally, in the case of older people, evaluations which rely solely on user feedback may be problematic.

6. In the National Strategy documents analysed, social isolation was discussed in most detail in the earliest documents. However, none of the documents gave a definition of the term. There are a number of indicators in these strategy documents which address some risk factors for social isolation but no indicators were found that specifically monitor social isolation itself. The lack of specific indicators means that it is not possible to know for sure if initiatives to address social isolation are working.

7. At the Local Authority level, four main relevant local strategy documents were identified across the local authorities, including three that are statutorily required. Only three local authorities attempted to define social isolation. Social isolation was strategically targeted in different ways by different local authorities using a variety of group, individual and structural initiatives to attempt to tackle or prevent social isolation. Befriending was the most common type of initiative referred to.

8. In terms of Local Authority activities currently occurring, a wide variety of different projects were mentioned by local authority contacts. These included: luncheon clubs available in every local authority; groups with an educational, physical activity or support focus in ten local authorities; and befriending or mentoring schemes in fourteen local authorities.

9. Three local authorities were able to provide documented evidence of evaluative activity in relation to particular schemes. However, none of these, or any other evidence of monitoring gathered, attempted to measure social isolation. Two local authorities had examples of schemes which aimed to identify those at risk of social isolation in the community by

utilising expert local knowledge. Six local authorities raised the issue of older people's participation and consultation specifically in the context of social isolation initiatives, but also noted that those who took part were not usually the most at risk of isolation.

10. From the Local Authority information gathered, it seems clear that Wales has a diverse range of approaches to preventing and tackling social isolation. However, there is room for improvement in terms of providing clear guidance regarding how social isolation is defined and how it can be monitored. Evaluations to assess the effectiveness of services targeting social isolation are particularly needed. It may also be worthwhile to further investigate services which aim to use local expertise to identify those at risk of social isolation.

11. Case studies were put together in different local authorities with three specific initiatives which demonstrated many of the characteristics of effective interventions that were highlighted in the literature review. These illustrate a variety of different ways that the current best-available evidence might be put into practice. Two are Local Authority-run initiatives; one is facilitated by a third sector organisation. The older people involved in contributing to the case studies also highlighted a number of the barriers others face to attending their groups, and issues older people experience more generally.

12. Five recommendations are made for future work:
    I. There needs to be a more consistent approach to evaluation of local authority (and other) activities aimed at tackling social isolation, supported by guidance from Welsh Government
    II. Initiatives targeting social isolation need to be clear about which aspects they are tackling and how they will go about this
    III. The design of new initiatives to tackle social isolation, or indeed policies or initiatives that are relevant to the issue of social isolation, should consider or embody the principal characteristics associated with effectiveness

IV. Recognition of the complexity of the problem of social isolation is important – policies and initiatives which aim to address social isolation should be realistic about the sorts of impacts they can achieve and how much the end state will differ from the baseline

V. There is an important role for the ESVG Programme in disseminating these messages, to ensure better understanding of social isolation and loneliness is embedded in public services and national government policy.

1 Introduction

The promotion of independent living for older people[*] is a key focus for the Welsh Government. When older people remain in their own homes and communities, rather than living in residential care, their quality of life is often higher. It is also more cost-effective. Social isolation is a risk to independent living because it has been associated with higher rates of morbidity and mortality, posing a similar risk to health as other common factors such as smoking or heart disease. As the older population grows, therefore, social isolation among older adults is gathering increasing attention. Within the Welsh Government, the Effective Services for Vulnerable Groups programme includes a focus on Promoting Independent Living for older people. The Effective Services programme is one of four national programmes that report to the Public Service Leadership Group. It has an explicit focus on services that support the most vulnerable people in our society, who are less able to cope without support yet often experience the greatest difficulty in accessing and using the services that could help.

The programme focuses on a limited number of priorities at a time, identified by the wider public sector as having most impact and of benefit locally, and seeks to help organisations to tackle shared challenges by identifying approaches that are working, understanding how they work and sharing that understanding with others who are facing the same challenges. The Promoting Independent Living (PIL) work stream within ESVG focuses in part on social isolation and loneliness, alongside issues around integrating health and social care for older people and reablement services.

Although there is a wide-ranging academic literature in this area, in policy and practice social isolation has not yet received detailed attention. This means definitions, initiatives, and evaluations are all currently under-developed and there is a gap in knowledge about evidence-based best practice. This report, produced during a four-month ESRC Internship, examines a range of current

[*] For the purposes of this report 'older people' refers to anyone over the age of 50, the same definition used in the Strategy for Older People in Wales

approaches to tackling social isolation within Welsh local authorities. It demonstrates that, while some progress is being made, there is still significant potential for improvement. In particular, social isolation needs to be clearly defined and measured, so that the evidence base can be more widely used and developed. Three descriptive case studies are presented to explore some of the issues in more depth; these are examples of projects which most closely fit the characteristics of effective interventions as described in the academic literature. Finally, five recommendations are laid out for future work.

The Internship project underpinning this report had the following aims and objectives:

- Explore the current picture of the approaches to tackling social isolation across Welsh local authorities:
    a) the variety of initiatives:
        - identify national strategies and indicators relevant to social isolation;
        - identify the strategies being used to target social isolation within Welsh local authorities; and
        - identify the range of different initiatives being used.

    b) their effectiveness:
        - briefly review the current literature on effectiveness of interventions targeting social isolation;
        - demonstrate the extent and limits of the current evidence base about effective interventions with regard to social isolation; and
        - identify any examples of monitoring or evaluation of current Welsh initiatives.

- Explore examples of effective interventions in Wales using primary research:
        - identify examples of effective practice using the current best available knowledge from the literature to present as case studies;
        - conduct interviews with facilitators of these initiatives;
        - conduct focus group discussions with current members of these initiatives; and
        - highlight the ways in which these case studies demonstrate characteristics of effective interventions.

2 Methods

A brief review of the main academic literature in this area was undertaken which highlighted the extent and limits of current understanding around effective interventions regarding social isolation. The definitions of social isolation and loneliness were also explored. This was followed by a synthesis of relevant national policy documents, starting with the Strategy for Older People and also some academic literature that referenced policy. Five relevant national documents were identified (the Report from the Advisory Group on a Strategy for Older People in Wales, the Healthy Ageing Action Plan for Wales, the Strategy for Older People in Wales 2008–2013, the National Service Framework for Older People in Wales and the Older People's Wellbeing Monitor for Wales 2009) and searched for references to social isolation, how it should be addressed and monitoring proposals.

This work then informed an overview of local authority approaches to tackling social isolation. Key documents, strategies and initiatives were identified using internet searches and from contacting relevant members of staff in local authorities. A full description of this approach can be found in Appendix A. Finally, descriptive case studies of three promising initiatives in Wales were created using documentation, interviews with key facilitators and focus groups with older people who attended the initiatives. These case studies demonstrate how the current best evidence about effective interventions might translate into practice.

There were a number of limitations regarding this report. Because of the time frame for carrying out the literature search and contacting local authorities, as well as when the research was conducted, some information was unavoidably missed and some elements of the local authority approaches will inevitably have been missed from this report. However, it seems clear that despite these issues an interesting picture has emerged from the data gathered, which demonstrates a large amount of potential around the Welsh approach to social isolation as well as being able to identify clearly the next steps towards achieving improvements in this area.

3 Defining social isolation

Very early on in this research, we identified a need for a clear definition of social isolation in policy and practice. While clear definitions exist in the academic literature, they do not seem to have been successfully transferred to policy or practice contexts. There is a general understanding of situations that can lead to social isolation – such as living alone, bereavement, poor access to local transport and facilities, for example. However, social isolation is often addressed in a general way, with no specific monitoring of whether it is actually being reduced. This means it often seems to be interchangeable with concepts of social exclusion or loneliness. There are a number of overlaps between these concepts – for example, social isolation and loneliness are both components of social exclusion. However, social isolation is also a distinct issue with specific features. Because of this, it needs to be clearly defined.

Social isolation can mean not having enough social contacts. It can also mean having poor quality social contacts[1,2]. Both the amount and quality of contact an individual has with others are key aspects of social isolation. While it is possible to 'see' the amount of social contacts someone has, it is not always possible to judge the quality of these contacts and their impact on social isolation. Also, the amount and quality of contacts an individual needs will vary from person to person. For example, a person who appears to be quite isolated might be content with their situation and it is important to be aware of this[3]. However, if there is a gap between the amount of contacts and support a person wishes to have and their current situation, for example, then they may experience 'perceived social isolation[4]'. Both amount and quality of social contacts (what Cornwell and Waite[5] call 'social disconnectedness' and 'perceived isolation') are independently associated with a higher risk of morbidity and mortality[5, 6, 14].

There is broad agreement in the literature that this perceived isolation is a form of loneliness. Social isolation and loneliness can both negatively affect

older people's health and wellbeing. For example, they can increase someone's risk of death in a similar way to well known risks like smoking or coronary heart disease[6, 7]. It is also possible to be lonely but not socially isolated, however. This is because different aspects of loneliness can be distinctly identified[8, 9]. While there are academic debates about different types of loneliness, the most relevant aspects in relation to older people are social and emotional loneliness. Social loneliness fits closely with what has been described so far regarding social isolation – the distance between the existing and desired number and quality of social contacts. Emotional loneliness, however, refers specifically to not having a close emotional attachment, for example a partner or best friend[10]. Although these two types of loneliness share a number of characteristics, they have distinct, measurable features also[11, 12]. It is also important to note that loneliness is not the same as depression. While they are correlated, there are also clear differences between the two concepts, despite some measures counting them together[13].

Social loneliness is generally considered to be more easily altered than emotional loneliness[14], although reducing social loneliness may influence the individuals' potential to address their emotional loneliness. However, this means it is very possible that an intervention which effectively addresses social isolation and social loneliness will not have a direct impact on emotional loneliness[15]. Equally, different initiatives that may be able to impact on emotional loneliness may have little effect on social loneliness. This means that the two need to be distinguished and monitored in addition to social isolation. This would enable the most comprehensive attempt to reduce the negative health outcomes of both social isolation and loneliness.

This chapter has presented a comprehensive definition of social isolation. As noted earlier, social isolation has been clearly defined in the academic literature as not having enough, or having poor quality, social contacts. However, the evidence for what works to effectively reduce social isolation is less straightforward. The next chapter briefly reviews key pieces of literature that address the effectiveness of interventions that aim to address social isolation and describes the extent and limits of the current evidence base.

4 Review of the academic literature

There are a number of pieces of academic research into the effectiveness of initiatives to reduce social isolation. The most well known and well used is a systematic review of a number of project evaluations in different countries by Cattan et al, published in 2005. Cattan and her colleagues carried out this review in response to a lack of agreement about the most effective ways to reduce social isolation in older adults. They discovered that the initiatives most likely to be effective shared a number of characteristics. These are listed in Box 1.

Box 1: Characteristics of Effective Interventions

- Groups with an educational theme or a specific support function
- Target specific groups, for example women, carers, or people with a health need, and the sample of participants in the evaluation reflects this targeting
- Participants consulted before the group was set up, or involved in some way in the running of the group
- Interventions developed within or run by an existing service.

They also discovered that it was much easier to say with confidence which initiatives were effective rather than which were not effective. One-to-one initiatives did not seem to be effective according to this review but, as they pointed out, this could be more related to how it was evaluated rather than to the initiative itself. They suggested that more and better quality evaluations needed to be carried out. Despite Cattan et al's suggestions, however, not much progress seems to have been made regarding what we know about effectiveness, either internationally or in the UK.

Dickens et al carried out a similar review in 2011with similar results. Windle et al[16] and Age UK[17] also carried out reviews of initiatives to tackle social isolation, although these were less rigorously conducted. Although these two reviews highlighted examples of one-to-one schemes they considered effective, neither were based on robust evaluation methods. Again, these studies called for more and better quality evaluations to be carried out.

In England, the Campaign to End Loneliness was launched in early 2011 with the aim of raising awareness about issues surrounding loneliness in older age and attempting to address them. Part of this has involved a focus on helping English local authorities to understand more about loneliness and social isolation, how to identify those at risk and how to address it. At the beginning of the campaign, Age UK (one of the founding partners) published a report which contained brief research summaries from a number of academic experts in the fields of loneliness and older age. These summaries also reinforced the message above that not enough good quality evaluations have been carried out. They also confirmed that the only initiatives we currently know to be effective are those with the characteristics in the Box 1. Again, this is not to say that other types of initiatives are not effective, just that a clear evidence base for assessing their effectiveness (or possible lack of effectiveness) does not yet exist. Also, even where an initiative is not effective with regard to social isolation, it may well still have another kind of value to the people involved. This should be recognised, but not at the expense of robustly evaluating outcomes. Equally, it is possible that initiatives not explicitly aimed at addressing social isolation may be nonetheless able to influence it.

A final issue to consider here is what types of evaluative activities might be appropriate where older people are involved. There are concerns in the literature about evaluations which solely rely on user feedback. Windle and colleagues mentioned in their review that older people often feel unable to criticise a service that they depend on. They noted that not many of the respondents in the qualitative evaluations they reviewed gave any sort of criticism. A review by Bauld[18] and others in 2000, and referred to more recently by an NIHR social care methods review[19], looked at issues arising

when trying to measure older people's satisfaction with social care services. It described how older people consistently rate services very highly, and discussed a number of reasons why this could indicate a problem with how satisfaction is measured. They found that older people were more likely than other groups to respond in a way that they think the interviewer wants to hear, rather than answering truthfully – this is referred to as 'interviewer effects'. The accuracy of answers may be affected due to a number of reasons, listed in Box 2.

Box 2: Reasons why older people may be more susceptible to interviewer effects

- Dependence on the service and concern it may be negatively affected if they complain
- Little choice of services or little knowledge about them – thinking there is no alternative
- Not wanting to undermine relationships with individual members of staff
- Fear about being seen as 'demanding'
- Low expectations of the service in general or not knowing what they should be able to expect
- Power dynamics between the users and those running the service
- Relative health at the time of being asked (both physical and mental)
- Overall perception of life satisfaction
- Gender (women tend to rate services more highly than men)
- If the service is benefiting their carer (even if it is not benefiting them)

These results came from a number of different sources that were reviewed by Bauld and her colleagues. Also, they suggested that other demographic characteristics needed to be investigated further – for example the experiences of those from Black and Minority Ethnic (BME) backgrounds. These findings highlight the need to handle user feedback with care. While

getting user feedback is generally a good thing and can help to make people feel more involved, it needs to be supported with more objective measures also.

The initiatives that are considered most likely to be effective, above, were evaluated using quantitative methods. Also, in a number of cases qualitative methods produced low quality evaluations. There are a number of established quantitative indicators for both social isolation and loneliness, and using these alongside qualitative methods may help to produce the most high quality and useful evaluations.

4 Findings

This section presents the findings from the synthesis of national strategy documents and the Local Authority information gathered from internet searches and speaking to Local Authority Contacts. More detail about how this information was gathered can be found in Appendix A. A summary table of the local authority information can be found in Appendix B.

National Strategy and Indicators

Five relevant national strategies and documents were identified:

- The Report from the Advisory Group on a Strategy for Older People in Wales.
- The Strategy for Older People in Wales 2008–2013.
- The Healthy Ageing Action Plan for Wales 2005.
- National Service Framework for Older People in Wales.
- Older People's Wellbeing Monitor for Wales 2009.

The two earliest documents, 'The Report from the Advisory Group on a Strategy for Older People in Wales' and 'The Healthy Ageing Action Plan for Wales', had by far the most detail about social isolation.

The Report from the Advisory Group on a Strategy for Older People in Wales

This document discussed the issue of social isolation in relation to fear of crime, which leads in some circumstances to older people feeling excluded or excluding themselves from more active participation in their local area. The discussion was fairly detailed but did not give a definition of social isolation. Instead it described a number of the risk factors for both social isolation and loneliness. The document also mentioned tackling social isolation and loneliness with a focus on mobility, and combating social isolation and loneliness as part of a wider initiative to address social exclusion. Other ways

to address social isolation were mentioned: via mental health services, health visitors, and bereavement support services.

The Healthy Ageing Action Plan for Wales 2005

This document noted that physical activity could play a role in reducing social isolation and loneliness. Isolation was also mentioned in relation to emotional health and wellbeing. Risks to individuals' social networks in older age were mentioned, as well as the kinds of initiatives that might address these, for example befriending, access to information and practical help. The protective effect of social networks on individuals' mental health was also described. One of this document's action plan 'actions' was for local authorities or Local Health Boards to 'prioritise the development of initiatives that offer opportunities for reducing social isolation' (p.23) in their Local Health, Social Care and Wellbeing Strategies – although this did not appear in the most recent Policy Guidance.

The Strategy for Older People in Wales 2008-2013

This document used the term 'social isolation' twice. In the introduction, it was mentioned as a potential risk for those entering retirement and for those with a caring responsibility for a partner. In the section 'Valuing Older People – Maintaining and Developing Engagement' it was also mentioned with regard to 'encouraging cultural events, supporting intergenerational collaboration and combating age discrimination' (p.17). Additionally, a number of risk factors for social isolation were discussed in the Strategy document. In the introduction three issues were identified:

- social exclusion and lack of support;
- lack of material wellbeing; and
- access to appropriate health and social care.

As discussed earlier, social isolation involves a lack of support and is a component of social exclusion. 'Lack of material wellbeing' and 'access to appropriate health and social care' are both risk factors for social isolation.

In the section ‘Valuing Older People – Maintaining and Developing Engagement’, two of the strategic objectives listed were also relevant: ‘enhancing participation of older people in society’ and ‘Increase the level of involvement of the over 50s in their communities, thereby promoting social inclusion’. The strategies to meet these objectives included some which were relevant to reducing risks for social isolation: improving transport, creating a safe environment, digital inclusion initiatives, schemes to reduce crime and fear of crime, and better or more coordinated access to public services and cultural sites. The section ‘Wellbeing and Independence’ focused specifically on health and social care strategies. It mentions mental health and wellbeing, which are also relevant, as well as social services ‘which promote social inclusion’ (p.40). In particular, a link is made between mental health problems and possible factors underlying them such as ‘isolation, loneliness and poverty’ (p.42).

Older People’s Wellbeing Monitor for Wales 2009

The Older People’s Wellbeing Monitor (OPWM) gathered evidence from academic literature. It highlighted risks for social exclusion including social networks and loneliness, as well as more generally feeling part of the local community. Those relevant for social isolation and loneliness can be seen in Box 3.

Box 3 – OPWM risk factors for social isolation and loneliness

Social Isolation:

- poor health;
- frequency of contact with family, friends and neighbours;
- being older;
- living alone;
- being widowed;
- living in a less affluent area;
- perceiving an area to have poor facilities;
- having a physical impairment in a context where there is a lack of accessible local infrastructure;
- retirement; and
- lack of material resources.

Loneliness:

- lack of contact with family, friends or neighbours;
- late-older age (80+ years);
- gender;
- not living with a partner;
- having children but not having contact with them; and
- being widowed.

The OPWM also included an appendix of indicators for older people. These included the UN Principles for Older Persons, the 'Indicators of Change' from the Strategy for Older People, and the Department for Work and Pensions Opportunity Age Indicators (DWP OAI). Each of these included some of the risk factors for social isolation (Box 4). None of these indicators, however, specifically monitored social isolation or loneliness (as defined in Chapter 3).

Box 4 – Indicators from the OPWM

From the UN Principles:

- older persons should remain integrated in society;
- older persons should have access to health care to help them maintain the optimum level of physical, mental and emotional well-being; and
- older persons should have access to the educational, cultural, spiritual and recreational resources of society.

From the Strategy for Older People indicators of change:

- a measure for fear of crime and 'if existing data can be used: contact with friends and family and access to transport…'; and
- 'active ageing – participation in sport or leisure activities'.

From the DWP OAIs:

- subjective wellbeing;
- fear of crime;
- contact with friends and relatives;
- access to goods and services [and transport];
- trips made;
- mental health;
- adult learning; and
- sport, leisure and volunteering.

The National Service Framework for Older People

The National Service Framework for Older People also contained a relevant indicator. 'Perception of wellbeing among older people' is mentioned. This is measured by the Wales Health Survey. The Wales Health Survey includes general questions about mental wellbeing but none of the questions specifically ask about social isolation or loneliness.

National Strategies – Summing Up

As demonstrated above, each of these documents addresses issues relating to social isolation. The earliest documents provide the most detail but, despite this, they did not include a specific definition of what they meant by social isolation. This lack of definition was an initial flaw that seems to have been carried through into the later strategies. The indicators in Box 2 show that a number of risks for social isolation can be identified using national data. However, no specific measure for monitoring social isolation was included, nor was it clearly defined in any of the documents. The next section describes the findings from strategy documents at the local authority level.

Local Authority Strategies

A number of strategy documents were relevant at the local authority level. These were:

- Community Strategies or Integrated Plans.
- Health, Social Care and Wellbeing Strategies (HSCWBs).
- Commissioning services for Older People/Commissioning Strategies for Older People.
- Local versions of the Strategy for Older People (where existing).

Only the first three of these documents are a statutory requirement for local authorities. A full set of these three documents was identified for 10 of the 22 local authorities. At the time this research was undertaken, a number of the documents were in the process of being updated or integrated so some were out-of-date, in draft form only, or unavailable. Depending on their particular circumstances, different local authorities addressed social isolation in one or more of these documents.

Documents Successfully Gathered

Community Strategy Documents – 22/22
HSCWB (or integrated form) – 20/22
Commissioning strategies – 11/22 (with a further three unavailable but specifically referenced by contact)
Local Strategy for Older People documents - 6/12 (based on those who had or referenced out-of-date local strategies)

Community Strategies or Integrated Plans

Four local authorities had published Integrated Plans at the time this research was carried out; the remaining 18 still had separate Community Strategies. Only seven (including three of the integrated plans) specifically referred to older people's social isolation. A further six discussed issues relating to older people's social inclusion more generally; another three mentioned social isolation but not specific to older adults. Two referred to another strategy document for issues related to older people.

Of the seven that specifically mentioned older people's social isolation, one referred to general strategies to address it, two discussed specific strategies and one included a case study of a specific initiative to illustrate their strategy. These differences may have reflected the level of detail which the strategy documents found went into – some were under 20 pages while others were over 100 pages long.

Health, Social Care and Wellbeing Strategies

These were the strategies identified in the Healthy Ageing Action Plan for Wales as needing to prioritise the tackling of social isolation. Up-to-date or draft versions of Health, Social Care and Wellbeing Strategies were identified and gathered from all but two local authorities. Those that were part of an

Integrated Plan were not re-counted in the following analysis. This left 16 to examine. Of these, six local authorities specifically targeted social isolation in their strategy, with three explicitly linking to specific projects which illustrated their approach.

A further eight discussed older people's social inclusion, with some also mentioning social isolation more generally. One of these and one other, also referred to a particular other document in which older people's issues were discussed in more detail (for example a local Strategy for Older People). Another one mentioned general social isolation issues but without additional reference to older people's social inclusion. Additionally, one local authority with an Integrated Plan had a separate 'Healthy Ageing Action Plan' which specifically addressed social isolation and initiatives to address it.

Commissioning Strategies for Older People

Only 11 Commissioning Strategies were successfully gathered, with a further three referenced by the contact but unavailable to view. It seems that these were less likely to be published online but the reason for this is unclear. It was only possible to properly assess the 11 that were successfully gathered. Of these, two discussed older people's social inclusion while eight specifically referenced social isolation in relation to older people. Five of these eight also discussed specific strategies to address social isolation.

Local Strategies for Older People

This document was the only relevant strategy that was not a statutory duty for local authorities to produce. In many cases local authorities simply referenced the national strategy. One local authority contact mentioned that in his local authority, a local strategy was specifically considered but a decision was taken that the cost of producing it outweighed the benefit that would be gained.

Twelve local authorities that had produced a local strategy (or local response to the national strategy) were identified. Of these, six were out of date. Of the remaining six, one was part of an Integrated Plan, two specifically referenced older people's social isolation and three additionally discussed specific strategies to address it. Additionally, one local authority had developed a '50+ Positive Ageing Partnership Action Plan', but this did not specifically reference social isolation. It did however discuss issues relating to older people's social inclusion. Another local authority had a 'Never Too Old' Action Statement which referenced a specific initiative regarding social isolation.

Variety of Use

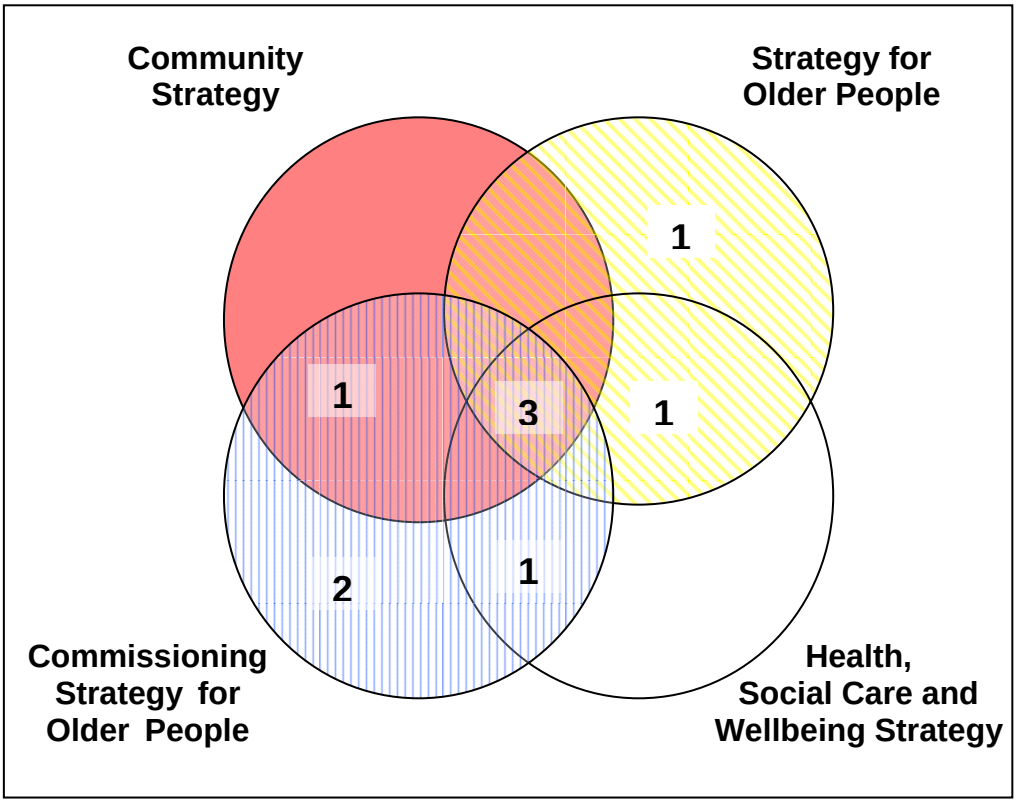
Only three local authorities did not mention social isolation in any of their strategies. For two of these, some of the documents were missing. In addition, these two were successfully contacted and both gave a number of examples of initiatives to tackle social isolation – suggesting that it is more likely to be an issue of language choice in the strategy documents (they both discussed social inclusion in relation to older people) than of missing the issue. For the other local authority, they were in the process of recruiting a new coordinator and it was not possible to speak with another relevant person in the time available. Again, however, it may be that it was more an issue of terminology rather than of substance. The variety of use of the different documents can only be properly assessed for the 10 local authorities where each of the three statutorily-required documents were successfully collected. There were differences between the approaches of these 10 and these are represented in Figure 1.

Overall, the most common strategy used to address social isolation was the Commissioning Strategy for Older People. For two, this was the only document in which social isolation was specifically mentioned, while three additionally discussed it in all their statutory documents, one in its Community Strategy and one in its HSCWB strategy. This is an unexpected finding, considering that the only local strategy specifically mentioned in the context of social isolation in the national strategy was the HSCWB strategy – only five

local authorities addressed social isolation within their HSCWB or integrated plan. Of the three local authorities that did not address social isolation in their Commissioning Strategy:

- one did not address it at all (see the discussion above);
- one in none of these documents but in its local Strategy for Older People; and
- And one in its HSCWB strategy, its Strategy for Older People, and one additional document.

Figure 1: Diagram Representing the Variety of Use of Strategy Documents



N.B. The number of local authorities represented in this diagram adds up to nine, as the tenth did not address social isolation in any of its strategies

This points to a lack of consistency in the strategic approaches of the local authorities. It seems to reflect the lack of clarity in the national strategy and indicators so that in some local authorities social isolation is tackled from a health perspective while in others it is a social care issue, or straddles both areas in yet other local authorities. Additionally, it may reflect a more general approach to isolation through a range of different initiatives and services,

rather than through specific, targeted interventions. Again, however, given the lack of monitoring of social isolation (both nationally and locally), it is not possible to know what effect – if any – these approaches are having on social isolation among older people.

Content of Strategies

The content of the strategies referenced above was also examined, subject to caveats about missing documents, as described earlier. This analysis focused on the documents which explicitly referenced older people's social isolation. Additionally, where further information had been provided by local authority contacts, this is also referred to even if the specific documents were not available. This meant the three local authorities identified earlier, who did not explicitly discuss social isolation in their strategy documents, were not included here – 19 local authorities had documents included in this analysis.

Three local authorities attempted to provide a definition of social isolation in their documents. One borrowed a paragraph from an Age Concern document about issues of social isolation for its Commissioning Strategy for Older People, including this section:

> 'For 1 in 10 over 65s, this can mean living with constant or near constant isolation. For the thousands who are becoming increasingly forgetful or confused, it means struggling to understand the bills, cope with paperwork or remember important family dates. For those living in unfit housing, it means spending day after day in cold, unsafe conditions. To the recently bereaved, it can mean getting through an entire week without talking to a single person. For those too frail or far away to gain access to decent public transport services, it means a constant struggle to get the shopping home.'

A second referred to an NHS document regarding older people in its Commissioning Strategy for Older People:

> ‘Belonging to a social network has a strong protective effect on health. Thus, people who receive less social and emotional support from others are more likely to experience a lower degree of wellbeing, more depression and disability from chronic diseases.’

The third, in its Strategy for Older People, used this definition:

> ‘While many people are active and participate in groups and activities, loss of a partner, friend or family, illness or increasing infirmity can lead to isolation. Some people feel there is little going on in their area and for some isolation comes from having too little information about activities and how to access them. For others it is having the ability to attend and participate, going along alone or being motivated to take part in activities.’

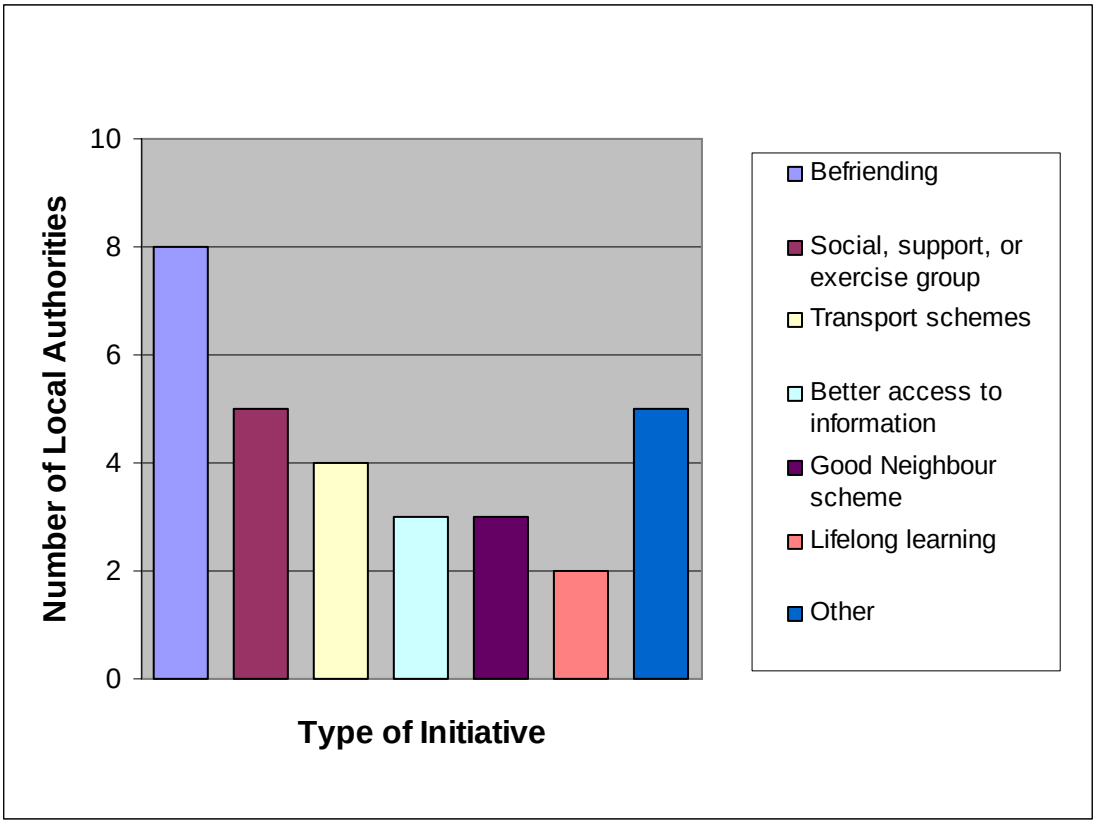
As discussed at the beginning of this report, a clear definition of social isolation is necessary if the effectiveness of initiatives is to be measured. While all these definitions include aspects of the definition set out earlier in this document, none of them really capture all the key parts of the definition – that is, the number of contacts, the quality of contacts, and the individual’s expectations regarding these. They also include risk factors for social isolation which, while relevant, could lead to a misunderstanding of what social isolation actually means. However, unlike the other documents which assume an understanding of the term, the attempt to provide a definition is a positive step as it provides a starting point from which to consider measures to assess social isolation.

Nine local authorities explicitly situated social isolation as part of their preventative agenda – either to prevent social isolation, or to tackle social isolation to prevent worse health outcomes/loss of independence. Another eight, by contrast, focused on tackling or reducing existing social isolation.

This did not, however, appear to significantly influence the types of initiatives they offered.

Fourteen local authorities referred to specific types of initiatives to reduce or prevent social isolation in their strategies (see Figure 2). Befriending was the most common (mentioned by eight) and five mentioned social, support and/or exercise groups. Four discussed transport schemes (and a further three raised transport as an issue), three mentioned initiatives around better access to information, three specifically mentioned a 'Good Neighbour Scheme', and two mentioned lifelong learning initiatives. Five other initiatives were mentioned by only one local authority each, these were: advocacy services, local authority day services, intergenerational activities, virtual befriending using Skype, and a magazine that aimed to educate local residents about fear of and risk of crime in their area to promote more accurate perceptions.

Figure 2: Specific Initiatives Referred to in Strategy Documents by 14 Local Authorities



Initiatives Currently Occurring

This section describes the initiatives currently occurring in local authorities, either as referred to by Local Authority Contacts or found via internet searches (see Figure 3).

Thirteen local authorities either had a directory of services or local handbook for older people or were in the process of developing one. For those developing directories, the focus was towards online directories which had the advantage of lower costs and being much easier to update regularly. Eleven were successfully obtained (and one online directory accessed). Five of these had a very practical focus – for example on access or transport, although some mentioned more social activities as well, in the context of practical suggestions such as fitness or mental wellbeing. The other seven either also had specific sections for social activities or were simply directories of social/fitness/support groups and activities.

There may be some cause for concern regarding the shift towards exclusively online provision of directories of services and other information for older people. Despite digital inclusion initiatives across Wales, internet use among older people, particularly those aged over 65, is still low – the latest National Survey for Wales figures from January–March 2012 indicate that only 36.7% of people aged over 65 reported using the internet at home, work or elsewhere. This has significant implications for who will be able to access these online directories and the information contained in them if hard copies are phased out.

Group Activities

Luncheon (or lunch) clubs were reported in every local authority and seem to be a staple of provision for older people. The contact between lunch clubs and local authorities varied, however; signposting was specifically discovered or reported in eight local authorities and five contacts specifically mentioned lunch club activity in the context of social isolation. While many lunch clubs were very local and run by community volunteers, Age Concern also ran a

number of lunch clubs in some local authority areas. There was also some interesting variation in focus between local authorities. One local authority contact reported that they had previously employed a member of staff who facilitated and supported those who ran local lunch clubs, but this role was no longer in existence. In contrast, another local authority had made lunch clubs a key focus, with a lunch club 'plus' initiative (a meal plus activities over a longer period in the day), and used lunch clubs as a preferred option over 'meals-on-wheels'-type services.

Seven local authority contacts reported social group activities apart from lunch clubs. Ten local authorities specifically mentioned educational, physical activity or support groups – either groups that supported people with particular health conditions and/or that provided educational activities, physical activities or advice and information as well as having a social aspect.

Individual initiatives

Befriending was mentioned as a specific initiative by 12 local authorities – many referred to projects funded by the recent Big Lottery AdvantAge scheme, which may explain the popularity of this approach. All of the befriending initiatives were third sector-led.

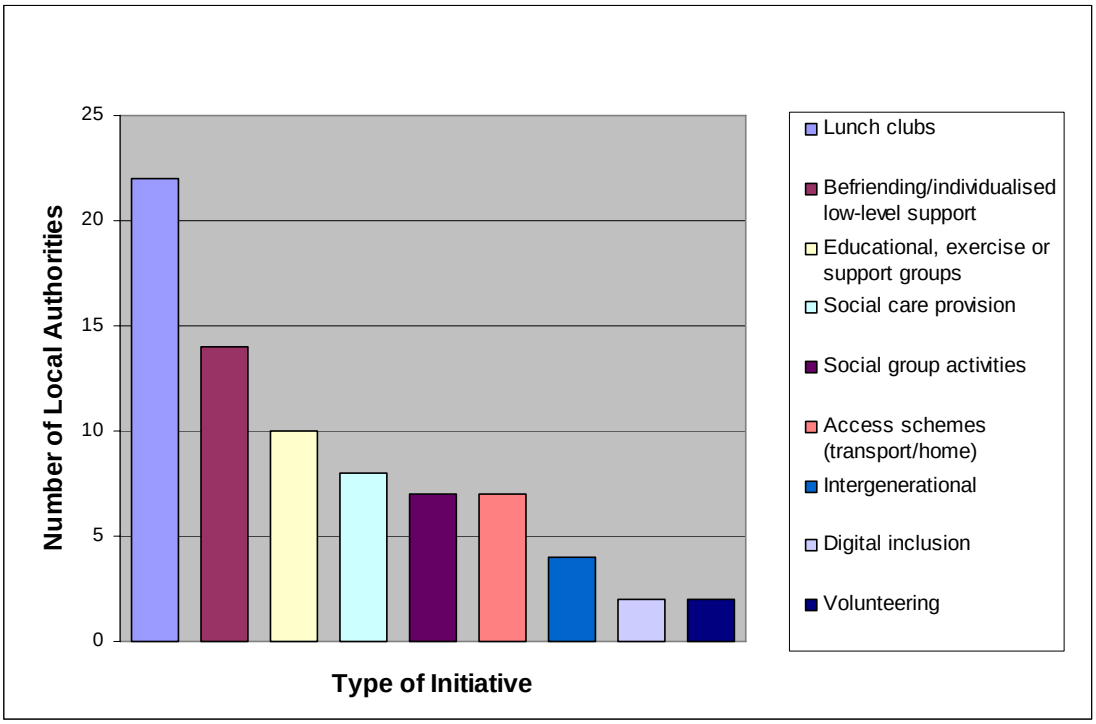
Some of the befriending schemes also straddle the boundary between befriending and individualised low-level support initiatives. These provide befriending as well as support to attend local activities, for example transport, or accompanying service users while shopping. Ten of the 12, and an additional two, either fell into this group or additionally offered short-term low-level support initiatives which had a befriending element but focused on getting the individual back out into the community.

Other Schemes

Eight local authorities mentioned approaches to prevent or tackle social isolation specifically within or related to their social care provision for older

people (for example local authority-run day centres, or home care providers watching out for individuals who might be at risk of isolation). Seven local authority contacts raised access issues as an area for attention – for example transport and home adaptations. Four discussed intergenerational activities and three mentioned digital inclusion projects as a way of reducing social isolation, and two highlighted volunteering opportunities for older people (rather than only being recipients).

Figure 3: Specific Initiatives Currently Offered by Local Authorities



Other Relevant Issues

Evaluations

An aim of this report was to gather any evaluations or evidence of monitoring of the different initiatives to see how effectiveness and success was judged. A number of local authority contacts said projects were monitored or evaluated in some way, and some initiatives were quite new and so the evaluation was not yet available. Two local authorities provided examples of indicators they had used, for example the numbers of people using the service provided and a survey of users. This data, while useful in terms of measuring outputs such as take-up of services, cannot be used as evidence of impact. This is because use of a service does not imply benefit from it. Three local authorities, however, were able to provide documented evidence of evaluative activity for further examination. Two local authorities also specifically raised concerns that they were unsure what measures should be used for effective monitoring and evaluation around the issue of social isolation.

The three examples that were successfully gathered varied in their approaches. Two of these were from local authority-run schemes, while one was from a third sector-led initiative. Two described attempts to establish a baseline before the initiative and compare this with data gathered at particular points during and after it. One of these used both qualitative and quantitative measures, including an established health and wellbeing indicator. The other employed a method called ‘appreciative enquiry’ and used qualitative methods such as a workshop and some individual interviews with participants and an unspecified ‘evaluation form’. The third evaluation was described as a ‘snapshot’ and, again using the ‘appreciative enquiry’ format, conducted focus groups and interviews with participants. None of these evaluations specifically asked about or used social isolation as an indicator, although one did mention ‘improved social networks’ as an outcome aim.

It is very positive to see local authorities attempting to conduct evaluations of initiatives and indicates the aim to deliver quality services. However from the limited number available for review, as well as the concern about appropriate measures, it seems clear that further guidance and support is much needed. Because none of the above evaluations measured or used social isolation as an indicator, their effectiveness in tackling it cannot be judged. Also, as described earlier, relying on user feedback as evidence of impact or effectiveness may be quite problematic with older people. This does not mean that it does not have value in terms of creating a participatory element, but this cannot substitute for robust evaluation. Therefore a mixed methods approach, such as the evaluation which used an established quantitative indicator alongside qualitative evidence such as user feedback, may be likely to provide the most robust evidence of effectiveness. This is particularly useful in combination with an approach that allows results to be compared over time or between different initiatives. However, because the measure used in that evaluation did not assess any aspect of social isolation specifically, it cannot be used to investigate effectiveness. As 'improved social networks' was an outcome aim, it is problematic that no specific measure for this was used.

Identifying Risk of Social Isolation

Although not strictly an initiative to reduce or prevent social isolation, two local authority contacts mentioned specific schemes to identify those at risk of social isolation. The issue of how to target individuals who are socially isolated arose with three local authority contacts, who noted that those who came along and took part in their initiatives were not necessarily the most socially isolated. The two initiatives to address this issue worked on a similar principle of making full use of local knowledge and expertise. Certain local individuals would be responsible for knowing about or finding out about individuals in their communities who were, or at risk of, becoming isolated. They would then be able to coordinate relevant agencies or services to reduce/relieve the isolation. The principle of a universal service – as opposed to services restricted to those meeting eligibility criteria – was a key element

of this. Four local authorities specifically mentioned concern around this issue; individuals with needs which did not meet eligibility criteria may be falling ‘under the radar’. It also fits with the wider preventative agenda followed by a number of local authorities to ‘catch’ individuals at risk before they need services, rather than waiting for the need to arise.

Including Older People in Service Design and Delivery

Six local authority contacts specifically raised the issue of including older people in decision-making as relevant to the issue of reducing or preventing social isolation (inclusion of older people in more general service design and decision-making was mentioned by other local authorities). This was usually in relation to older people’s forums, networks or councils that were in operation in the majority of local authorities. Involvement of older people in the design and delivery of specific initiatives was one of the elements identified in effective interventions by the academic literature so this is a relevant issue in terms of impacting social isolation. Again, however, it was noted that those who are able and choose to take part in such decision-making are not necessarily the most in need of the intervention.

5 Discussion

The findings from national and local strategy documents have now been presented, and the information gathered from local authorities about specific initiatives targeting issues of social isolation has been described. There appears to be a wide range of approaches across different local authorities and a number of innovative schemes. In many respects this is a positive picture. It is often highlighted that, because of the multi-dimensionality of the concepts of social isolation and loneliness, no one single approach would be appropriate to the variety of different circumstances, contexts and individual tastes of older people[20]. Similarly, the new schemes starting in various areas demonstrate that this is an issue that is not being ignored.

However, it also seems apparent that the lack of a concrete definition in national and local strategy has had an impact on the lack of consistency in different local authorities' approaches. As demonstrated earlier, the earliest strategies discussing social isolation did not provide a clear definition. This lack of clarity has continued both in later national strategies and also may well have influenced the lack of clarity at the local authority level. Additionally, there appears to be a tendency to confuse risks for social isolation with social isolation itself – which has implications for how both are addressed. The lack of specific indicators for social isolation, at both national and local authority levels, is also a missed opportunity. Because of the current focus on risks for social isolation that can be objectively measured – such as living alone, poor transport infrastructure, disability or loss of mobility – it is likely that individuals experiencing the negative effects of perceived social isolation are being overlooked. A good first step, therefore, would be to agree a clear definition of social isolation and communicate it to local authorities. This would provide them with the ability to more efficiently target specific issues around social isolation.

The finding that many local authorities are engaging with the issue of social isolation at a number of levels and in a variety of different ways, also has

another possible benefit in respect of improving services. The diversity of approaches means there is a lot of potential for finding out which are the most effective initiatives to prevent or address social isolation. It would also be useful to identify robust ways of measuring the effectiveness of initiatives to enable local authorities to assess this more consistently. Two local authorities raised specific concerns about a lack of knowledge in this area so effective guidance may well guide improvements. That only three evaluations were accessible during this project would also seem to suggest that this is a key area for improvement. The Big Lottery AdvantAge project specifically asks those applying for its funding to demonstrate how they will evaluate the success of their initiatives; this may contribute to an increased focus on issues of evaluation in this area.

This is also another example of the role of the third sector in addressing social isolation. As noted, all of the befriending or individually-focused schemes mentioned by local authorities are third sector-led, as are a number of other schemes, with the local authorities as partners or signposting. With an increasing focus on third sector provision of services more generally, the need for quality ongoing evaluations of these external providers seems to be an issue of importance. A related concern is the issue of levels of eligibility for services. The current trend of tightening eligibility for services seems to be in conflict with the preventative agenda in many local authorities – four of the local authorities mentioned a concern that individuals with needs which do not meet eligibility criteria may be falling ‘under the radar’. However, the emphasis of a number of local authorities on ‘catching’ individuals at risk before they need services, along with the two local authorities who described specific schemes based on principles of universal access to identify those at risk of social isolation, indicate potential in this respect.

As noted above, this report has demonstrated a range of approaches to tackling social isolation in Welsh local authorities. However, as was highlighted in the literature review, current knowledge about the effectiveness of such initiatives is quite limited. Despite this, a number of initiatives currently running in different parts of Wales share the characteristics of effective

interventions (which were described in Chapter Four). To highlight how Welsh initiatives might best reflect the current evidence about effectiveness, therefore, case studies have been produced with three of these initiatives. This work is described in the following sections.

6 Case Studies

As has been shown, there is limited evidence existing about the types of interventions that are effective in reducing social isolation. Currently, only a very few types of intervention have been reliably proved to be effective. The characteristics of these interventions are listed on page 12. As discussed in the literature review, there is not enough evidence to show whether individual initiatives such as befriending are effective or ineffective, and newer types of initiatives have simply not been tested enough. This needs addressing from both the academic and the practice contexts. Also, as discussed, no Welsh initiatives have been evaluated for their impact on social isolation or loneliness. As noted with the roll out of the Big Lottery AdvantAge scheme, this situation may improve over the next few years. Until we have more and better evidence, however, the best available evidence remains that which has been demonstrated in the academic literature.

Using Cattan and colleagues' characteristics of effective interventions, the information gathered from the previous desktop research was searched for initiatives which shared some of those characteristics. Of those that were considered to have a majority of the characteristics, three were successfully contacted and agreed to be included as case studies. Each initiative was visited and a focus group conducted with some of the current members to gain an indication of their experiences, as well as an interview (or phone conversation in one case) with a key facilitator in order to gather relevant background information and any additional documentation about the initiative.

Given the nature of the initiatives described and the reason for producing these case studies, it seemed inappropriate to anonymise them, but focus group participants' names have been changed and exact locations of the specific groups visited have been removed. Participants were given information about the research in advance of the focus group discussion, where possible. Written information sheets were explained verbally before the discussion commenced, and the opportunity to ask questions was given.

Participants were asked to sign consent forms to indicate their understanding of the research and their willingness to take part.

These case studies are intended to demonstrate the kinds of initiatives that are more likely to be effective, based on the current best available evidence. They share most or almost all of the characteristics of effective interventions described by Cattan. However, it is important to keep in mind that none have been officially evaluated with regard to social isolation. Only one even mentions isolation as a particular focus in its literature – although social isolation was a general issue that all were aware of and took into account to a certain extent. Two of the initiatives are local authority-run groups in North Wales, one in Conwy and one in Denbighshire. The other is a third sector-led group from an initiative which is run in 20 locations across Wales, although the particular group visited was in the South Wales Valleys area.

1) Breathe Easy (British Lung Foundation), South Wales Valleys.
2) My Life My Way, Denbighshire.
3) Positive Active Living Scheme (PALS), Conwy.

A full, detailed description of each initiative and a more in-depth description of the discussions held with participants can be found in Appendix C. Here, a brief description of each project is given, highlighting how they demonstrate particular effective characteristics, and the key benefits of attending the group that were highlighted by participants in the focus group discussions. Participants were also asked about other individuals they knew who didn't attend their group, and what barriers they might be facing. A number of the answers to this question were similar across the groups so these findings are presented together, after the case studies, along with some more general difficulties facing older people that members of different groups raised. This is intended to provide some context and demonstrate the issues that were important to the older people involved in this research. Although they cannot be considered representative of older people in any more general way, many of the issues raised reflect other evidence we already have about the kinds of difficulties older people face in Wales today.

1) Breathe Easy

Breathe Easy is a peer support and educational group for people diagnosed with serious lung conditions such as chronic obstructive pulmonary disease (COPD) and emphysema. Breathe Easy groups are part of the support to people with lung conditions offered by the British Lung Foundation (BLF), a charity operating across the UK. Members meet monthly and arrange speakers or other activities. The intention is to spend approximately half the time discussing issues related to lung conditions, and the other half on more general or social topics and activities. The format was originally developed in the early 1990s by a BLF trustee who was a medical professional living with a lung condition, with peer support and therapeutic community concepts underlying the approach.

In terms of the literature examples of characteristics of effective interventions, the Breathe Easy group meets almost all of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the advice and support specifically for individuals with lung conditions, the regular speakers and the peer support format of the group which encourages members to share their experiences and learn from each other.

Target specific groups, for example, women, carers, or people with a health need

- The group is targeted at individuals with lung conditions and their relatives, friends and carers. Due to the nature of lung conditions, these individuals tend to be older people – the majority of members at the group visited for this research were aged over 50.

Participants consulted before the group was set up, or involved in some way in the running of the group (the element of co-production)

- This characteristic is demonstrated with most effect in Breathe Easy groups that are member-led, as the concept intends. However, in practice not every group is fully member-led; the group visited for this research was facilitated by a nurse. However, members held key responsibilities such as treasurer and secretary, and described being consulted and listened to by the facilitator.

Interventions developed within or run by an existing service

- Breathe Easy is one of a number of support functions offered by the BLF; in the case of the particular group visited it is also closely associated with local health provision for people with lung conditions.

The Breathe Easy group visited was very small – seven people participated in the focus group discussion and only one other person was mentioned as a regular member. The majority of participants were women. Most members mentioned some involvement in other groups; some also saw each other outside of the group as they lived nearby each other. In general, however, compared with the other groups spoken to these participants seemed to have fewer opportunities for meeting other people. They described experiencing a number of access issues due to their health issues, housing, and transport opportunities, which may have an impact on this.

Members' main focus in terms of the benefits of the group was the support they received in relation to their health conditions. This support came from two sources. The nurse facilitating the group provided information and advice: '[the nurse] will tell you everything you want to know… you never come away without your question being answered'; 'She keeps you on an even keel 'don't panic, don't panic', shows you how to use your inhalers'. Other members of the group, on the other hand, provided peer support and empathy: 'it's lovely to be with people like her that know what you're talking about'; 'I find people aren't as patient with you… but you come here; they know what you've got'. One member, a supporter who was also over 50, raised an important social

aspect of the group following bereavement: ‘I mean I know I’m the driver but I find it quite pleasant, because I live on my own, you know since my husband died… it’s quite a decent afternoon out!’. The range of speakers was also considered a positive aspect of the group.

2) My Life My Way

My Life My Way is a peer support and educational group for people aged over fifty. Members meet monthly and have speakers or take part in activities relating to various themes around wellbeing. The format was borrowed from a Swedish initiative called ‘Passion for Life’ and was piloted in Denbighshire in 2008 by the Older People’s Strategy Coordinator, Sandra Jones.

In terms of the literature examples of characteristics of effective interventions, it meets a number of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the key themes explored during sessions: Safety in the Home; Social Networks; Food and Drink; Movement; and Creativity and Growth. These are facilitated by arranging relevant speakers and activities. Also the peer support format of the group encourages members to share their learning and deepen their relationships with each other.

Participants consulted before the group was set up, or involved in some way in the running of the group

- This characteristic is demonstrated in two ways. Initially, a pilot was run and the older people who took part were consulted with at the end of this pilot. Their comments and feedback guided changes to the original format to make it more relevant for the Denbighshire context. Secondly,

now that the initiative is up and running it is led by members, who are provided with relevant training and support by the Older People's Strategy Co-ordinator.

Interventions developed within or run by an existing service

- My Life My Way is offered as an extension to the services provided to older people by the Local Authority. Its initial rationale was falls prevention but this has expanded into a more holistic approach to older people's wellbeing.

The demographics of those attending My Life My Way are not officially monitored but it is possible to say that all those who participated in the focus group had relocated or retired to North Wales from other areas of the UK. They also considered themselves to be relatively able-bodied compared with other older people. The majority of participants in the focus group were women. Some members of the group were very active locally and involved in volunteering and other social groups. For others, however, this group was mentioned as the only time they socialised with other people: '…this is as often as I go out to meet other people, which is only twelve times a year…'. This member's comment created an opportunity to witness the peer support aspect of the group during the focus group discussion. On hearing it, one of the more active members invited the individual to join another of the groups she was involved with. This ability to make a contribution as a member of the group, and also to take their learning from the group into other contexts, was highlighted as a key feature of the group by another member: 'It's areas of interest which we can take out to the wider community… it's actually spreading what we have'.

Meeting and getting to know other local people was described as a key benefit of the group by a number of members. The focus on getting to know each other – as opposed to just on activities – was highlighted in particular by one participant. She had relocated to the area after bereavement and described how she joined different groups to meet people. However, she experienced a particular benefit from My Life My Way:

> ‘When I came in here, [indicating other members] you talked to me, you talked to me… and they told me about Wales, about the problems here, about the people, whereas at boules we’re talking about ‘you’ve missed the jack [and so on]’, here, they talk about us. That was the difference.’

The experience of the group as a place to build confidence was also described by another participant: ‘we have one gentleman in particular, he’d come and he wouldn’t say boo to a goose, now in the end… he mixes with us, you know, and it’s lovely to see’. Participants also described benefiting from the fact that the group had been consulted and feeling that their views had been listened to regarding issues affecting older people at a local and occasionally a national level: ‘We have made some significant changes and impacts actually’.

3) Positive Active Living Scheme (PALS)

PALS is an exercise and social group aimed at people aged over 50. PALS classes are held weekly in leisure centres and members have the opportunity to take part in a number of different exercise classes, such as line dancing and tai chi, use the leisure centre facilities (available exclusively to PALS members during the times of the classes), and socialise over tea and coffee. PALS groups have been running since 2005 and were originally co-ordinated by the Older People’s Strategy Co-ordinator in Conwy, Sian Lewis.

In terms of the literature examples of characteristics of effective interventions, it meets a number of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the instructor-led exercise classes, which include line dancing, tai chi, and

‘easy line’ – a modified form of circuits suitable for older people.

Participants consulted before the group was set up, or involved in some way in the running of the group

- This characteristic is demonstrated in two ways. Initially, the idea for PALS developed out of a consultation exercise with older people about the barriers faced to exercise. After this consultation, some of the older people who had been involved joined a working group with the Older People’s Strategy Coordinator and a member of staff from the leisure centre. This group developed and set up the first PALS group. Secondly, members of this initial working group formed a committee which aims to tackle any issues that arise within the group.

Interventions developed within or run by an existing service

- Before PALS began, older people’s exercise classes were run by the leisure centre, but without the co-ordination of timings and without the defined social element.

The majority of people participating in the focus group were again women. Participants included three of the original members who had also formed the committee described above, although they mentioned that it does not meet regularly at present. These members were also involved in a local carers’ group; other members mentioned involvement in other groups. Most saw other members of PALS outside of the group as well as friends or because they lived in the same area and bumped into each other from time to time.

The key benefits of PALS were described in terms of health and social benefits. Regarding health, both physical and mental health benefits were mentioned by a number of participants: ‘it’s a good morale booster’; ‘good for arthritis’; ‘really uplifting’; ‘it is good for me… because of health problems

doing a certain amount of exercise in the week is quite important, and also it's quite important to meet people'. Building confidence seemed to be a key social benefit: 'I didn't go to anything at one time, til I came here'; as well as more generally being able to meet with other people: 'it's such good fun. It's not just the dancing, it's the company, and everything about it'; 'it's also somewhere where if you've lost a partner, you can go by yourself so that you can still meet people'.

The range of activities, in particular the line dancing, and the opportunity for age-appropriate exercises were also raised as key benefits of the group by members. The line dancing, for some of the women in the group, was particularly important in that it was a social dancing opportunity that could be undertaken without needing a partner; one participant mentioned bereavement, another had a partner who wasn't very good at dancing: 'my husband's got two left feet'. Some members also attended the group solely for the social element; one of the participants didn't take part in the exercise activities but did take the register of people attending and took part in the general socialising over tea and coffee.

The PALS group visited for the research were experiencing a number of difficulties which were specific to the leisure centre where their group was held. These included a reduction in opening hours that affected the length of the PALS group and a lack of communication between leisure centre staff and the group: 'Nobody contacts us, if you want them you can't get hold of them… There's no connection at all…'. However, members participating in the group discussion were keen to emphasise that this was an issue of practicalities rather than a fundamental problem with PALS itself: 'it's a brilliant idea, if only they'd let us run it properly'.

Barriers to attending and other issues affecting older people

Each group was asked a question about if they knew other people who didn't attend the group that they thought might benefit from it, and if so why those individuals didn't attend. Participants in all of the groups had a number of ideas about this issue and also gave some examples of specific issues that had occurred. In this section the responses from the focus groups have been combined to enable a fuller discussion of cross-cutting themes.

Access

Physical access, transport in particular, was raised by each group. For Breathe Easy members they were particularly concerned about the location of their group. The distances and modes by which some individuals travelled were considered to be a barrier: 'it's not the most accessible place to get to, is it?'; 'people would come here if they could come here – they just can't come here'. There was also mention of some previous members who had attended but dropped out because the journey was too far. Additionally, a number of the Breathe Easy members had problems with access due to living in houses with a number of steps up to the front door:

> 'A very long while it takes, [participant] gets up the steps by which time I've managed to get myself down the end of the road with the car… by the time she's got to the top of the steps she can't speak.'

When asked by another participant if she had considered installing an external lift, this participant mentioned above described how she was unable to afford this or access Local Authority funding: 'There's no way you'd get a grant!'. However, she also found the idea of moving difficult: 'I've thought about moving over and over again haven't I?'. Additionally, the issue of steps was not just about their own access – which could be very difficult – but also about whether other people would come and visit them. The health conditions of group members also meant that public transport that might be adequate for

healthy individuals would not necessarily be accessible; walking anything more than a very short distance presented additional difficulties.

Accessibility of location was also an issue raised by members of PALS. The particular facility was some way from the nearest bus stop and with the group running on an evening, it is often dark: ‘even if they came on the bus it’s quite a trek down to here anyway’ and ‘which is not lit terribly well either’. Driving at night also put some older people off: ‘people just don’t want to drive late at night’. Even sharing a lift could present difficulties: ‘it’s the times we live in, some people… get a bit wary of who’s going to pick them up…’. PALS had at one point run a minibus service, but this was no longer possible due to funding constraints. This was considered to be directly related to some previous members no longer attending:

> ‘There’s quite a lot of people who used to come who had health problems as well and they used to be picked up… they benefited a lot from PALS, but then the funding got cut and they couldn’t come’.

Some My Life My Way members had a slightly different perspective on the issue of transport in relation to their group. They had concerns regarding safety when providing a lift for an individual who had formerly attended but had become virtually housebound: ‘we didn’t dare take her out in case her daughter objected or she had an accident, you know, it was difficult.’ This example represents not only transport issues but also tensions regarding independence in later life.

None of the groups currently provide transport for their members but participants in all groups suggested the idea of minibuses or other dedicated transport for the group; PALS and My Life My Way both discussed the idea of using minibuses owned by charities that were unused at the times of their groups. In both instances though, it was pointed out that there were problems with funding – or recruiting a suitable volunteer – to actually drive the bus. Public transport more generally was considered an issue by some members

of My Life My Way, although one was keen to emphasise that in her experience the buses were very good: ‘I must say the buses, as far as I’m concerned, are wonderful’. For the other participants, some bus drivers were considered to have unhelpful attitudes that in some cases had led to accidents – one participant described having been injured in a fall after a driver on a busy bus had not asked passengers to make room further down the bus. Transport at night was also a concern, as it was amongst PALS’ members: ‘I don’t go out at night because the buses are just not there’. Although in Denbighshire an on-demand minibus service is offered in the evenings, it was not considered by some participants to run late enough for some evening events. The Older People’s Strategy Co-ordinator said that she would look into this for members.

Access to information – knowing about the groups – was considered to be a barrier by PALS’ participants: ‘it’s not really advertised well’; ‘a lot of people haven’t even heard about PALS’. My Life My Way participants also raised this issue, particularly in relation to ‘elderly’ people:

> ‘Could there be more advertising of this group for the elderly… that really need all this information. I’ve still got the brain… to find out these things myself, but there’s loads of people older and infirm who don’t even know where to start to find out anything. So how could they know about this?’

This may have been more of an issue for these two groups than for Breathe Easy as the former are not currently advertised (although information is available about them via the internet). However, this reflects the issue highlighted in Chapter Five about access to information online; rates of internet access among older people are still very low. Breathe Easy, on the other hand, is promoted in GP surgeries and aims to appear in local newspapers whenever a relevant event occurs, for example when fundraising for specialist equipment for local health services. This may be why information about the group was not raised as a problem for those not attending by Breathe Easy participants.

Access and transport are recurring themes that have also been highlighted in national and local authority strategies in terms of tackling social isolation. From the perspectives of these focus group participants, it would seem that there are still a number of improvements to be made. However, it is important to note that addressing these concerns – which also link to wider issues of individual finances as well as project funds – do not necessarily directly impact social isolation; rather, they address some of its risk factors (such as those mentioned in the Older People's Wellbeing Monitor and listed on page 19). While improvements in access and transport are a key part of addressing the problems faced by those at risk of, or experiencing, social isolation, these improvements alone cannot deal with every aspect of social isolation.

Attitudinal barriers

The issue of attitudes was also a recurring theme regarding barriers faced to attendance at the groups. For Breathe Easy members, this focused on issues associated with their lung conditions: 'this kind of disease… it's kind of depressive isn't it?'. The mental effort to attend was described by some participants: 'I have to be press-ganged to come out on many occasions'; 'I gotta push myself quite honestly'. Attitudinal barriers for others were discussed: 'a lot of people with this condition would need help to get out, you know, and just the will to keep going!' Some members also suggested that having physical access needs met could, in terms of isolation, be counterproductive:

> 'So easy… All the company in the world is in the box [the TV]… You haven't got to walk out the house! Somebody can bring you your food and – just exist'.

This comment also indirectly references the distinction between having some social contacts and having quality social contacts in terms of social isolation. This isolation could also perpetuate itself, as highlighted by another member:

> ‘People who get isolated at home are the sort of people that either aren’t well enough or they haven’t got the contacts to be able to get themselves out to go to a group’.

Confidence was another issue that affected Breathe Easy members: ‘I don’t go out on my own – I couldn’t go out on my own’; ‘I know this [oxygen cylinder] will last me five hours cos I’ve got this battery thing on it but I don’t think I could go out on my own’. Confidence was also raised in the PALS group: ‘Some people need more encouragement than others to come out to these places’. Contrasting experiences were described by My Life My Way members with regard to confidence. One member described initial uncertainty: ‘I thought ‘ooh what’s this going to be about’; you do come with trepidation’. For others this had not been so difficult, however:

> ‘Actually [another participant] and I met when we first moved here, we both decided that – totally without knowing each other at all – that to get to know people better you need to join something and we actually joined a Welsh class! So that’s how [other participant] and I first met.’

My Life My Way members additionally described how they had been involved in trying to set up a new group targeting people who were very isolated, but found that these individuals were reluctant to attend: ‘hardly anybody came there did they, we had to drag them in’. This may be explained by evidence in the literature that loneliness and isolation can negatively influence an individual’s personality or cause further withdrawal from social contact[21,22].

Intergenerational tensions

This issue was not always related to social isolation but came up in some form in each group discussion. Among the Breathe Easy members, it was raised in relation to the decline in formal and informal support participants had noticed over the years. The decline in formal support was described by one member:

> ‘I think there is… a lot of isolation in the community – I used to work at social services, you know, and people…, oh, twenty years ago… they used to have…an awful lot of help, and I don’t see people having it now today, not so much.’

Other members noted that informal support had also declined: ‘the thing is, I don’t know about what you lot did, but when I was younger… we used to go and knock neighbours doors’; ‘now people don’t’. There were varying experiences with current neighbours:

> ‘There’s one gentleman down the street, who’s… very good, he did come up and offer help… but that’s it… the ones who I thought would do it… you don’t seem them like on those days!’

> ‘My neighbour next door… he’s marvellous, but as for the younger ones, no’.

There was a perception among some participants that younger people were not bothered: ‘the youngsters today couldn’t care less’. Another member did suggest a reason for this apparent lack of care, however: ‘they’ve got to work, you know’.

For members of My Life My Way, the main issue with younger people that they raised was in relation to behaviour on public transport: ‘Why don’t children have to stand up for adults anymore, they’re only paying half fare’; ‘their parents haven’t taught them to be polite’. For PALS, the perception of members was that they were not valued as much as younger users of the leisure centre facilities:

> ‘We always seem to be pushed behind everything else, if rugby want to go on, if kickboxing wants to go on, we’re pushed to the back, and that’s why I think a lot of people have stopped coming’.

Intergenerational activities were also mentioned by some Local Authority Contacts in the earlier desktop research as a way in which they targeted social isolation; for the participants of these focus groups this still seems to be a concern, however.

Other concerns

Members of the PALS group specifically wished to raise the issue of funding for initiatives such as theirs: 'the Welsh Government… they're all out for keeping people healthy and keep Wales healthy and this that and the other, but there's no money coming in to do it'. They also highlighted the potential preventative element of schemes like PALS:

> 'I would have guessed keeping people fit and money spent on something like PALS was used more, then it would be a cost saving to the health service – could save someone going in for a hip operation…'.

One member was also critical of the time it took to set initiatives up: 'by the time it gets through, half the people are dead aren't they?!' and felt that money could be distributed more efficiently. Other members felt that North Wales was not a priority for spending compared to South Wales: 'it's Swansea and Cardiff, we don't get it, we're the poor relations'. Some participants also wished to highlight the particular issues faced by carers and ex-carers in relation to social isolation.

One member of My Life My Way also wished to raise the issue of the conflicts that can arise when public transport, such as buses – which are arguably a public service – are run as a business. Some members of the group also wished to be able to input more on strategy:

> 'Perhaps the Welsh Government, and indeed Denbighshire County Council, could use us more… as a consultation group, in

other words, we could contribute to the future strategy of what will affect us over the next five years'.

7 Discussion – Case Studies

Although these case studies are brief snapshots of three different initiatives, they contain a lot of detail. Despite the characteristics of effective interventions that they all share, there is still a lot of variation between the style of each group and the experiences of their members. From the researcher's perspective, participants had a lot to say during the focus groups and appeared to enjoy their groups and the relationships they shared – although the caveat from the literature review about interviewer effects with older people should also be kept in mind. Participants described key social support and health benefits they directly attributed to their particular groups, as well as other aspects that they enjoyed. It was also interesting that in each group a female participant described the specific social benefit of the group for them after experiencing bereavement. Additionally, the importance of the groups for some members – such as those for whom it is their only chance of social contact – was highlighted.

In a number of instances, participants mentioned beneficial aspects of the group that were specific to the effective characteristics of the groups. For example, the support functions of Breathe Easy and My Life My Way were highlighted by participants a number of times, as were the educational functions in all three groups. One participant in My Life My Way – quoted in the case study above – specifically differentiated between the particular benefit that came from My Life My Way as opposed to a more general social group.

Participants were also aware of isolated individuals in their communities, as well as able, in many cases, to point to specific barriers those individuals faced to attending the groups. As highlighted a number of times in this report, it is probable that the most socially isolated older people don't attend such groups. However, with reference to the initiatives described earlier which aimed to identify risk of social isolation, these findings highlight the kinds of expert local knowledge that might be useful to identify socially isolated

individuals. Equally, the particular experiences of My Life My Way participants, when attempting to reach out to more socially isolated people, indicates some of the difficulties caused by isolation itself.

Further detail about the groups – including the background and rationale for each initiative, practical details about how they are currently run and further detail from the focus group discussions – can be found in Appendix C. These are not prescriptive, but provide examples of what the effective characteristics of interventions to reduce social isolation might look like in practice. In the final section, however, recommendations are made as to what local authorities can do with this information now, and what work remains to be done for those guiding strategy at the national level.

8 Recommendations

This report set out to present a picture of the variety and effectiveness of approaches to reducing social isolation in Welsh local authorities. The variety and diversity of approaches has been clearly demonstrated and the gaps in our knowledge about the effectiveness of these approaches have been highlighted.

Five recommendations for work going forward can therefore be made:

1. **There needs to be a more consistent approach to evaluation of Local Authority (and other) activities aimed at tackling social isolation, supported by guidance from Welsh Government:**
    - The diversity of approaches across Wales means there is a lot of potential for finding out which are the most effective interventions. This opportunity should be exploited as far as possible.
    - Robust and replicable ways of measuring the effectiveness of initiatives would enable more systematic and sound evaluation and monitoring by local authorities. Two local authorities raised specific concerns about a lack of knowledge in this area, which suggests some national guidance would be beneficial.
    - Links with the Big Lottery AdvantAge project, which has specific requirements around evaluation, are worth exploring fully.
    - The evaluation of initiatives aimed at reducing social isolation is particularly important due to the negative impacts on health associated with social isolation. A robust evaluation can demonstrate whether or not an initiative is meeting its stated aims and why (or why not), and also help to identify any unexpected effects of the intervention.

2. **Initiatives targeting social isolation need to be clear about which aspects they are tackling and how they will go about this:**

- The precise definition of social isolation laid out in this report should be adopted by policy makers to ensure consistency. It should also be disseminated to relevant local authority staff so they can identify the particular aspects they are aiming to address.
- No single initiative should expect to tackle all aspects of social isolation.
- This identification of specific aims with regard to social isolation will then enable appropriate measures to be selected when investigating impact.
- Knowing which aspects are being targeted by a particular initiative will also enable local authorities to more easily identify any gaps in provision or areas where further work is needed.

3. **The design of new initiatives to tackle social isolation, or indeed policies or initiatives that are relevant to the issue of social isolation, should consider or embody the principal characteristics associated with effectiveness** (as identified through the case studies in this report).

4. **Recognition of the complexity of the problem of social isolation is important – policies and initiatives which aim to address social isolation should be realistic about the sorts of impacts they can achieve and how much the end state will differ from the baseline.**

5. **There is an important role for the ESVG Programme in disseminating these messages, to ensure better understanding of social isolation and loneliness is embedded in public services and national government policy.**

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Appendix A – Description of methods approach

First, relevant national strategy documents were identified and analysed. Secondly, internet searches were carried out. Local Authority websites were examined – looking specifically in the Community and Social Care/Services for Older People sections, searching for specific key words and phrases both on the Local Authority website and via a search engine. In this way specific initiatives were often identified, as well as performing similar searches using a web search engine. Initiatives were followed up for any further details. WLGA and SSIA websites were also checked for good practice examples.

Four relevant local strategy documents also began to emerge as important; these were then specifically searched for each Local Authority. Within these documents, key word searches were again performed ('older people' 'isolat*' 'lonel*' etc) and where identified a quick scan was made of that section to look for relevance. Documents were coded, based on this information, regarding the detail in which they addressed social isolation.

Older People's Strategy Coordinators were also identified in the local authorities. An unofficial list found unexpectedly during a web search helped significantly with this task, but it was still not straightforward. Some of these were out of date or missing. Depending on the policy and internal systems of the Local Authority, there was varying success when calling either with no direct contact number or with no specific name. In some local authorities Older People's Strategy Coordinators used different job titles; while some operators were still able to identify the relevant person from the information given, others were not. Where the relevant person was identifiable, it was not always possible to get hold of a telephone number – some local authorities had policies against giving external contact numbers, in others the person was on leave. In two local authorities the job was vacant at the time the research was carried out. In some of these cases another member of staff was able to provide some information; in others contact was eventually unsuccessful.

Where it was not possible to contact an individual by phone, an email was sent; in a number of cases this resulted in successful contact. The amount of clarification and additional detail given by Local Authority contacts also varied – some were very new to the role or had other pressing commitments – while others were able to provide lots of additional information. There was also variation regarding the extent of involvement of third sector organisations in providing initiatives and partnership working or signposting that local authorities coordinated with these organisations.

Contacts were asked for strategy documents unavailable online as well as to confirm or correct initial internet search findings regarding strategy. They were asked for examples of initiatives or for further detail were initiatives had already been identified, and for information regarding any evaluations of these initiatives. From this data a picture began to emerge of the range of approaches to social isolation across Wales. Local Authority documents and information were gathered over approximately 2.5 weeks. Despite the limitations of this time frame (including identifying the right member of staff, relevant person on annual leave, post being recruited for etc) the relevant person was identified in all but one Local Authority, and 18 out of 22 were successfully contacted and able to provide some degree of further information, the majority in some detail. While this cannot be called a fully comprehensive report, therefore, it still covered a significant amount of ground and results are likely to be broadly representative.

Appendix B – Summary Tables of Local Authority Data Gathered

Table 1: Local Authority Strategy Documents

Local Authority	Successful Contact?	Community Strategy	HSCWB	CSfOP	SfOP	Other Strategy Document	Approach: Prevent and/ or tackle
Blaenau Gwent	yes	55	20	40	20	10	yes
Bridgend	yes	30	40	*relevant*		1	yes
Caerphilly	yes	40	50			40	unclear
Cardiff	partial	30	20	20			unclear
Carmarthenshire	yes	60	*integrated*			10	yes
Ceredigion	yes	40	1				tackle
Conwy	yes	40	20				unclear
Denbighshire	yes	10	*integrated*	*relevant*			tackle
Flintshire	no	40	40	50			unclear
Gwynedd	no	refs		10			tackle
Isle of Anglesey	yes	40	55 (refs)	40	10		yes
Merthyr Tydfil	yes	50	40				unclear
Monmouthshire	no	refs	40		10		tackle
Neath Port Talbot	yes	40	40		20		yes
Newport	yes	50	1				tackle
Pembrokeshire	no	50	1	10			tackle
Powys	yes	1		*relevant*			yes
Rhondda Cynon Taff	partial	30	40	20			tackle
Swansea	yes	60	40 (refs)	10			tackle
Torfaen	yes	10	*integrated*	10	10		yes
Vale of Glamorgan	yes	20	*integrated*	20	*integrated*		yes
Wrexham	yes	50	40	10			yes

Key

Successful Contact

yes = successfully identified and had response from either coordinator or colleague with similar knowledge
partial = successful contact but a minimum of detail in response due to circumstances - in one case maternity leave so colleague responding, in other person very new to job

no = coordinator/alternative not identified or unable to respond within period research conducted

Strategy Coding

60	No mention of older people or social isolation found in document
55	Mentions social isolation but not specific to older people
50	Mentions issues specifically related to older people
40	Mentions older people with regard to social inclusion, engagement or involvement
30	Specifically mentions social isolation or loneliness in relation to older people
20	References older people's social isolation or loneliness as an issue needing attention
10	Discusses older people's social isolation or loneliness and specific strategies to tackle it
1	Specifically details a particular programme targeted at reducing/preventing older people's social isolation
refs	Refers to another document which discusses the issues in more detail
relevant	Document not seen but specifically referred to by Local Authority contact as a relevant strategy
integrated	Document does not exist by itself but has been subsumed into an Integrated Plan

Table 2: Local Authority Specific Initiatives Identified

Local Authority	Social	Support/ Edu/ Exercise Group	Befriending	Mentoring	Social Care Provision	Access - transport /home	Digital inclusion	Inter-genera -tional	Volunteer -ing
Blaenau Gwent		yes				*yes*	yes	yes	
Bridgend	yes		yes	yes	yes	yes			
Caerphilly						yes			
Cardiff			yes	yes					yes
Carmarthen -shire	yes	*yes*	yes	yes	yes				
Ceredigion		*yes*	yes	yes					
Conwy	yes	yes		yes	yes			yes	
Denbigh-shire		yes	yes	yes	yes	*yes*			
Flintshire									
Gwynedd	*yes*								
Isle of Anglesey		yes	yes						
Merthyr Tydfil	yes		yes	yes					
Monmouth-shire									
Neath Port Talbot		yes			yes				
Newport	yes		yes	yes	*yes*	*yes*	yes		
Pembroke-shire			*yes*	*yes*					
Powys			yes	*yes*					
Rhondda Cynon Taf					*yes*				
Swansea		yes							
Torfaen	yes	yes	yes	*yes*		*yes*	yes	*yes*	
Vale of Glamorgan		yes	yes			yes			
Wrexham			*yes*	yes	yes			yes	yes

Key

Specific initiatives

yes Mentioned by contact

yes Mentioned in strategy documents but not by contact

Appendix C – Detailed Case Study Descriptions

1) Breathe Easy

Breathe Easy groups are peer support and educational groups for people diagnosed with serious lung conditions such as chronic obstructive pulmonary disease (COPD) and emphysema. They are part of the support to people with lung conditions offered by the British Lung Foundation (BLF), a charity operating across the UK. Breathe Easy groups meet monthly and arrange speakers or other activities, spending approximately half of their time discussing lung conditions and related aspects and the other half on more general or social topics and activities. The defined objectives of Breathe Easy groups are listed in the Breathe Easy handbook (available on the BLF website and intended to provide useful information for those setting up or running a Breathe Easy group): 'to provide mutual support to members; to provide information and education to members; and to promote the group and the BLF.'

Groups are intended to be member-led and self-organising. While groups are specifically targeted at people with lung conditions, their friends, family, and carers are also welcome to attend. Also, while the groups are open to individuals of any age diagnosed with lung conditions, due to the nature of lung conditions members tend to be older rather than younger. For the purposes of this study, the group visited was one with a majority of members aged over 50. This group is one of 20 Breathe Easy groups across Wales and is located in the South Wales valleys. It meets in a room at a local medical centre, arranged for free by the facilitator, and tea and coffee are provided. There is no charge for members to attend.

Background

The concept of Breathe Easy – mutual support and advice for those with lung conditions – was first developed in the early 1990s. The original idea came

from a trustee of the BLF who had a background in nursing and also lived with a lung condition. The key concerns were the risk of isolation that comes with living with a lung condition, and the importance of self-help and self-management that is dependent on good knowledge of lung health. The concepts of therapeutic communities and peer support were important in the development of the Breathe Easy group model. The particular group visited was set up in 2005 and is slightly unusual in that it is facilitated by a nurse; as noted earlier most Breathe Easy groups are member-led. However the small size of this group and the ability of the nurse to facilitate it contributed to its current format.

Breathe Easy groups in Wales are supported by two BLF Wales development officers, who keep track of numbers attending, activities offered, and how often groups meet, as well as organising events where a number of groups are brought together, which also involve gathering member feedback. Because BLF is not formally involved with the health service they do not have access to patient information. Members may also choose not to discuss their personal diagnoses, so the ability to target specific individuals with lung conditions varies depending on the degree of coordination between BLF and particular health authorities. Advertising of the groups is often in conjunction with health services – such as GPs – but a Communications Officer also works to make sure that when relevant newsworthy events occur they are covered in local newspapers or on local radio and include some mention of Breathe Easy groups. For example, where groups raise money for specialist equipment for local health services as part of their social activities, this can be a key opportunity to raise their profile more widely. Print advertisements are produced bilingually, as are key documents where needed. Depending on the needs of the members in a particular area groups can be run in Welsh or English.

Effective characteristics

Breathe Easy are currently commissioning an evaluation using a quantitative questionnaire which includes a question about the social networks of members. Unfortunately the results of this survey are not yet available, but it is relevant

that they are seeking to investigate an aspect of social isolation. However, in terms of the literature examples of characteristics of effective interventions, the Breathe Easy group meets almost all of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the advice and support specifically for individuals with lung conditions, the regular speakers and the peer support format of the group which encourages members to share their experiences and learn from each other.

Target specific groups, for example women, carers, or people with a health need

- The group is targeted at individuals with lung conditions and their relatives, friends and carers. Due to the nature of lung conditions, these individuals tend to be older people – the majority of members at the group visited for this research were aged over 50.

Participants consulted before the group was set up, or involved in some way in the running of the group

- This characteristic is demonstrated with most effect in Breathe Easy groups that are member-led, as the concept intends. In practice not every group is fully member-led; the group visited for this research was facilitated by a nurse. However, members held key responsibilities such as treasurer and secretary, and described being consulted and listened to by the facilitator.

Interventions developed within or run by an existing service

- Breathe Easy is one of a number of support functions offered by the BLF; in the case of the particular group visited it is also closely associated with local health provision for people with lung conditions.

Members' Experiences

The focus group was held at the start of one of the group's monthly meetings. Seven people took part – five were members of the group, one was trying out the group for the first time, and one was a driver for another member and attended the group with her. The group facilitator was an NHS nurse acting in her capacity as a nurse so it was not possible to include her in the research whilst adhering to GSR ethical guidelines, (although participants were there as members of the BLF Breathe Easy Group, not in their capacity as NHS patients). The nurse therefore excused herself and left the room while the discussion was taking place. Four of the members and driver had been attending since the beginning or early in the group's development. Due to their health issues, none of the regular members described going out much, although some also attended the Women's Institute (WI). The first-time participant mentioned he was also a carer and attended a Carers' group, and often socialised in the pub. He also specifically mentioned that he was more interested in the health than the social aspect of the group. Some members were neighbours; in general however this group seemed to have fewer opportunities for meeting other people. They faced a number of access issues due to their health issues, housing, and transport opportunities, which may impact on this.

Participants' main focus in terms of the benefits of the group was the support they received in relation to their health conditions. The nurse who facilitated the group seemed to be highly valued: 'what I find useful is [the nurse] – she is so good'; 'she's wonderful, very good, I like [the nurse]'. A number of reasons were given for this: information and advice: '[the nurse] will tell you everything you want to know… you never come away without your question being answered'; support: 'She keeps you on an even keel "don't panic, don't panic", shows you how to use your inhalers'; and provided a focal point for the group: 'she's the focus point', '[the nurse] keeps it together'; '[the nurse] runs it!'. In this, as noted previously, the group diverges from the member-led set up of the Breathe Easy concept. However they are still consulted and involved in decisions about the group: '[the nurse] discusses things with us'; 'she listens to what we've got to say doesn't she'. Two of the members are treasurer and secretary for the

group, but when asked if there was a formal committee (which is described in the Breathe Easy handbook) participants said the group was too small: ‘we’d have to be the committee, wouldn’t we’.

Other benefits of the group were mentioned, such as the opportunity to meet with people experiencing similar health issues: ‘this kind of disease… it’s kind of depressive isn’t it’; ‘it’s lovely to be with people like here that know what you’re talking about’; ‘I find people aren’t as patient with you… you’re quite slow, you feel you’re a bit of a nuisance, until you feel very sensitive about it… But you come here; they know what you’ve got’. Some participants described a reluctance to go to the doctors due to a perception that: ‘you don’t want to bother people, because you think, ‘well this is what I’m like’’; and frustration related to limited treatment options: ‘because there’s nothing they can do about it so why do I bother?’. The nurse facilitating the group, however, was seen as helpful in this regard because she noticed members’ health and followed up on members when they didn’t attend the group: ‘I didn’t bother to come – but she phoned to see how I was’. The range of speakers was also considered a positive aspect of the group. One member, the driver – who was also over 50 – raised an important social aspect of the group for her following bereavement: ‘I mean I know I’m the driver but I find it quite pleasant, because I live on my own, you know since my husband died… it’s quite a decent afternoon out!’.

Regarding barriers others faced to attending the group, transport and location were the key issues raised: ‘it’s not the most accessible place to get to, is it’; ‘people would come here if they could come here – they just can’t come here’; ‘a couple came from [different local town], didn’t they, and they found it hard’. Health constraints were another issue raised; for example, public transport can be inaccessible depending on the walking distance it requires. These constraints also affected the participants’ own attendance. Some received lifts either informally or formally; others took the bus but this was due to the stop being located very close to their home. The inaccessibility of participants’ homes also caused some difficulties. There was much discussion between participants about the steps up to their houses which meant it was very difficult to get in and out:

> ‘A very long while it takes, [participant] gets up the steps by which time I’ve managed to get myself down the end of the road with the car… by the time she’s got to the top of the steps she can’t speak’.

This participant described how she was unable to afford to install an external lift to assist her but also found the idea of moving difficult: ‘I’ve though about moving over and over again haven’t I?’. The mental effort to attend was described by some participants: ‘I have to be press-ganged to come out on many occasions’; ‘I gotta push myself quite honestly’. Attitudinal barriers for others were also discussed: ‘a lot of people with this condition would need help to get out, you know, and just the will to keep going!’. The idea that services which kept a person physically independent might not address their social needs was also raised:

> ‘So easy… All the company in the world is in the box [the TV]… You haven’t got to walk out the house! Somebody can bring you your food and – just exist’.

Another participant also pointed out that isolation can perpetuate itself: ‘people who get isolated at home are the sort of people that either aren’t well enough or they haven’t got the contacts to be able to get themselves out to go to a group’. Participants expressed a wish for the group to grow larger, but at the same time seemed unsure how they might achieve this.

More generally, participants also discussed issues relating to the change – or reduction – in formal and informal support that they perceived had occurred since their youth. The decline in formal support was described by one member:

> ‘I think there is… a lot of isolation in the community – I used to work at social services, you know, and people…, oh, twenty years ago… they used to have…an awful lot of help, and I don’t see people having it now today, not so much.’

Other members noted that informal support had also declined: ‘the thing is, I don’t know about what you lot did, but when I was younger… we used to go and knock neighbours doors’; ‘now people don’t’. There were varying experiences with current neighbours:

> ‘There’s one gentleman down the street, who’s… very good, he did come up and offer help… but that’s it… the ones who I thought would do it… you don’t seem them like on those days!’

> ‘My neighbour next door… he’s marvellous, but as for the younger ones, no’.

There was a perception among some participants that younger people were not bothered: ‘the youngsters today couldn’t care less’. Another member did suggest a reason for this apparent lack of care, however: ‘they’ve got to work, you know’.

2) My Life My Way

My Life My Way is a peer support and educational group for people aged over fifty. Members meet monthly and have speakers or take part in activities relating to various themes around wellbeing. There are five themes which form the initial meetings: Safety in the Home; Social Networks; Food & Drink; Movement; and Creativity & Growth. These themes are explored using a ‘Plan, Do, Study and Act’ model which enables people to think about and make incremental changes which will help to take them from where they are now, towards where they would ideally want to be. The group is ongoing, so once the five themes have been covered they may be repeated or the group members may decide to focus on other issues that are important to them, such as specific local concerns.

There are currently two active My Life My Way groups in the Denbighshire area, although there are plans to reinvigorate these and a third group which stopped meeting. No special facilities are needed for the group – just a room, and teas and coffees are provided, although members arrange their own refreshments beyond this (e.g. biscuits). There is no charge to members to attend the group. One member leads the group month-to-month, and the Older People's Strategy Coordinator maintains regular contact with the group to provide additional support where necessary. This has included arranging relevant training for the member who currently leads the group, and her predecessor, through the Local Authority Training Department.

Background

The idea for My Life My Way was suggested by the head of modernisation at Denbighshire County Council after a visit to the USA. There she learned about an initiative that had been developed in Sweden and spread from there to other countries including the USA. The initiative was called 'Passion for Life', and followed broadly the format described above. The basis for the model of change was the idea of citizen empowerment to maintain or improve independence and quality of life. Sandra Jones, Denbighshire's Strategy for Older People Coordinator, took the idea forward within Denbighshire and piloted the model in 2008 with a group of local older people, recruited through newspaper advertisements and via a local Age Concern. The initial rationale for the pilot was around the issue of falls prevention. Participants suggested some changes which have been incorporated into the Denbighshire initiative – most notably the change of name from 'Passion for Life' to 'My Life My Way', and the addition of the fifth theme of 'creativity and growth'.

Effective characteristics

My Life My Way has never been evaluated regarding its impact on social isolation. However, in terms of the literature examples of characteristics of effective interventions, it meets a number of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the key themes explored during sessions: Safety in the Home; Social Networks; Food & Drink; Movement; and Creativity & Growth. These are facilitated by arranging relevant speakers and activities. Also the peer support format of the group encourages members to share their learning and deepen their relationships with each other.

Participants consulted before the group was set up, or involved in some way in the running of the group

- This characteristic is demonstrated in two ways. Initially, a pilot was run and the older people who took part were consulted with at the end of this pilot. Their comments and feedback guided changes to the original format to make it more relevant for the Denbighshire context. Secondly, now that the initiative is up and running, it is led by members, who are provided with relevant training and support by the Older People's Strategy Coordinator.

Interventions developed within or run by an existing service

- My Life My Way is offered as an extension to the services provided to older people by the local authority. Its initial rationale was falls prevention but this has expanded into a more holistic approach to older people's wellbeing.

Members' experiences

The focus group discussion was held as part of one of the regular monthly meetings, after a short presentation and discussion about falls and safety around the home, and a coffee break. One member was due to leave early but wished to give her opinions so gave verbal consent to a brief interview during the coffee break, the results of which have been incorporated into the rest of the group's comments. Eight members participated in the group discussion,

seven women and one man. The group's facilitator – Denbighshire's Older People's Strategy Coordinator, Sandra Jones – was also present. The majority of participants had been involved with the group since it started.

There was a range of activity levels amongst members. While many were also members of other groups and/or involved in local volunteering, for other members this group was mentioned as the only time they got out to meet with other people:

> 'Personally for me once a month's not enough. Because this is as often as I go out to meet other people, which is only twelve times a year… I find it little, social life is what it's about to me'

> 'I'm going with [previous speaker] that once a month is not enough, because I'm like her, it's only here I come, apart from seeing my family… so I think once a fortnight would be nice'.

All of those participating in the focus group were also not originally from the area but had relocated or retired to Denbighshire. This reflected the general demography of the area, according to the Older People's Strategy Coordinator.

It seemed clear from the focus group discussion that members very much enjoyed attending My Life My Way. A number of social and personal benefits were described. Mental wellbeing was alluded to: 'Psychologist charges twenty pounds an hour, this is a lot cheaper!'; and the mutual emotional support drawn from talking with other people: 'This is what I needed. People.'. Also the opportunity to meet others in a similar position and share personal difficulties was valued: 'I find I can let off steam here'. In addition, participants described witnessing other members of the group (not present at this discussion) growing in confidence: 'we have one gentleman in particular, he'd come and he wouldn't say boo to a goose, now in the end… he mixes with us, you know, and it's lovely to see'. One member also described initial uncertainty: 'I thought ooh what's this going to be about – you do come with trepidation'. For others this had not been so difficult, however:

> ‘Actually [another participant] and I met when we first moved here, we both decided that – totally without knowing each other at all – that to get to know people better you need to join something and we actually joined a welsh class! So that’s how [other participant] and I first met.’

In particular, the participant who highlighted the value of emotional support also distinguished this experience from the social opportunities at another club she attended. This participant had relocated to the area after bereavement and described how she joined different groups to meet people. However, she experienced a particular benefit from My Life My Way:

> ‘When I came in here, [indicating other members] you talked to me, you talked to me… and they told me about Wales, about the problems here, about the people, whereas at boules we’re talking about ‘you’ve missed the jack [and so on]’, here, they talk about us. That was the difference.’

Other benefits were more social, as summed up by one participant: ‘it’s got social gathering, we get information, we have good speakers, we get tips about things we can use’. Meeting and getting to know others was highlighted as important by participants also; informally: ‘we also get to know other people don’t we and we can say hello to them when we’re in the town’; and more in-depth:

> ‘I think that’s nice for us to all have a little bit more knowledge about each other’; ‘I think by talking about ourselves it gives us a greater understanding of who we are, where we come from, it also brings up areas of interest that we might have’.

Knowing each other well also led to further benefits:

> ‘[Knowing more about each other] is useful because if I found something that was applicable to you – and I didn’t know that it was applicable to you, because I hadn’t learned about your life – then I wouldn’t use it, but if I know about it, I can say “oh [another participant] would need that”.’

The way members attempted to help each other was actually demonstrated during the focus group; when one participant mentioned that My Life My Way was their only opportunity to see other people apart from family, another participant invited her to join another group of which she was a member. Participants also described benefiting from the fact that the group had been consulted and felt that their views had been listened to regarding issues affecting older people at a local and occasionally a national level. Their ability to make a contribution as a member of the group, both in this way and from taking the information they learned in the group out to other people, was valued:

> ‘It’s areas of interest which we can take out to the wider community, so I suppose we could look on ourselves at times as an extension of social services!’

> ‘There’s a lot of things which we can discover about ourselves which can be applied in a social context… it’s actually spreading what we have’.

There was some debate during the focus group, however, over whether group members wanted to pursue this focus by growing in size, or to maintain the relatively small size but greater intimacy of the current group.

In terms of barriers to others attending the group, one participant identified a concern for the ‘elderly’ in terms of how they might learn about the group:

> ‘Could there be more advertising of this group for the elderly… that really need all this information. I’ve still got the brain… to find out these things myself, but there’s loads of people older and infirm who

> don't even know where to start to find out anything. So how could they know about this?'

Additionally they were concerned that the people who most needed the support of the group should attend: 'we're all quite able bodied aren't we, need more people that need the help'. Transport was an issue for some; it was discussed as an issue more generally but one participant in particular raised the issue of lift-sharing:

> 'There's slight problem there because if we know somebody who's now become housebound, actually going to fetch them is a hazard. I mean we know one dear lady who cant walk, well she can just about get to the front gate, and we wanted her to come to the Sunday club – she used to come – and we didn't dare take her out in case her daughter objected or she had an accident, you know, it was difficult.'

Attitudinal barriers were a key focus of concern for another member, however:

> 'They get very set in their ways. If you could just get them to come to the one the once, that would help, but it's breaking that mould of with a lot of older people – they're very, very stubborn, "oh it wouldn't interest me, blah blah blah". I mean, perhaps I was a bit like that with thoughts of coming but it's very difficult.'

Additionally, members of this group had been involved in trying to set up a new group targeting people who were very isolated, but found that these individuals were reluctant to attend: 'hardly anybody came there did they, we had to drag them in'.

More generally, transport was an issue for a number of participants. One was keen to emphasise that in her experience the buses were very good – 'I must say the buses, as far as I'm concerned, are wonderful'. However, for the other participants, some bus drivers were considered to have unhelpful attitudes that

in some cases had led to accidents – one participant described having been injured in a fall after a driver on a busy bus had not asked passengers to make room further down the bus. Transport at night was also a concern. The behaviour of younger people on public transport was also criticised and experienced negatively by participants: ‘Why don’t children have to stand up for adults anymore, they’re only paying half fare’, ‘their parents haven’t taught them to be polite’. Participants discussed the idea of using minibuses owned by charities that were unused at the times of their groups. It was pointed out that there were problems funding – or recruiting a suitable volunteer – to actually drive the bus.

One member of My Life My Way also wished to raise the issue of the conflicts that can arise when public transport, such as buses – which are arguably a public service – are run as a business. Some members of the group also wished to be able to input more on strategy: ‘perhaps the Welsh Government, and indeed Denbighshire County Council, could use us more… as a consultation group, in other words, we could contribute to the future strategy of what will affect us over the next five years’.

3) PALS

The PALS scheme

The ‘Positive Active Living Scheme’, or PALS, is a group that combines exercise and social activity. PALS offers the opportunity to attend exercise classes and activities tailored to the needs of older people on a specific evening, with a social element of providing tea, coffee and biscuits alongside the classes. There are three PALS groups within the Conwy Local Authority. Because of the exercise focus PALS groups are run in leisure centres that have the facilities to offer specific classes, such as line dancing, tai chi, and easy line (a modified circuits activity), run by qualified instructors. A key feature of PALS is that these classes are run exclusively for members of PALS on these

evenings. Additionally, other facilities of the leisure centre are – on these evenings – open exclusively to PALS members, such as fitness suites and swimming pools (where available). PALS is offered at a subsidised rate of £3.35 per session, which is further discounted if the member also has leisure centre membership. Membership is reserved for people who are over 50, and their partners.

Background

PALS groups have been running since 2005. The idea developed from a consultation group with local older people about the barriers they faced to exercising. Significant barriers raised by those attending included transport and finance issues. Also, they often felt out of place in local leisure facilities, with staff not understanding particular needs. Solutions proposed in the group included addressing training needs and increasing access, as well as building in a social element around the exercise so it wasn't being undertaken alone. Subsequently, some of those who attended the consultation formed a working group with the local Strategy for Older People Coordinator, Sian Lewis, and leisure centre staff. This group identified that the particular leisure centre where PALS was first run was very quiet on Saturday evenings. This was seen as an opportunity for better use of leisure centre resources at the same time as benefitting local older people, and the PALS group was set up to run on Saturday evenings. Initially, the group was advertised in local newspapers and on local radio. The group was run broadly as described above, with an additional ballroom-dancing class which served a dual purpose as when all the classes had finished for the evening a 'free' dance would be put on where all the PALS members could socialise together before leaving at the end of the night. A subsidised rate of £1 per session was charged during the pilot phase, and over 300 people attended.

Over the years PALS has altered due to various factors. There are now 60-70 members who attend regularly. The Older People's Strategy Coordinator described how she attempted to facilitate transport for those for whom this was an issue. A semi-formal car-sharing scheme did not take off (although informal

car sharing or lift arrangements are operated by members). There was more success with a minibus, driven by volunteers, who were incentivised by being offered a leisure centre pass for a regular commitment to drive. This seemed to work well, but it was not possible to fund indefinitely and now no longer operates. Additionally, the ballroom dancing class stopped running due to a variety of reasons. The loss of this, as well as a cut to leisure centre opening hours, meant that the social dance at the end of the night no longer occurs. PALS currently runs in three leisure centres across the Local Authority. Materials and advertisements for PALS were produced bilingually, and the PALS group that operates in an area with a high proportion of Welsh speakers is able to offer classes held in Welsh.

The older people who formed part of the original working group also became an informal committee for the PALS scheme. As described by participants, they do not currently have regular meetings but do take action when an issue arises. Attendance at the group is recorded by a member of this committee with a weekly sign-in sheet. Originally, this was monitored by the Older People's Strategy Coordinator, and if a person hadn't attended for five weeks they were followed up, in case there was a particular issue that needed to be resolved. This was how the transport issues of members were originally highlighted and the minibus put in place.

Effective features

PALS has also never been evaluated regarding its impact on social isolation. However, in terms of the literature examples of characteristics of effective interventions, it meets a number of the criteria:

Groups with an educational theme or a specific support function

- This characteristic is demonstrated by the instructor-led exercise classes, which include line dancing, tai chi, and 'easy line' – a modified form of circuits suitable for older people.

Participants consulted before the group was set up, or involved in some way in the running of the group

- This characteristic is demonstrated in two ways. Initially, the idea for PALS developed out of a consultation exercise with older people about the barriers faced to exercise. After this consultation, some of the older people who had been involved joined a working group with the Older People's Strategy Coordinator and a member of staff from the leisure centre. This group developed and set up the first PALS group. Secondly, members of this initial working group formed a committee which aim to tackle any issues that arise within the group.

Interventions developed within or run by an existing service

- Before PALS began, older people's exercise classes were run by the leisure centre, but without the coordination of timings and without the defined social element.

Members' experiences

A focus group was convened to be held an hour before the regular group met at one of the leisure centres currently offering the PALS scheme. Nine people attended this discussion, one of whom was an instructor. The group's original facilitator – Conwy's older people's strategy coordinator, Sian Lewis – was also present. Of those attending the focus group, seven were women. Three were original members from when the group first started and formed the committee described above, and the rest had been attending for a number of years. Some were also members of other groups; three were also members of the same Carers' group. Most saw other members of PALS outside of the group; some as friends, or because they lived in the same area and bumped into each other from time to time.

It seemed clear from the focus group discussion that in general members very much enjoyed attending PALS. A number of social benefits were described:

‘I didn’t go to anything at one time, til I came here’

‘It’s such good fun. It’s not just the dancing, it’s the company, and everything about it’

‘It’s also somewhere where if you’ve lost a partner, you can go by yourself so that you can still meet people’.

Similarly physical and mental health benefits were raised by a number of the participants: ‘it’s a good morale booster’; ‘good for arthritis’; ‘it is good for me… because of health problems doing a certain amount of exercise in the week is quite important, and also it’s quite important to meet people’; ‘really uplifting’.

The range of activities, in particular the line dancing, and the opportunity for age-appropriate exercises were also raised as key benefits of the group by members. The line dancing, for some of the women in the group, was particularly important in that it was a social dancing opportunity that could be undertaken without needing a partner; one participant mentioned bereavement, another had a partner who wasn’t very good at dancing: ‘my husband’s got two left feet’. Some members also attended the group solely for the social element – one of the participants didn’t take part in the exercise activities but did take the register of people attending and took part in the general socialising over tea and coffee.

The members of the focus group seemed very positive about PALS as a scheme, as can be seen from the benefits described above. However, there were some issues with the practicalities of coordinating the group with the staff who ran the leisure centre. A member of the committee highlighted a lack of communication between staff and the group: ‘Nobody contacts us, if you want them you can’t get hold of them… There’s no connection at all…We’ve just been left…’. This breakdown in communication had led to a number of problems for the group, such as events they had organised being cancelled and classes being rearranged or moved without notice: ‘There was one Saturday

where certain things weren't on and no one had bothered to tell anybody, people were turning up…'. All this seemed to lead to a general feeling that older people 'seem to be pushed behind everything else' and not particularly prioritised compared to younger users of the facility. In addition, leisure centre funding issues meant that the opening times had been reduced and participants missed the extra time they had had for socialising: 'It was a nice night wasn't it, but now we have to finish early'; 'well council said they couldn't afford to keep the staff on til 10 o'clock… now it's gone down to quarter to nine that you've go to be out by'.

These were some of the reasons participants gave when asked if they knew of others who didn't attend the group who might benefit, as summed up by one participant:

> 'When I first came to PALS it seemed to be working very well because it seemed to be targeting more people that needed it…A great atmosphere, and then because of lack of information, people turning up and evenings had been cancelled, and the lack of transport for people to get to the place and then changing timings, the whole thing seemed to – it didn't change, but a lot of people sort of dropped off because of that.'

Transport, also mentioned in the quote above, was another key reason given why some people they knew didn't go to PALS. The loss of the minibus service had impacted a number of members:

> 'There's quite a lot of people who used to come who had health problems as well and they used to be picked up… they benefited a lot from PALS, but then the funding got cut and they couldn't come'.

The unsuitability of regular public transport services were highlighted by other members. Due to PALS being held in the evening and its location, 'even if they came on the bus it's quite a trek down to here anyway' and 'which is not lit

terribly well either'. Having a bus pass was not a solution: 'they'll say 'oh use your bus pass' or something like that, but you look at having to walk to the bus stop in the dark'. The majority of those in the focus group drove or gave each other lifts, but even that was not a perfect solution as another member pointed out: 'how many over 50s drive at night, especially when it's dark nights… people just don't want to drive late at night'. Giving lifts was another issue raised here also:

> 'It's the times we live in, some people… get a bit wary of who's going to pick them up… Whereas if you've got community transport, they're quite happy to take that'.

Lack of information – not knowing about PALS – was also an issue identified by focus group members: 'it's not really advertised well'; 'a lot of people haven't even heard about PALS'. While the scheme was advertised when it first started up, as described earlier, currently there is no specific advertisement, although it can be found on the internet in the section 'older people's services information' on the local authority website. There was also an acknowledgement that different people have different needs and expectations: 'Some people need more encouragement than others to come out to these places'.

Members of the PALS group specifically wished to raise the issue of funding for initiatives such as theirs: 'the Welsh Government… they're all out for keeping people healthy and keep Wales healthy and this that and the other, but there's no money coming in to do it'. They also highlighted the potential preventative element of schemes like PALS:

> 'I would have guessed keeping people fit and money spent on something like PALS was used more, then it would be a cost saving to the health service – could save someone going in for a hip operation…'.

One member was also critical of the time it took to set initiatives up: 'by the time it gets through, half the people are dead aren't they?!' and felt that money could

be distributed more efficiently. Other members felt that North Wales was not a priority for spending compared to South Wales: ‘it’s Swansea and Cardiff, we don’t get it, we’re the poor relations’. Some participants also wished to highlight the particular issues faced by carers and ex-carers in relation to social isolation.