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Evaluability Assessment of the Connected Communities Strategy

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The views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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1. Introduction

Prevalence, causes and impacts of loneliness and social isolation in Wales

- 1.1 The issues of loneliness and social isolation have been the focus of significant attention in Wales, with increased efforts made in recent years to monitor the extent of these issues and develop policies to improve outcomes. The National Survey for Wales has been measuring levels of loneliness and social isolation in the population since 2016-17, with a set of six survey statements used to gauge respondents' perceptions of their personal loneliness on a scale from 0 to 6, where 0 is least lonely and 6 is most lonely (aligned with the De Jong Gierveld Scale). According to the [analysis of the latest release of the survey](#) (2019/20)¹, 15% of the population perceived themselves to be lonely, with 51% "sometimes lonely". The data distinguished between emotional loneliness and social loneliness (the former akin to perceived loneliness and the latter akin to perceived social isolation). Social loneliness was found to be prevalent in 30% of the population and emotional loneliness in 20% of the population.
- 1.2 Loneliness also impacts some groups of society disproportionately, highlighting the need for bespoke and targeted interventions to support different segments of the population. Analysis of the National Survey for Wales data (2019/20) indicated a higher prevalence of loneliness amongst young people, those with physical or mental health issues and those in material deprivation. This unequal prevalence of loneliness across population segments was further corroborated in a [meta-analysis commissioned by the Welsh Government](#)² which found evidence that individuals who are LGBTQ+, single parents, refugees and asylum seekers, disabled or from deprived areas are more likely to experience loneliness than the general population.
- 1.3 The likelihood of experiencing loneliness and social isolation can also be increased by a wide range of individual circumstances. According to an [inquiry into loneliness and isolation](#) conducted by the National Assembly for Wales' Health, Social Care and Sport Committee³, a number of factors may increase vulnerability to loneliness and social isolation, including (i) living in rural areas or scarcely connected

¹ Welsh Government (2020) [Loneliness \(National Survey for Wales\): April 2019 to March 2020](#).

² Welsh Government (2019) [Loneliness and use of public services literature review](#).

³ Health, Social Care and Sport Committee (2017) [Inquiry into loneliness and social isolation](#).

neighbourhoods, (ii) poor housing conditions, (iii) lack of available public transport, (iv) poor physical or mental health, (v) impactful life transitions, such as bereavement, retirement, relationship break-ups and relocation, and (vi) financial problems. It was also found that stigma can play a role in exacerbating loneliness, deterring individuals from accessing services that can relieve their situation.

- 1.4 Loneliness and social isolation have been associated with a range of adverse outcomes, and, by nature, the unequal prevalence of loneliness across segments of the population risks exacerbating existing inequalities across vulnerable groups within Welsh society. The Connected Communities strategy highlighted several of the specific impacts of loneliness and social isolation, including: (i) links between loneliness and negative physical health outcomes, including increased risk of partaking in behaviours which impact on their health – such as being inactive or smoking (Shankar et al., 2011) as well as increased risk of coronary heart disease and stroke (Valtorta et al., 2016); (ii) links between loneliness and negative mental health outcomes and brain disorders, including increased risk of depression and low self-esteem (Stephoe et al., 2013), cognitive decline (James et al., 2011) and dementia (Holwerda et al., 2016) (Holwerda et al., 2014; Kuiper et al., 2015); (iii) increased utilisation of public services, such as [GPs and A&E departments](#)⁴, with an estimated cost of £427m attributed to extra [demand on health services from disconnected communities in Wales](#)⁵.

Policy context

- 1.5 The commitment to develop a national strategy to tackle loneliness and social isolation was first raised in the Welsh Government's Programme for Government '[Taking Wales forward 2016-21](#)'⁶. Guiding principles for this commitment can be found in the [Social Services and Well-being \(Wales\) Act 2014](#)⁷, which provides the legal framework for transforming social services in Wales and improving the wellbeing of people in need, and the [Well-being of Future Generations \(Wales\) Act](#)

⁴ Social Finance (2015) [Investing to tackle loneliness: A discussion paper](#).

⁵ Eden Project Communities (2017) [The cost of disconnected communities](#).

⁶ Welsh Government (2016) [Taking Wales Forward 2016 – 2021](#).

⁷ Welsh Government (2014) [Social Services and Well-being \(Wales\) Act 2014](#).

[2015](#)⁸, which aims to improve the social, economic, environmental and cultural wellbeing of Wales.

- 1.6 This commitment was reaffirmed in a [statement](#)⁹ by the then Minister for Social Services and Public Health, who recognised that loneliness and social isolation are important public health issues and must therefore be addressed by developing a nationwide and cross-government strategy. The Minister also committed to working with communities to protect local facilities that bring people together, including libraries, leisure centres and museums, and promoting befriending schemes across Wales.
- 1.7 The Well-being of Future Generations (Wales) Act 2015 requires Welsh Government Ministers to develop a set of national indicators to measure progress towards the seven national wellbeing goals set out in the Act. On March 16th, 2016, a set of 46 [national indicators](#)¹⁰ was laid, including ‘Percentage of people who are lonely’. A decrease in the percentage of the population experiencing loneliness contributes to three of the seven national wellbeing goals, namely (i) a healthier Wales, (ii) a more equal Wales and (iii) a Wales of cohesive communities.
- 1.8 In 2017, the National Assembly for Wales’ Health, Social Care and Sport Committee conducted an inquiry into loneliness and social isolation, publishing a [final report](#) in December that year¹¹. The inquiry summarises the evidence about the scale and causes of loneliness and social isolation in Wales, as well as their impact on older people in terms of physical and mental health and use of public services, particularly health and social care. The inquiry also considers ways of addressing these issues for older people, as well as existing policy solutions in Wales and their cost-effectiveness. The report concludes with a set of 6 practical recommendations for the Welsh Government to effectively tackle loneliness and social isolation, all of which were formally accepted by the government.
- 1.9 Based on this outcome, between October 2018 and January 2019 the Welsh Government undertook a 12-week public consultation on how to best address loneliness and social isolation in Wales. The 23 questions asked in the consultation

⁸ Welsh Government (2015) [Well-being of Future Generations \(Wales\) Act 2015](#).

⁹ Welsh Government (2016) [Written Statement – International Day of Older People](#).

¹⁰ Welsh Government (2016) [How to measure a nation’s progress? National indicators for Wales](#).

¹¹ Health, Social Care and Sport Committee (2017) [Inquiry into loneliness and social isolation](#).

document were intended to gain views from a range of stakeholders in order to inform the development of the cross-government strategy. A total of 234 responses were received and summarised in a [report](#)¹², published in March 2019. The key messages identified through the consultation underpin the development of the Connected Communities strategy, which will be described in detail in the next section and is the subject of this evaluability assessment.

Rationale of the study

- 1.10 Recognising the importance of developing the evidence base around what works to reduce the prevalence of loneliness and social isolation, the Welsh Government commissioned Alma Economics to carry out an evaluability assessment of the Connected Communities strategy. The evaluability assessment aims to determine the extent to which the strategy can be effectively evaluated within its current context. It proceeds to identify a set of feasible options for the evaluation of the strategy. Existing evidence and data have been reviewed to understand the extent to which current data collection supports potential evaluation activities, with any information gaps being highlighted.
- 1.11 A Logic Model and a series of Theories of Change have also been developed, describing how the various interventions and activities included within the strategy are expected to lead to intended outcomes and impacts. We expect this tool will support a future evaluator to understand the intended logic behind the strategy, articulating the key assumptions and mechanisms through which it intends to deliver positive change on loneliness and social isolation outcomes.

Structure of this report

- 1.12 The remainder of this report is structured as follows:
- **Section 3:** summarises the strategy's aims and objectives, including presentation of a framework of a Logic Model and Theories of Change.
 - **Section 4:** reviews evidence from evaluations of comparable strategies and programmes to inform the evaluability assessment.

¹² Welsh Government (2019) [Connected Communities Consultation – summary of responses](#).

- **Section 5:** summarises the insights from the stakeholder engagement activities conducted as part of this evaluability assessment.
- **Section 6:** outlines our assessment of the strategy against a set of evaluability criteria.
- **Section 7:** assesses a series of potential approaches for evaluating the strategy.
- **Section 8:** sets out potential indicators and guidelines for monitoring the success of the strategy.
- **Section 9:** summarises the conclusions and recommendations of the evaluability assessment.
- **The Annex** contains a bibliography; the Databank which lists indicators and sources that could be used to measure key outcomes of the strategy; and a summary of existing measures of loneliness and social isolation.

2. Programme aims and objectives

About the Connected Communities strategy

- 2.1 Connected Communities is the Welsh Government's strategy to tackle loneliness and social isolation and build stronger social connections. The strategy focuses on the role the Welsh Government can play but also how it can support local authorities, wider public services, the third sector and the private sector to build a more connected and inclusive Wales, seeking to enable all parts of society to play a role.
- 2.2 It also describes the roles that individuals can play to understand the trigger points of loneliness and social isolation and to build emotional and psychological resilience, in order to help themselves and look out for each other and their communities. The strategy focuses on approaches to reduce the risk of, or prevent, loneliness and social isolation, as well as ensuring support is available to those who already feel lonely and/or socially isolated.
- 2.3 The development of the strategy has been informed by a process of internal and external engagement, including a public consultation. This process identified common themes, which shaped the four priorities underpinning the strategy. Each priority is supported by a number of aims and actions which will help to deliver the priorities.
- **'Priority 1: Increasing opportunities to connect'** aims to increase the number and range of opportunities for people to connect – through physical activities, volunteering, culture, heritage and the arts, digital inclusion and health and wellbeing services – as well as the awareness of these opportunities.
 - **'Priority 2: A community infrastructure that supports connected communities'** aims to improve community infrastructure in order to support people to come together through a high-quality transport system, good quality planning and housing, towns and high streets that act as a focal point for social interactions, digital technology and community spaces.
 - **'Priority 3: Cohesive and supportive communities'** aims to tackle loneliness and social isolation by creating the conditions for cohesive and supportive communities to thrive, integrating the health and social care systems to promote

a holistic approach to wellbeing, and reducing the prevalence and impacts of poverty.

- **‘Priority 4: Building awareness and promoting positive attitudes’** describes how the Welsh Government will work to raise the profile of loneliness and social isolation across Wales and reduce stigma.

2.4 In addition to the aims and actions included in the four priorities, the Welsh Government set out its intention to establish a cross-government loneliness and social isolation advisory group to oversee implementation of the strategy, to identify opportunities to progress the government’s work in this area and to tackle emerging issues. Additionally, the Connected Communities strategy includes a commitment to establish a £1.4 million Loneliness and Social Isolation Fund. The strategy also requires publication of a biennial progress report.

Programme logic model and theory of change

2.5 A key objective of this evaluability study is to develop a robust analytical framework which sets out the mechanisms through which the Connected Communities strategy is expected to impact loneliness and social isolation in Wales. For this purpose, we have developed an integrated framework of a Logic Model and a series of Theories of Change (ToCs). This framework provides a structured way of understanding how the strategy aims to realise its goal of preventing and reducing loneliness and social isolation. The framework explicitly lays out the causal chains to demonstrate the theoretical pathway through which activities will sequentially translate into outputs, intermediate outcomes and impacts.

2.6 The development of this framework was supported by an extensive stakeholder engagement process which included 10 interviews with stakeholders from Welsh Government, Public Health Wales, Campaign to End Loneliness, Wales Centre for Public Policy and Older People’s Commissioner for Wales. A workshop was also held with Welsh Government policy leads to present the draft framework and ensure any feedback was captured in the final framework.

2.7 The distinct elements in this framework are defined as follows:

Activities:	includes the activities undertaken as part of the Connected Communities strategy – <i>for example, evaluate the pilot projects funded under the £15m Community Hubs capital fund</i>
Outputs:	represents the immediate products of Connected Communities strategy activities – <i>for example, more evidence available on how to effectively develop community hubs and community-focused projects.</i>
Outcomes:	represents the intermediate results flowing from outputs – <i>for example, more opportunities for social interaction due to increased number of hubs and community-focused projects.</i>
Impact:	represents the benefits in key areas flowing from outcomes – <i>for example, reduced or prevented loneliness and social isolation.</i>

2.8 It is important to note that, while the logical sequence is visually presented as linear, this is a clear simplification of reality. The ways in which the outputs of each activity will interact with each other to generate the changes in expected outcomes and impacts are numerous and complex. As such, attempting to include them all in the graphics would defeat the point of the exercise which is to provide a useful and practical framework for thinking about the mechanisms underlying the strategy.

2.9 For the purposes of describing how the Connected Communities strategy operates, the framework we have used combines:

- An overarching **Logic Model** to describe at a high-level the causal pathways through which the strategy is expected to impact loneliness and social isolation. Strategy outcomes are outcomes that are expected to flow directly from activities supported by the strategy. Whilst most of the programmes supported through the strategy were committed to prior to the strategy being implemented, we assume that these activities are enhanced by the existence of the strategy and hence a share of their impact can be attributed it.
- A series of **four Theories of Change** to describe in detail how the activities falling within each of the strategy’s thematic Priority areas are expected to flow through to reduced prevalence of loneliness and social isolation. This includes:

Overarching Logic Model

Context	Strategy inputs	Strategy activities	Strategy outcomes	Activity areas supported and enhanced	Enhanced outputs	Enhanced intermediate outcomes	Enhanced long-term outcomes	Enhanced long-term impact	
								1st order impacts	2nd order impacts
<p>Insufficient opportunity and motivation to connect.</p> <p>Insufficient awareness or engagement with existing opportunities to connect.</p> <p>Lack of awareness and understanding of the issue of loneliness and social isolation (L&SI) leads to stigma.</p> <p>L&SI is a nuanced issue which requires a system-wide, cross-governmental approach.</p> <p>Lack of evidence concerning which interventions work.</p>	<p>Staff inputs: Welsh Government policy leads, delivery partners and support staff.</p> <p>Overhead expenditure related to staffing (e.g., office and equipment).</p> <p>£1.4m of funding for Social Isolation and Loneliness Fund.</p> <p>Funding allocated to commissioning research projects supported by the strategy.</p>	<p>Publication of a cross-governmental strategy for addressing loneliness and social isolation.</p> <p>Loneliness and Social Isolation Advisory Group established to oversee implementation and address issues.</p> <p>Distribution of the £1.4m Social Isolation and Loneliness Fund.</p> <p>Biennial reports on progress against actions within the strategy.</p> <p>Monitoring and evaluation of the strategy.</p>	<p>System-wide approach to tackling the issue.</p> <p>Embedding loneliness and social isolation outcomes in policy making process.</p> <p>Cross-governmental collaboration.</p> <p>Clear communication of aims, objectives, and approach through strategy document.</p> <p>Raised awareness across government, third sector, and general public.</p> <p>Reduced stigma around L&SI.</p> <p>Deploying and testing innovative new approaches.</p>	<p>Priority 1: Increasing and Promoting Opportunities for People to Connect</p> <p>Priority 2: A Community Infrastructure that supports Connected Communities</p> <p>Priority 3: Cohesive and supportive communities</p> <p>Priority 4: Building Awareness and Promoting Positive Attitudes</p>	<p>Increased quality and quantity of opportunities to connect.</p> <p>Increased awareness and engagement with opportunities to connect.</p> <p>More accessible, integrated, and affordable public transport network.</p> <p>Increased opportunities to tackle L&SI through digital technology.</p> <p>Better housing conditions and more cohesive residential planning.</p> <p>More community hubs across Wales and improved access to community green spaces.</p> <p>More cohesive, safe, and supportive communities.</p> <p>More integrated health and social care system promoting wellbeing and community engagement.</p> <p>More resources and services to support low-income households and tackle economic, health and educational inequality.</p> <p>Increased awareness about the drivers of good mental wellbeing.</p> <p>More support to young people to establish and maintain meaningful relationships.</p> <p>More support for psychological wellbeing among the wider population.</p>	<p>Greater participation in social activities by those experiencing L&SI.</p> <p>More support available to vulnerable groups in maintaining social connections.</p> <p>Greater availability of social prescribing schemes and other initiatives aimed at supporting those experiencing L&SI.</p> <p>Better health or mental wellbeing leading to greater willingness to participate in social activities and/or build or maintain social relationships.</p> <p>More spaces and initiatives in residential communities for people to meet and interact.</p> <p>More people with health conditions able to live independently.</p> <p>More people proactively taking care of their mental wellbeing and feeling comfortable asking for help when experiencing L&SI.</p>	<p>People meet and interact more frequently.</p> <p>People make new or enhanced connections or are able to maintain existing ones.</p>	<p>Reduced / prevented social isolation.</p> <p>Reduced / prevented feeling of loneliness.</p> <p>More connected communities.</p>	<p>Improved mental and physical health of the general population.</p> <p>Improved general wellbeing.</p> <p>Reduced burden on public services (e.g., health services).</p> <p>Increased social cohesion.</p> <p>Increased social capital.</p>

Wider influences

- The recent sharp rise in cost of living has cut disposable incomes, preventing people from engaging with opportunities to connect.
- Social distancing restrictions during COVID-19 may have increased the prevalence of loneliness and social isolation.
- COVID-19 may have caused persistent favourable changes in the general public's attitudes toward loneliness and social isolation, including greater empathy and understanding towards the issue, which may have reduced stigma.
- COVID-19 may have increased skills and engagement with digital communication channels, potentially leading to persistent increased opportunity to connect.

Key underlying assumptions

The causal pathways summarised above rely on a number of assumptions, including:

- There is a demand for services and activities that provide opportunities for people to connect. Increasing the supply and awareness of these services and activities will result in greater participation and engagement.
- The opportunity to meet and interact with people and make new or enhanced social relationships is limited by the lack of transport, digital and community infrastructures. Increasing the availability and functioning of these infrastructures will promote social connectedness.
- Poor and unsafe housing condition negatively affects mental wellbeing of those experiencing it, undermining the ability to participate in social life. Providing better-housing conditions to those in need will allow them to maintain or make new social connections.
- Living in a neighbourhood that is felt to be unsafe or uninviting is a barrier for individuals to go out and engage with their community. Building safe and cohesive communities will promote the creation of wider and stronger social networks.
- Poor mental and physical health is a major determinant of loneliness and social isolation. A person-centred, integrated, health and social care system is therefore crucial to enabling people to continue living independently within their communities and participate in society in a meaningful way.
- Material deprivation experienced in low-income households can limit opportunity for community participation and social networking. Reducing inequalities in health, education and economic outcome can therefore reduce the prevalence of loneliness and social isolation.
- The stigma that is attached to loneliness and social isolation deters people from asking for help. Raising awareness about the importance of social connections to people's wellbeing can encourage them to take action for their own and other's benefit.

Theory of Change – Priority 1: Increasing and Promoting Opportunities for People to Connect

Hypothesis: Loneliness and social isolation can be reduced by increasing the range, and awareness, of opportunities to connect.

Context	Activities	Outputs	Intermediate outcomes		Long-term outcomes	Long-term impacts	
						1 st Order	2 nd Order
Participation in sport and physical activity, volunteering, and engagement with cultural sectors can help individuals to build their social networks and connect with their community.	Promoting sport and physical activities: <ul style="list-style-type: none"> Welsh Physical Activity Partnership hosting a conference to engage a range of partners to develop a delivery plan, which include loneliness and social isolation (L&SI). Sports Wales reporting on what impact its fundings have had on L&SI. Evaluating the activities funded under the Healthy and Active Fund (HAF) to identify what has worked in tackling L&SI. 	More sport and physical activity initiatives aimed at preventing or reducing L&SI.	Increased quantity, quality, and awareness of opportunities for sport and physical activity.		People meet and interact more frequently. People make new or enhanced connections or are able to maintain existing ones.	Reduced / prevented social isolation. Reduced / prevented feeling of loneliness. More connected communities.	Improved mental and physical health of the general population. Improved general wellbeing. Reduced burden on public services (e.g., health services). Increased social cohesion. Increased social capital.
		Stronger evidence on what works to prevent or reduce L&SI in the context of sport and physical activities.	More sport and physical activity initiatives effectively preventing or reducing L&SI.				
	Promoting and enabling volunteering: <ul style="list-style-type: none"> Funding a national programme of Time Credits, focused on reducing feelings of L&SI. 	Increased quantity, quality, and awareness of volunteering opportunities.	More people take part in volunteering activities.				
	Enabling social connections through culture, heritage and the arts: <ul style="list-style-type: none"> Planning for the future of the Fusion Programme. Working with Arts Council of Wales to promote participation in cultural activities as a means to prevent or reduce L&SI. 	Greater opportunities to take part in cultural activities for individuals in deprived communities.	More people from deprived communities take part in cultural, heritage and arts initiatives.				
		Increased awareness of the wellbeing benefits of participating in the arts.	More initiatives aimed at preventing and improving wellbeing.	More people experiencing or at risk of L&SI taking part in these initiatives.			
Some individuals do not have access to digital communications, or the skills and motivation to use it.	Supporting and enabling digital inclusion: <ul style="list-style-type: none"> Deploying the £2m per annum Digital Communities Wales programme Expanding the Digital Heroes intergenerational initiative Implementing the Digital Companions volunteering initiative 	Improved digital capabilities of citizens and health and social care staff.	More people proactively take care of their health and wellbeing.	Greater willingness to participate in social activities and/or build or maintain social connections.			
		More support to digitally excluded people.	More people able to remain socially connected through digital technology.				
People can find it difficult to know and identify relevant services and support.	Raising awareness of opportunities to connect: <ul style="list-style-type: none"> Raising awareness about the DEWIS Cymru national well-being directory Increasing availability of the Health and Well-being Wales app 	More tools for public and frontline staff to direct people experiencing L&SI to the right care, support or opportunity.	More people experiencing L&SI directed towards the right care, support or opportunity.				
Linking or referring people to relevant community assets or services that offer	Supporting and enabling people to connect through well-being services:	A skill and competency framework and an online resource portal available to social prescribing workforce.	Greater availability and effectiveness of social prescribing schemes.				

<p>support for loneliness and social isolation can increase engagement with preventative actions or remedies.</p>	<ul style="list-style-type: none"> • Identifying the number and functions of social prescribing roles across Wales. • Developing a national skills and competency framework for the social prescribing workforce • Launching an online resource portal to support social prescribing activities in Wales • Developing the evidence base and an outcomes framework for social prescribing • Developing social referral model through policy framework for unscheduled care 	<p>Stronger evidence base on the impact of social prescribing.</p> <p>A formal model available to GPs and other care professionals to refer people experiencing L&SI to community services.</p>	<p>More people experiencing L&SI referred to social prescribing programmes.</p>			
<p>Some groups within society are at greater risk of experiencing loneliness and social isolation.</p>	<p>Supporting those at greater risk of experiencing loneliness and social isolation, including older people, unpaid carers, veterans, disabled people, refugees and asylum seekers, and children and young people. For example:</p> <ul style="list-style-type: none"> • Activities falling within Strategy for an Ageing Society • Activities falling within National Sanctuary plan 	<p>Increased quantity and quality of targeted support provided to individuals from at-risk groups.</p>	<p>More people from at-risk groups experiencing L&SI receiving the appropriate support.</p>			

Theory of Change – Priority 2: A Community Infrastructure that Supports Connected Communities

Hypothesis: Good community infrastructure has a vital role in preventing and reducing loneliness and social isolation. Efficient transport networks, good quality housing and planning, wide and well-functioning digital infrastructures, and engaging community spaces, are critical to promote a connected society.

Context	Activities	Outputs	Intermediate outcomes		Long-term outcomes	Long-term impacts	
						1 st Order	2 nd Order
The lack of an extensive and efficient public transport network may prevent opportunities for social connections and the creation and maintenance of social relationships, particularly for individuals in remote areas who cannot drive.	<p>Creating a transport system that supports social connections:</p> <ul style="list-style-type: none"> Investing in more accessible rail stations. Granting more power to local authorities in planning and delivering bus services. Exploring demand-responsive transport services. Providing free rail travel or fare reductions for young people. Appointing community ambassadors to engage with communities and better understand barriers to access rail services. Developing recommendations for the introduction of 20mph limit and pavement parking restrictions. 	<p>Public transport services and private travel infrastructure are:</p> <ul style="list-style-type: none"> (i) more accessible, (ii) more efficient, (iii) more affordable, and (iv) more tailored to communities' needs. 	<p>Increase in public transport journeys made to participate in social activities and/or building or maintaining social relationships.</p>	<p>More time dedicated to social activities and/or building or maintaining relationships.</p>	<p>People meet and interact more frequently.</p> <p>People make new or enhanced connections or are able to maintain existing ones.</p>	<p>Reduced / prevented social isolation.</p> <p>Reduced / prevented feeling of loneliness.</p> <p>More connected communities.</p>	<p>Improved mental and physical health of the general population.</p> <p>Improved general wellbeing.</p> <p>Reduced burden on public services (e.g., health services).</p> <p>Increased social cohesion.</p> <p>Increased social capital.</p>
			<p>Increase in disposable income thanks to cheaper public transport.</p>	<p>More social connections established through education/ employment/ training.</p>			
			<p>More education/ employment/ training opportunities for people in remote areas thanks to more efficient public transport.</p>				
<p>Digital access and literacy may facilitate connection when meeting in person is not possible, particularly for those in remote areas or with mobility issues.</p> <p>L&SI might be addressed through safer online environments, particularly amongst younger generations.</p>	<p>Making the most of digital technology to connect people:</p> <ul style="list-style-type: none"> Providing wider access to fast fibre broadband. Continuing the delivery of the Public Sector Broad-band Aggregation (PSBA) project. Releasing a new set of educational resources entitled 'Loneliness, social isolation and social media'. Including online safety as a topic in the National Survey for Wales from 2020-21. Embedding online safety in training for front-line staff and volunteers. 	<p>Wider availability of fast internet connections.</p>	<p>Increase in virtual interactions by those at risk of, or experiencing, L&SI.</p>				
		<p>Improved digital literacy.</p>					
		<p>More public sector digital initiatives to address L&SI.</p>	<p>More people at risk of, or experiencing, L&SI reached by helpful digital services.</p>				
		<p>Greater understanding of L&SI in social media among students, education practitioners, parents and carers.</p>	<p>Improved identification and deployment of mitigations for those at risk or experiencing L&SI through social media.</p>				
Experiencing poor or unsafe housing conditions			<p>Safer online environment.</p>	<p>People feel safer in engaging with their online community.</p>			
			<p>Improved mental wellbeing due to</p>	<p>Greater willingness to participate in</p>			

<p>might impact the psychological wellbeing of individuals, preventing them from remaining socially engaged.</p> <p>High-quality housing and neighbourhood planning may contribute to foster more cohesive communities.</p>	<p>Enabling communities to come together through good quality planning and housing:</p> <ul style="list-style-type: none"> • Providing housing related support to vulnerable people. • Promoting good-quality, timely adaptations for disabled and older people. • Conducting research to simplify funding arrangements for housing adaptations. • Introducing minimum space standards and Lifetime Homes Standards. • Providing support to new and existing community-led housing group (Communities Creating Homes). • Putting 'place making' at the centre of national planning policies (Planning Policy Wales). • Investing in regeneration projects in town centres (Transforming Towns Agenda). 	<p>Better housing conditions for vulnerable people:</p> <p>(i) Higher standards, (ii) More accessible, (iii) More affordable, (iv) Quicker and better adaptations.</p> <p>More community-led housing projects.</p> <p>More community- and service-oriented development plans for new or existing residential areas.</p>	<p>better housing conditions.</p> <p>social activities and/or build or maintain social connections.</p> <p>Vulnerable individuals feel greater comfort using their home as a space for socialising.</p> <p>More opportunities to build social connections within community-led housing projects.</p> <p>More opportunities and spaces for people to meet and interact.</p>			
<p>Community hubs are intended to provide communities with more opportunities to meet and interact, engage in social activities and, eventually, develop a sense of belonging, and may therefore be one of the most effective tools to tackle L&SI.</p>	<p>Making better use of community spaces:</p> <ul style="list-style-type: none"> • Evaluating the pilot projects funded under the Community Hubs capital fund. • Publishing resources and guidelines for schools to develop community-focused projects. • Conducting research to understand the barriers faced by community groups in taking on a community asset. • Including L&SI as criteria to provide capital grants to community-led projects. • Delivering grant schemes to improve the access to natural resources and green spaces. 	<p>More evidence available on how to effectively develop community hubs and community-focused projects.</p> <p>More community-led projects focused on their role in and potential to address L&SI.</p> <p>Improved access to natural resources and green spaces.</p>	<p>More community hubs and community-focused projects across Wales.</p> <p>More initiatives to address L&SI within community-led projects.</p> <p>More opportunities to meet, interact and participate to social activities in green spaces.</p>			

Theory of Change – Priority 3: Cohesive and supportive communities

Hypothesis: Loneliness and social isolation can be addressed by creating the conditions for cohesive and supportive communities to thrive, integrating the health and social care systems to promote a holistic approach to wellbeing, and reducing the prevalence and impacts of poverty.

Context	Activities	Outputs	Intermediate outcomes			Long-term outcomes	Long-term impacts	
							1 st Order	2 nd Order
Cohesive, safe, supportive, and empowered communities may help mitigating L&SI, especially when other social networks are missing or limited.	Developing more cohesive communities, for example: <ul style="list-style-type: none"> • Expanding of the Community Cohesion Programme (funding small teams to engage with local communities and public services, responding to tensions that arise). • Developing a £350,000 Hate Crime in Schools project. • Launching a hate crime communication and awareness raising campaign. • Supporting development of Community Hubs through the work of the Valleys Taskforce. • Piloting the use of 'Principles of Community Engagement' guidance published by Public Health Wales and use the learning to develop a training programme for public sector organisations. 	More public services tailored to communities' needs.	Increased well-being among community members.	More opportunities and greater willingness to participate in social activities and/or build or maintain social connections.		People meet and interact more frequently. People make new or enhanced connections or are able to maintain existing ones.	Reduced / prevented social isolation. Reduced / prevented feeling of loneliness. More connected communities.	Improved mental and physical health of the general population. Improved general wellbeing. Reduced burden on public services (e.g., health services). Increased social cohesion. Increased social capital.
		Increased awareness of hate crime and more initiatives to address it.	Fewer episodes of hate crime.	People feel safer in engaging with their community.				
		Increased quantity and effectiveness of Community Hubs.	More opportunities to engage in social activities within community hubs.					
		More public sector organisation promoting individual empowerment through community engagement.	Empowered communities demand and obtain more public services tailored to communities' needs.	Increased well-being among community members.	More opportunities and greater willingness to participate in social activities and/or build or maintain social connections.			
Poor physical and mental health may impede participation in social life and thus increase feelings of L&SI. Good quality, person-centred health and social care may enable independent living and social participation.	An integrated health and social care system that supports well-being and community engagement: <ul style="list-style-type: none"> • Defining performance measures for how services are supporting people to reduce feelings of L&SI. • Providing Education Programmes for Patients • Deploying a £300.000 self-management and well-being fund. • Equipping more health and social care staff with the tools they need to identify L&SI. • Training public and third sector staff to consider L&SI when signposting to relevant services. • Incorporating L&SI Into Inspection Frameworks developed by Care Inspectorate Wales. 	More health care, social care, public and third sector services (staff) designed (trained) to identify L&SI and connect people with support services / activities.	More people experiencing L&SI directed towards services / activities meant to alleviate it.					
		People with health issues have more tools and skills to self-manage their wellbeing.	More people with health issues are able to live independently.	More people with health issues can engage in social activities thanks to the time and freedom gained from greater independence.				
		More support available to people experiencing loss and bereavement.	Fewer people suffering loss and bereavement are left alone with the risk of social isolation.					

	<ul style="list-style-type: none"> • Training pharmacy delivery drivers to assess well-being in frail elderly patients, including L&SI • Developing a Compassionate Country Charter for Wales 							
<p>Material deprivation and the stigma of poverty may limit opportunities and resources for community participation and social networking.</p>	<p>Measures to tackle poverty, such as:</p> <ul style="list-style-type: none"> • Re-engineering existing funding programmes to have the maximum impact on children living in poverty. • Ensuring that public spend has a greater impact on improving outcomes for low-income households. • Providing grant funding for the provision of information and advice services through the new Single Advice Fund 	<p>More financial resources allocated to help reducing child poverty (e.g., unemployment support for parents).</p>	<p>Poor households have more disposable income and safer housing conditions.</p>	<p>More resources available to dedicate to social activities.</p>				
		<p>More advice services available for people to manage housing and welfare benefits and their financial commitments.</p>		<p>Improved mental and physical wellbeing.</p>	<p>Greater willingness to participate in social activities and/or build or maintain social connections.</p>			

Theory of Change – Priority 4: Building awareness and promoting positive attitudes

Hypothesis: Tackling the stigma attached to loneliness and social isolation and building awareness around these issues can help prevent, identify, and address those experiencing it, eventually reducing their prevalence across all population groups.

Context	Inputs	Outputs	Intermediate outcomes			Long-term outcomes	Long-term impacts	
							1 st Order	2 nd Order
The stigma that is attached to L&SI often prevents people from asking for help and L&SI are generally not recognised as issues that require professional attention.	Building a national conversation to promote mental well-being and raise awareness, through the <i>Hapus</i> programme (work with a range of partner organisations, community organisations, workplaces and schools to encourage people to create opportunities to build wellbeing for themselves, with their families and in their community).	Increased awareness around the components of good mental wellbeing and the interaction between individual and community wellbeing.	More people are proactive in assessing and taking care of their own well-being and that of the people around them.	Improved wellbeing among individuals, households and communities.	Greater willingness to participate in social activities and/or build or maintain social relationships.	People meet and interact more frequently. People make new or enhanced connections or are able to maintain existing ones.	Reduced / prevented social isolation. Reduced / prevented feeling of loneliness. More connected communities.	Improved mental and physical health of the general population. Improved general wellbeing. Reduced burden on public services (e.g., health services). Increased social cohesion. Increased social capital.
		Increased awareness around the importance of social wellbeing and the negative impacts of L&SI.	More people experiencing L&SI feel comfortable asking for help.	More people experiencing L&SI are directed towards services / activities meant to alleviate it.				
Supporting the development of individual resilience and strong and positive relationships at an early age is crucial, so as people move through life, they are better able to establish and nurture their social connections.	Supporting children and young people to establish and maintain meaningful social connections: <ul style="list-style-type: none"> Ensuring that the 'Framework for schools' (designed to help schools assess their emotional and mental health landscape to meet the needs of their pupils) makes specific reference to tackling L&SI. Public Health Wales developing and disseminating best practice guidance about whole school approaches to mental wellbeing. Analysing existing education and health data to explore correlations between exclusions or being educated other than at school and mental well-being. Providing financial support for the Adverse Childhood Experiences (ACEs) Support Hub and the development of trauma/ACE informed services. Strengthening systems to identify and support young people experiencing, or at risk of, L&SI because not in education, employment, or training; having mental or emotional wellbeing issues; being at risk of homelessness. 	More evidence and tools available to schools to assess the prevalence of L&SI among students and implement preventive or remedial actions.	More students experiencing L&SI are identified and directed to support services / activities.					
		Stronger evidence on the mental wellbeing consequences of being excluded from school.	Increased awareness around L&SI among students.	More students experiencing L&SI feel comfortable asking for help.	More students experiencing L&SI are identified and directed to support services / activities.			
		Greater support available to young people affected by ACEs.	Decrease in the case of potentially harmful exclusion from schools.					
		Greater support available to young people that are not in education, employment, or training, have mental wellbeing issues, or are at risk of homelessness.	Increased well-being among young people affected by ACEs.	Greater willingness to participate in social activities and/or build or maintain social relationships.				
			Fewer young people are not in education, employment, or training, have mental wellbeing issues, or are at risk of homelessness.	More young people expanding their social network through education, employment or training	More young people are able to participate in social activities and/or be build or maintain social relationships due to better mental health or housing conditions.			

<p>L&SI can lead to poor mental well-being in people of all ages, sometimes becoming a contributing factor to suicide and self-harm. Conversely, poor mental well-being may lead to L&SI, worsening the condition of those suffering from it in a vicious circle.</p>	<p>Supporting good mental health, wellbeing and resilience among the wider population:</p> <ul style="list-style-type: none"> • Working with third sector partners to develop the evidence for mental health social prescribing. • Developing community approaches to provide more opportunities for those affected by dementia to be involved in activities. • Working with the third sector and people with lived experience to increase the number of people in Wales who are able to recognise dementia. • Supporting people with mental health problems to remain in or return to work. • Developing a guide for businesses on how to tackle employee L&SI. • Working with Public Health Wales to support and encourage employers to promote good mental health and well-being in the workplace. • Encouraging all Local Health Boards across Wales to establish, embed and grow intergenerational practice. • Organising a 'national summit' to discuss the recommendations contained in the WG-commissioned intergenerational review report. • Considering the role of kindness in public policy making as part of an ongoing conversation with stakeholder. 	<p>Wider knowledge of the benefits of mental health social prescribing.</p>	<p>More mental health social prescribing programmes developed.</p>	<p>More people experiencing poor mental health directed to social prescribing programmes.</p>			
		<p>More people affected by dementia identified and involved in helpful social activities.</p>					
		<p>More people with mental health problems remain in or return to work.</p>					
		<p>More workplaces promote good mental wellbeing</p>	<p>Fewer cases of poor mental wellbeing due to workplace conditions.</p>	<p>Greater willingness to participate in social activities and/or build or maintain social relationships.</p>			
		<p>More policies and programmes promoting intergenerational practice developed.</p>	<p>More positive and meaningful intergenerational relationship established.</p>				
		<p>More policies including an increase in kindness practices among their success criteria.</p>	<p>Kindness encouraged within communities through public policies.</p>	<p>More opportunities to engage in positive social activities within communities.</p>			

3. Review of evidence for evaluations of comparable strategies and programmes

3.1 To inform the evaluability assessment of the Connected Communities strategy, we reviewed recent academic evidence and grey literature of comparable strategies, programmes, interventions and activities aimed at tackling loneliness and social isolation. This will ensure that the evaluation framework developed is grounded in best practice and learning from previous attempts to assess comparable strategies or activities. The subsequent literature review is broadly structured into (i) a review of evaluations of system-wide strategies to address loneliness and social isolation, and (ii) a review of evaluations of specific interventions, with the evidence summarised across thematic activity types.

3.2 Our approach to the literature review involved the following aspects:

- **Search strategy.** We used strings of key words in search engines to retrieve relevant evaluations of strategies and interventions which were explicitly aimed at reducing loneliness and/or social isolation, or where loneliness and/or social isolation were among the measured outcomes. This included search terms related to the types of activity supported through the Connected Communities strategy (e.g., physical activities, volunteering, social prescribing, digital inclusion, etc.). Additional sources were identified through 'snowballing', based on sources which were referenced in publications we reviewed.
- **Criteria for inclusion.** The literature review prioritised published evaluations from the past five years, although influential studies published earlier were also included. Where possible, review of systematic reviews and meta-analysis have been prioritised, given they compare multiple studies on the same topic, given their coverage of multiple evaluations for a given theme of intervention.

3.3 In summary, we only identified one example of a comparable system-wide strategy for addressing loneliness and social isolation – the Connected Society strategy for England – which included a framework for measuring progress against the measures set out in the strategy. There was a much wider evidence base concerning evaluations of specific interventions targeted at addressing loneliness and social isolation, although the quality and quantity of evidence varied

significantly depending on the types of activities involved. In particular, the quality of the evaluation approaches was found to be dependent on the nature of the activities included in each intervention, with some interventions lending themselves more readily toward robust evaluation methodologies such as RCTs.

Evaluations of system-wide strategies to address loneliness and social isolation

- 3.4 Loneliness and social isolation are widely recognised as a public health issue, further exacerbated by the social distancing restrictions imposed during the COVID-19 pandemic. A number of countries, recognising the scale of the issue and the severity of the impacts it has on individuals and communities, as well as on the public purse, have adopted national cross-governmental strategies to address it (examples are [England](#),¹³ [Scotland](#),¹⁴ and [Australia](#))¹⁵ or have developed other policy responses, such as Japan that has appointed its [first minister responsible for addressing loneliness and social isolation](#).¹⁶
- 3.5 Our literature review has highlighted England as the first jurisdiction to develop a system-wide strategy for addressing loneliness and social isolation. In January 2018, the UK Government appointed what was described as the world's first Minister for Loneliness, Hon Tracey Crouch MP. In October 2018, the UK Government published a national strategy to tackle loneliness, which applies to England only. This strategy outlined works to achieve a 'socially connected society', through the collaboration and efforts of government, civil society, local government, employers, and individuals. The strategy also included a commitment to develop consistent indicators for measuring loneliness and to improve the evidence base on what measures and interventions work to reduce its prevalence. In line with this, the ONS published its [guidance](#) for use of the national indicators on surveys.¹⁷
- 3.6 The UK was the only government identified in the review to have put in place an approach to monitor and evaluate its strategy for addressing loneliness. Given the

¹³ HM Government (2018) [A connected society: A strategy for tackling loneliness – laying the foundations for change](#).

¹⁴ Scottish Government (2018) [A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections](#).

¹⁵ Ending Loneliness Together (2021) [A National Strategy to Address Loneliness and Social Isolation](#).

¹⁶ Department for Digital, Culture, Media & Sport (2021) [Joint message from the UK and Japanese Ministers for Loneliness on tackling loneliness](#).

¹⁷ Office for National Statistics (2018) [Measuring loneliness: guidance for use of the national indicators on surveys](#).

complexity of loneliness as a condition, its wide range of drivers, and uncertainty around the effectiveness of interventions designed to address it, the UK Government did not set a single quantitative target for the aimed [change](#).¹⁸ The strategy instead committed the government to publishing annual progress reports to provide regular updates on the implementation of the actions set out in the strategy, as well as on the development of additional policies and programmes. Three annual reports have been published so far – in [2020](#)¹⁹, [2021](#)²⁰ and [2022](#)²¹ – detailing the progress against the measures laid out in the strategy.

- 3.7 As part of its wider package to tackle loneliness, the UK Government introduced the £11.5m Building Connections Fund (BCF), the first ever government fund dedicated to tackling loneliness in England, established as a partnership between seven government departments, The National Lottery Community Fund and Co-op Foundation. Grants were awarded to 126 voluntary, community and social enterprise organisations, working with different groups across England to undertake a wide range of activities. An independent evaluator was appointed to work alongside grant holders and help them collect and analyse data to evaluate the impact of their projects. The findings of this work fed into [two evaluation reports](#),²² respectively assessing the impact of the BCF prior to, and during, the COVID-19 pandemic. For the first evaluation, a ‘shared measurement’ approach was adopted to allow grant holders to compare the impact of their work with other organisations implementing similar activities. A selected group of grant holders was invited to an evaluation co-design workshop aimed at developing a shared set of evaluation questions, refining the shared theory of change, identifying common outcomes and mechanisms of change, and discussing data collection approaches. Data was then collected through baseline and follow-up surveys and semi-structured interviews involving grant holders and service users. For the second evaluation, whose objective was to assess the impact of the COVID-19 pandemic on selected BCF projects, a ‘developmental evaluation’ approach was adopted, to be better suited to

¹⁸ UK Parliament (2019) [Written questions, answers and statements UIN 277738](#).

¹⁹ HM Government (2020) [Loneliness Annual Report: the first year](#).

²⁰ HM Government (2021) [Loneliness Annual Report: the second year](#).

²¹ HM Government (2022) [Loneliness Annual Report: the third year](#).

²² Department for Digital, Culture, Media & Sport (2021) [Building Connections Fund evaluation final reports](#).

complex and dynamic environments, where projects must adapt quickly to meet changing needs.

Evaluations of specific interventions addressing loneliness and social isolation

- 3.8 Given the fairly recent emergence of policy making to address loneliness and social isolation, the UK Government's monitoring and evaluation approach is the only example our review identified of an impact assessment for a system-wide strategy to tackle loneliness and social isolation. Nonetheless, insights on best practices can be found in the literature regarding evaluations of specific projects and programmes that address the issue of loneliness and social isolation through a range of different channels. We conducted a review of published evaluations from the past five years of specific interventions whose main objective (or one of the main objectives) was to decrease loneliness and social isolation. The review reports on the publications considered most insightful from a methodological standpoint, preferring where possible systematic reviews or meta-analyses that compare multiple studies on the same topic, providing a comprehensive overview of the most effective methodologies to assess the impact of specific interventions.
- 3.9 The subsequent sub-section focuses on the methodologies employed in the evaluations identified by our review, providing insight into the suitability of potential approaches to evaluating similar intervention to those supported within the four priorities of the Connected Communities strategy. We have identified a wide range of methodologies for evaluating specific interventions with varying levels of robustness, including qualitative and quantitative approaches, mixed-methods evaluations, RCTs and single group studies, and quasi-experimental evaluations. By nature, some of these activities have a more direct impact on the perceived loneliness and social isolation of those involved, while other initiatives approach the problem from a more holistic and indirect perspective. This is reflected in the availability of evaluation evidence on specific topics in the literature. For instance, there is an abundance of evidence in the recent literature on the impacts on loneliness and social isolation of social prescribing programmes or physical leisure activities (both included in Priority 1 of the strategy), which have more direct impacts, whereas there was limited empirical evidence on the effect on loneliness and social isolation of good quality housing policies (Priority 2) or tackling poverty

by re-engineering existing funding programmes (Priority 3), which have a less direct mechanism for addressing loneliness and social isolation.

- 3.10 In addition to methodological considerations, across the evidence reviewed there were two overarching themes findings which were generally reflected: (i) there is a general agreement on the positive impact of targeted interventions on loneliness and social isolation or social connectedness of the subjects involved, and (ii) the population targeted by these interventions is mostly older adults or - to a lesser extent - young people.

Physical leisure activities

- 3.11 Physical activity is one of the themes of intervention with the most direct impact on social connectedness, generating opportunities to enhance or build new relationships, facilitated by the existence of a shared activity or common goal (in the case of competitive team sports) that supports the removal of individual barriers to social interaction (Lubans et al., 2016). Given this, there was an abundance of evidence in the literature concerning the evaluation of physical leisure activities for reducing loneliness and social isolation, many of which involve methodologies such as RCTs.
- 3.12 Shvedko et al. (2018) reviewed the effect of physical activity interventions on social isolation, loneliness, or social support in older adults, through a systematic review and meta-analysis of RCTs. The authors identified 38 RCTs, with a total of 5,288 participants. The meta-analysis was performed on 23 RCTs. Physical activity interventions were compared with a control group without any exercise or undergoing another non-PA intervention (e.g., art therapy). The main outcomes for this review were: 1) loneliness; 2) social isolation; 3) social support; 4) social (support) networks; and 5) social functioning as a sub-domain of health-related quality of life.
- 3.13 The findings of the meta-analysis are not insightful with regards to the benefits of physical activity on loneliness and social isolation, as there was a lack of available data on these two social health outcomes. However, the study suggests that RCTs are a suitable methodology to assess the impact of physical activity interventions on social functioning and social health variables. This is reflected in the authors' risk assessment for bias, which found that the majority of RCTs (26 out of 38) had a low

risk of bias. The risk of bias was assessed using the 12 criteria Cochrane Review Book Group (CRBG) risk of bias assessment tool²³ (Furlan et al., 2009).

Volunteering

- 3.14 Most recent studies exploring the relationship between volunteering and loneliness and social isolation are not impact evaluations of specific initiatives, but rather observational studies (longitudinal or cross-sectional) based on secondary data, exploring the effect of exposure to volunteering activities (e.g., volunteering hours in the past year) on perceived loneliness and social isolation (Akhter-Khan et al., 2022). There is therefore limited quality or quantity of evidence of the effectiveness of volunteering programmes in addressing loneliness and social isolation of volunteers specifically.
- 3.15 The only study involving primary data collection we identified was an observational qualitative study (Sundström et al., 2021) based on focus groups and individual interviews with volunteers from different organisations, aimed at describing volunteers' experience of becoming and being a volunteer and encountering older people's loneliness in general and existential loneliness in particular. Findings indicated that volunteering benefitted not only the older persons the volunteers met, but also the volunteers' own sense of meaning, by alleviating their own loneliness.
- 3.16 Examples of experimental approaches to assessing the effectiveness of volunteering activities on the quality of life of specific target groups were identified in recent literature – for example, RCTs to evaluate the effectiveness of volunteer befriending programmes for patients with schizophrenia (Priebe et al., 2020; Sikira et al., 2021). In these studies, however, the impact is measured only on those who 'receive' volunteering activities, rather than on the volunteers themselves. As a result, there is an evidence gap regarding the potential well-being benefits of volunteering.

²³ The 12 criteria CRBG risk of bias assessment tool determines RCT adequacy by assessing the reporting of the following outcomes: 1) randomisation; 2) allocation concealment; 3) similarity of baseline characteristics; 4) blinding of the allocated interventions to participants; 5) blinding of care providers; 6) assessment of co-interventions; 7) the acceptable compliance; 8) reporting of drop-out rates; 9) equal assessment of participants across randomised groups; 10) assessment of selective reporting of outcomes; 11) blinding of assessors; and 12) similarity of timing of outcome assessment.

Arts and Culture

- 3.17 The evidence on the impact of interventions involving participation and engagement in arts and culture on loneliness and social isolation is limited. However, an impact evaluation report of a programme of activities led by Arts Council England was identified that provided relevant insights on how to assess the effectiveness of programmes in this field.
- 3.18 In January 2021, the UK Government Department for Digital, Culture, Media and Sport allocated a £1.5 million fund – administered by Arts Council England – to finance 50 projects for the [delivery of new activities specifically addressing loneliness and social isolation resulting from the impact of COVID-19](#)²⁴. A series of activities were undertaken to evaluate the funded initiatives including (i) project-level monitoring data capturing the activities and number of engagements for each project, and (ii) participant-level data collected through an online Diversity and Wellbeing Survey and from follow-up interviews with project participants. The survey included a set of questions exploring the impact of engagement on their connections, sense of belonging, wellbeing and loneliness. The evaluation also included peer learning sessions where representatives from funded projects were invited – through a series of break out activities and group discussions – to reflect on their ability to reach diverse people experiencing loneliness and improve their wellbeing as well as share experiences about opportunities and limitations presented by digital, socially distanced and blended approaches to arts and cultural practice.

Digital inclusion

- 3.19 There is a large body of literature on the impact of interventions aimed at reducing loneliness and social isolation through digital inclusion and the development of digital skills, with the vast majority targeting older adults. We identified a systematic review that summarised this literature, offering a comprehensive overview of the suitable methodologies to assess the impact of interventions in this field. Additionally, we identified an evaluation of an Australian digital literacy programme

²⁴ Imogen Blood & Associates (2021) [Impact of creative & cultural activity during the pandemic on loneliness, isolation & wellbeing](#).

for older adults, which is relevant for this study as it is a system-wide strategy delivered through a large network of partners.

- 3.20 Balki et al., (2022) conducted a systematic umbrella review (a review of reviews) aimed at identifying, synthesising, and critically appraising the effectiveness of technology interventions in improving social connectedness in older adults. Of the 21 selected reviews (including systematic reviews, integrative reviews, scoping reviews and meta-analyses), 14 dealt with general ICT (a catch-all term defining a diverse set of technological tools and resources used to transmit, store, create, share, or exchange information), four with videoconferencing, three with computer and internet training, two with telecare, two with robotics, two with social networking sites (SNS), three with gaming, and one with 3D augmented reality. Most of the reviews covered the beneficial impact of technologies on loneliness, whereas others focused on social isolation, connectedness, and quality of life. Selected reviews included studies covering all possible designs and evaluation approaches – RCTs, qualitative, quantitative, mixed methods, quasi-experimental and observational. The large number of interventions included in the 21 selected reviews reported impacts of varying magnitude, with the authors also stating that the limited robustness of methodologies may have limited the ability of the reviews to establish conclusive remarks on interventions' effectiveness. Nonetheless, the study concluded that technology can enable long-distance interactions, allowing older adults to become socially connected, obtain support, expand their social networks, and strengthen their existing ties.
- 3.21 Of the government publications reviewed, the [impact evaluation of 'Be Connected'](#),²⁵ an Australian government digital literacy programme for older people, delivered through a diverse cohort of over 3,000 network partner organisations, was identified as particularly relevant. The initiative aimed to support and enable older Australians to develop their digital skills and confidence, while also helping them to realise the benefits of being connected online. To assess the appropriateness, effectiveness and efficiency of Be Connected, the evaluator implemented a three-year mixed methods research program, providing a feedback loop to enable the Department of Social Services (DSS) and project partners to adjust the programme

²⁵ Swinburne University (2020) [Improving the digital inclusion of older Australians – The social impact of Be Connected](#).

as and where required. To understand appropriateness, the evaluator drew on programme data, network partners' survey data and multiple rounds of interviews. To assess effectiveness, a learner survey at two time points was used, establishing precise statistical measures of change over time. To determine the program's efficiency, the evaluator undertook a Social Return on Investment (SROI) analysis, measuring the social impact as a return on the investment of programme funds.

Social prescribing

- 3.22 A number of studies have been identified aimed at evaluating the impact of social prescribing on loneliness and social isolation. This evidence varies in the quality of approaches, with a systematic review summarised in the paragraph below providing a comprehensive overview of this recent literature.
- 3.23 Reinhardt et al. (2021) conducted a systematic literature review to assess the impact of social prescribing programmes on loneliness among participants and the population. Nine studies measuring the effectiveness and impact of social prescribing programmes in terms of loneliness met the inclusion criteria for the systematic review. The articles are based on nine social prescribing initiatives conducted in the UK from 2014 to 2019. Of the studies included, six employed a pre/post design and three report case studies, with evidence taken at one point in time. None of the studies considered a control group. Three studies conducted surveys only, two conducted interviews only, and four combined these methods. Five studies were conducted with recipients of social prescribing only, while four also presented information gathered from link workers, volunteers, and GPs who delivered the programmes.
- 3.24 Overall, social prescribing models designed to address loneliness have been largely viewed as helpful by both participants and service providers, with participants typically reporting feeling less lonely and more connected to others. The positive impact is measured as a large percentage of reductions in GP, A&E, and inpatient/outpatient services following programme implementation. However, quantifying the impact of these programs and interventions was challenging due to the largely insufficient supporting evidence. The studies faced limitations in terms of design, relying mostly on pre/post-study comparisons without control group comparisons, and failing to account for the potential influence of other conditions on the outcomes. Study participants were mostly selected through GP referrals, but

this selection process lacked a systematic or explained approach. Furthermore, several studies do not provide a clear definition or measure of loneliness, often using social isolation and loneliness interchangeably.

- 3.25 As an additional limitation of the studies included, the authors highlighted that only one study examined social care outcomes. As social prescribing programmes are designed to address loneliness, the lack of attention to social care usage could be a serious omission; without knowing the extent to which social care usage is affected, it is challenging to develop a clear idea if social prescribing is fully meeting individuals' needs, changing referral rates, or yielding cost savings.
- 3.26 The authors follow – and suggest future research should follow – 2019 [NHS England's recommendations](#) to evaluate the outcomes of social prescribing-type programmes by assessing the impact of a programme at three levels: the person, the health and social care systems, and the community.²⁶ These three levels of measurement capture a range of potential impacts and help researchers to understand the effects of social prescribing as an approach to engage and empower individuals and communities to co-design health plans, reduce loneliness, and promote public health.
- 3.27 The authors conclude that for social prescribing models to reach their full impact potential, the quality of evidence must improve. Studies should develop and file clear design protocols specifying pathways to impact and outcomes to be measured before programme implementation begins, accounting for potential intervening and contextual factors, and striving to achieve measures for comparative control groups.

Public transport

- 3.28 Inadequate public transport may represent a significant barrier to social participation, especially for young people and older adults who have stopped driving (or have never driven). However, the evidence about the effectiveness of interventions involving public transport services to tackle loneliness and social isolation is limited.
- 3.29 A study was identified which examined the impact of the introduction of an age-friendly transportation policy – namely, free bus passes – on the mental health of

²⁶ NHS England (2019) [Social prescribing and community-based support: Summary guide](#).

older people in England (Reinhard et al., 2018). The authors adopted an instrumental variable approach that exploits eligibility criteria for free bus passes to estimate the impact of increased public transportation use on loneliness, social isolation, social engagement and depressive symptoms.²⁷ Eligibility for the free bus travel pass was found to be associated with an 8% increase in the use of public transportation among older people. The outputs from the instrumental variable model suggested that using public transport reduced feelings of loneliness, increased volunteering, and increased the frequency of regular contact with children and friends. The findings also showed that using public transport reduced depressive symptoms.

Community spaces and hubs

- 3.30 Community hubs are specifically intended to provide communities with more opportunities to meet and interact, engage in social activities and, eventually, develop a sense of belonging. There is a large literature concerning the impact of interventions related to community hubs on loneliness and social isolation, which is well summarised by the systematic review described in the following paragraphs.
- 3.31 The [What Works Centre for Wellbeing conducted a systematic review](#) of interventions to boost social relations through improvements in community infrastructure.²⁸ The authors identified eight types of intervention approach, among which community hubs, defined as community centres or community anchor organisations, focused on health and wellbeing that can be either locality based or work as a network. The studies coded as community hub interventions included community cafes, a community arts centre, community gardens, a co-housing scheme, community-built playgrounds, a church, and more diffuse community development interventions. Nine studies of community hub interventions examined some aspect of social relations, including social cohesion, bridging social capital, trust, quality and quantity of social networks and social interactions with neighbours, friends and family. Of these nine studies, one used a case study approach, two used a mixed method evaluation, five were qualitative studies and one was based on a cross-sectional survey alone. Overall, the review found moderate evidence that

²⁷ Instrumental variable estimation is a statistical technique which can be used to estimate the causal relationship between one factor on another.

²⁸ Bagnall, A et al. (2018) [A systematic review of interventions to boost social relations through improvements in community infrastructure \(places and spaces\)](#). Technical Report. What Works Centre for Wellbeing.

community hubs may (i) promote social cohesion through the mixing of different social or age groups, (ii) increase social capital and build trust between people in communities, (iii) increase wider social networks and interaction between community members, and (iv) increase the knowledge and skills of individuals.

- 3.32 Referring to all studies included in the systematic review (not only those coded as community hubs), the authors identified a number of methodological limitations within the evidence. Most of the studies with a quantitative design did not have a comparator group. Additionally, most studies were of single cross-sectional design and did not measure impacts over time. The highest-quality evidence was argued to have yielded from studies with a qualitative design. The authors argued that measuring quantitative outcomes alone do not comprehensively measure the wider impacts on peoples' lives or the context in which changes take place, with qualitative research often better placed to explore these aspects. They also noted that 'hard to reach' groups were often excluded from experimental research studies, whether deliberately or by default. The inclusion of further information collected through qualitative research was argued to ensure that a wide population is represented. Finally, the authors argued that qualitative evidence is better placed to uncover unintended or unanticipated (positive or negative) effects, given it is not constrained by predefined hypotheses.

Interventions targeting young people, including students

- 3.33 Population-based research suggested that the distribution of loneliness across age groups in the UK is U-shaped, being most prevalent below the age of 25 and above the age of 65 (Victor & Yang, 2012). In addition to older people, young people were also the subject of focus for a number of interventions to address loneliness and social isolation. Our literature review identified two recent studies that systemically summarise the literature on the topic.
- 3.34 Osborn et al. (2021) conducted a systematic review to assess the acceptability and effectiveness of interventions that seek to prevent or reduce loneliness and social isolation in young people. Some 28 publications arising from 16 different studies were included in the review. Five of the studies were RCTs, seven were before and after designs, one was a quasi-experimental design, two used repeated measures, and one was a non-experimental design with a comparison group. Seven also utilised qualitative methods as part of a mixed method study design.

- 3.35 The authors observed there was lack of clarity on what most of the interventions included, significant differences in how loneliness and social isolation was measured, and only a limited assessment of whether they were implemented as originally planned. Most of the interventions were associated with a reduction in the prevalence of loneliness or social isolation, but whether these interventions were effective in reducing loneliness or social isolation is less clear. For example, most of the interventions were evaluated using non-experimental study designs, and few utilised qualitative methods to understand the mechanisms of action. As loneliness is often transient – the authors noted – any observed quantitative reductions in loneliness may not reflect the participant’s experience of the intervention, or any reduction could be due to other factors.
- 3.36 The authors concluded by suggesting future research to feed into evaluating interventions: (i) a thorough description of the intervention, its component parts and its theory of change, alongside rigorous process evaluations, should be provided to aid replicability, (ii) when investigating a counterfactual question related to an intervention’s effect on loneliness and social isolation, robust study designs should be utilised, including RCTs where possible, and (iii) qualitative research is needed to understand how young people experience, refer to and conceptualise loneliness and social isolation in the context of their daily lives.
- 3.37 Eccles and Qualter (2021) conducted a meta-analysis of studies using single group designs (no comparator) and RCTs. Their analysis focused on measuring loneliness as an outcome in individuals aged 25 years or younger. A total of 39 studies (14 single group and 25 RCTs) were included, with the authors finding evidence that youth loneliness could be reduced through these interventions. However, the interventions included often targeted youths viewed to be at risk – for example those with health concerns – rarely targeting youths who reported loneliness. The authors found some evidence that intervention success depended on the type of intervention. For single-group designs, those interventions that focused on social and emotional skills yielded the largest effect size followed by those which included a psychological therapy. For RCTs, those interventions that focused on learning a new hobby yielded the largest effect, followed by interventions aimed at social skills training.

3.38 From a methodological standpoint, the author found a higher mean effect size in single-group studies (i.e., studies that do not divide participants into treatment and control groups) compared with RCTs.²⁹ The reason why single-group studies yielded larger effect sized than RCTs mainly lies in the fact that single-group studies cannot clearly identify whether any potential improvements, or a lack of improvements, are actually the result of something outside the intervention. The authors, therefore, suggested that the field needs to move towards studies with a control group in order to allow reliable and accurate evaluation of interventions designed to reduce loneliness and social isolation. The review also highlighted a potential issue with the way interventions are evaluated and reported. Particularly for RCTs, there were found to be important elements missing from reports, including information on how young people were selected, how they were randomised into groups, and the attrition rates. In addition, the review highlighted the need for long-term follow-ups. For the pre–post comparisons, only 28% of studies included a follow-up period, and for RCT, this improved slightly to 44%. The absence of a follow-up assessment was argued to make it difficult to comment upon whether the intervention had long-lasting effects.

Review of measures and indicators for measuring loneliness and social isolation outcomes

3.39 As already established, loneliness and social isolation are two different but similarly complex and multifaceted concepts. Social isolation generally refers to an objective lack of social relationships (in terms of quantity or quality), whereas loneliness is a subjective, unwelcoming feeling that derives from a discrepancy between the (quantity or quality of) social relationships an individual has and those they want. Accurately measuring the presence and extent of loneliness and social isolation poses challenges. Nevertheless, these measurement attempts serve as the foundation for research and provide the basis for drawing conclusions and making recommendations. In the context of policy evaluation, the ability to precisely measure an outcome is crucial for evaluators to assess the extent to which a particular policy has effectively improved that outcome.

²⁹ In experimental research designs the policy to be evaluated is assigned to a “treatment” group, with the outcomes of this group measured relative to that of a “control”, or comparator, group who were not assigned the policy.

3.40 The following sub-section provides an overview of the measures and scales that have been used in the literature to quantify loneliness and social isolation.

Measuring loneliness

3.41 Given its subjective nature, loneliness is most often assessed using self-report measures. The various self-report measures that have been developed primarily differ in relation to three aspects:

- (a) Dimensionality of the measure (unidimensional vs. multidimensional), which is connected to the conceptualisation of loneliness as a unidimensional or multidimensional construct. Multidimensional conceptualisations of loneliness are built on the assumption that different social relationships may fulfil different social needs, and different feelings of loneliness can arise from the lack of one or more of these social relationships. For example, the distinction between social and emotional loneliness is one of the most common multidimensional conceptualisations, where social loneliness refers to the lack of social integration and sense of belongingness to a social network, whereas emotional loneliness relates more to the lack of close emotional attachments, including emotional support, affection, and intimacy.
- (b) The number of items the measure is composed of (single-item measures vs. multiple-item measures), which relates to the number of questions or statements the loneliness scale is built upon.
- (c) Whether the measure assesses loneliness in a direct or indirect way, i.e., whether words like “lonely” are explicitly included in the survey questions or instead such direct references to loneliness are avoided.

3.42 The majority of single-item measures are direct measures. Intuitively, this is because when assessing an individual's sense of loneliness by using a single question, it is almost inevitable that the question will explicitly refer to loneliness. Conversely, multi-item measures tend to be indirect measures, as by asking a series of questions, it becomes possible to elicit one's feelings of loneliness without explicitly mentioning it.

3.43 This study prioritises multi-item, indirect measures of loneliness, as they are deemed within the literature to be preferable for a number of reasons. For example, the validity of scores of single-item, direct measures is criticised because they risk

eliciting socially desirable responses. In other words, the stigma around loneliness makes it more likely for a person not to reveal their true feelings of loneliness when confronted with a direct question such as 'how often do you feel lonely?'. The consequence is that a lower prevalence of loneliness has been found in studies employing single-item, direct measures compared to those employing multi-item, indirect measures (Eccles et al., 2020). Hence, the reasoning for preferring single-item, indirect measures of loneliness over multi-item, direct measures is to disguise the researchers' interest in loneliness, thereby avoiding the activation of negative stereotypes and socially desirable responding (Mund et al., 2022). For example, artificial gender differences can be observed when using direct measures, with men reporting lower levels of loneliness on average than women (Borys & Perlman, 1985). When indirect measures of loneliness are used, these gender differences disappear or even reverse (Maes et al., 2019).

- 3.44 Additionally, some studies have criticised single-item scales for being unreliable and capturing more noise than substantial interindividual differences in feelings of loneliness (Marangoni & Ickes, 1989).
- 3.45 Following (Maes et al., 2022), we have provided an overview of the eight most commonly used loneliness scales (see Annex B). The frequency of use of each scale is assessed within the database of the MASLO (Meta-Analytic Study of Loneliness) project, which contains a large number of studies relying on loneliness questionnaires.
- 3.46 In addition to the loneliness scales used in the academic literature, it is worth mentioning the [Campaign to End Loneliness Measurement Tool](#),³⁰ which has been developed specifically for people providing services or running activities aimed at alleviating feelings of loneliness. The tool contains three statements using positive wording – (i) I am content with my friendships and relationships; (ii) I have enough people I feel comfortable asking for help at any time; (iii) My relationships are as satisfying as I would want them to be – to which respondents answer on a 5-point likert scale, ranging from 'strongly agree' to 'strongly disagree'. By giving scores from 0 to 4 to each question, it easily produces a measure of loneliness on a 12-point scale. The main benefit of this scale is that it has been kept as short as

³⁰ Campaign to End Loneliness (2015) [Measuring your impact on loneliness in later life](#).

possible and is written in a language that is non-intrusive and unlikely to cause any embarrassment or distress.

Social Isolation

- 3.47 We identified three scales that can be used to assess the degree of social isolation of respondents, although they do not mention social isolation explicitly, making reference instead to similar concepts, such as social support, social network or social connectedness.
- 3.48 The Duke Support Index (DSSI) was developed as an instrument to determine an individual's level of social support, originally developed as a 35-item measure, but then abbreviated to an 11 item version for use among chronically ill elderly individuals (Koenig et al., 1993). The abbreviated scale's validity and reliability has been tested on community dwelling older people in Australia (Goodger et al., 1999). The 11-item DSSI has two subscales, the first referring to social interactions, while the second one to perceived social support (a more subjective dimension, perhaps more akin to the unwelcoming feeling of loneliness than to the more 'objective' concept of social isolation).
- 3.49 The Lubben Social Network Scale (LSNS) is a self-report measure of social engagement. Originally developed to assess social networks among elderly populations, the scale exists in two versions: the 12-item original scale and an abbreviated 6-item version (Koenig et al., 1993). The LSNS has two subscales, respectively referring to family and friends.
- 3.50 Cornwell & Waite (2009) defined a social disconnectedness scale by combining multiple indicators of social connectedness, social participation, social support, and loneliness among older adults contained in the National Social Life, Health, and Aging Project (NSHAP). The 13-item social disconnectedness scale has a two-factor structure, including the restricted social network dimension and the social inactivity dimension.

National Survey for Wales

- 3.51 The National Survey for Wales includes a measurement of loneliness. It adopts a 6-item De Jong Gierveld Loneliness Scale (DJGLS), including the following statements:

- (a) 'I experience a general sense of emptiness'
- (b) 'I miss having people around'
- (c) 'I often feel rejected'
- (d) 'There are plenty of people I can rely on when I have problems'
- (e) 'There are many people I can trust completely'
- (f) 'There are enough people I feel close to'

Respondents can answer 'yes', 'more or less', 'no', 'don't know' and 'prefer not to say' and responses are combined to produce a scale from 0 to 6, where 0 is least lonely and 6 is most lonely. Questions about loneliness have been asked in the 2016-17 and 2017-18 editions, and from the 2019-20 edition onwards.

4. Insights from stakeholder interviews

4.1 To inform the development of this report, we interviewed 10 stakeholders that were either involved in the development and implementation of the Connected Communities strategy or had a detailed understanding of the issue of loneliness and social isolation in general. This included representation from:

- The Welsh Government,
- Public Health Wales,
- Campaign to End Loneliness,
- Wales Centre for Public Policy, and
- Older People’s Commissioner for Wales.

4.2 The interviews were used to inform the evaluability assessment, including providing background on the context behind the Connected Communities strategy and its underlying policies, as well as understanding the main challenges for evaluation, including the potential for monitoring and data collection. The table below summarises the key discussion points from the interviews:

Theme	Key discussion points
Background to the Connected Communities strategy	<p>The strategy articulates the Welsh Government’s vision for a strategy towards addressing the prominent issue of loneliness and social isolation.</p> <p>The strategy combines a series of tangible actions and aims from different policy areas into a single narrative. Its vision is for society to work together synergistically to address the issue of loneliness and social isolation.</p> <p>The strategy has been perceived to be effective in embedding effort of tackling loneliness and social isolation within the objective to create more connected communities – thus not treating it just as an individual problem – and in sharing it across a wide range of public and third sector bodies, which creates engagement and highlights the need to approach the issue from multiple perspectives.</p>

Theme	Key discussion points
	<p>Most of the interventions included in the strategy are existing commitments of the WG policy areas involved, which may have been further developed to maximise their impact on loneliness and social isolation.</p> <p>Besides the interventions under the four Priorities, the Strategy includes a £1.4m fund, initially designed to test out or scale up innovative and promising approaches, then diverted towards the support of organisations operating at the community level, through Local Authorities and County Voluntary Councils.</p>
<p>Barriers to reducing the prevalence of loneliness and social isolation</p>	<p>Perception and stigma: people can be ashamed of asking for help.</p> <p>Unsuitable public transport options: remote areas in Wales are often badly connected.</p> <p>Limited digital literacy: older adults might be unable to use technology devices and the internet.</p> <p>Cost of living crisis: socialising can become a secondary need when it competes for the same resources as food and shelter.</p> <p>Wide range of causes and impacts: no one-size-fits-all solution to addressing loneliness and social isolation and policy should be tailored to the varying needs of different communities and population groups.</p>
<p>Impact of COVID-19 pandemic</p>	<p>The strategy suffered a setback during the COVID-19 pandemic as most resources had been directed to addressing the public health crisis.</p> <p>Social distancing restrictions exacerbated the prevalence of loneliness and social isolation across all population groups.</p> <p>On a positive note, there is now a much wider awareness and sensitivity towards loneliness and social isolation, whilst the pandemic helped to promote digital literacy, which helps to relieve loneliness and social isolation even now.</p>

Theme	Key discussion points
Monitoring and data collection	<p>The National Survey for Wales collects data on loneliness through the De Jong Gierveld 6-item loneliness scale, but social isolation is not captured explicitly.</p> <p>The ‘Time to Talk Public Health’ panel survey includes one question about loneliness. It was piloted as a monthly survey in January, February and March 2023, but might not continue with the same frequency.</p>
Considerations for evaluations	<p>It is challenging to assess the additional impact directly generated by the strategy given its system-wide nature and because many of its underlying interventions would have existed regardless of the strategy.</p> <p>COVID-19 is a strong confounding factor in establishing the impact of the strategy, as it radically changed perceptions and awareness around loneliness and social isolation.</p> <p>The impacts of the strategy – besides those achieved through its underlying programmes and policies – might be assessed by exploring (i) how it influences future policy making, (ii) how it helps strengthening partnerships among public and third sector stakeholders to address the issue, and (iii) how it influences local funding schemes.</p> <p>The ‘dispersed’ nature of the strategy (i.e., the fact that it is delivered through multiple policies/interventions and partners) represents a substantial challenge to monitoring its outcomes and evaluating the overall impact.</p> <p>Evaluation of the long-term impacts of the strategy could include analysing clinical data, such as data on reductions in premature deaths or levels of mental and physical health. However, there are substantial challenges for attribution.</p> <p>Multiple data points need to be collected over time to evaluate changes. This highlights the need for</p>

Theme	Key discussion points
	collaboration between public bodies and services and other partners to collect and share relevant data.

5. Evaluability assessment for the Connected Communities strategy

5.1 This section summarises our assessment on the evaluability of the Connected Communities strategy, establishing the extent to which the strategy can be robustly evaluated in a reliable and credible fashion within current institutional parameters. This evaluability assessment was informed by the following research activities:

- A review of the literature concerning precedent evaluations of comparable strategies and programmes (see Section 4).
- A series of 10 interviews with Welsh Government officials and external experts (see Section 5 for a synthesis of these discussions).
- Development of an integrated framework of a Logic Model and Theories of Change for the Connected Communities strategy and its respective priority areas (see Section 3).
- A review of available data which can be used to inform a future evaluation (see Databank in Annex A).

5.2 As recommended in a report commissioned by the Department for International Development (DFID) which included best practice recommendations for evaluability assessments, we have assessed the evaluability of Connected Communities against the following [criteria](#):³¹

- **Programme design:** assessing the extent to which the design of the strategy lends itself to being robustly evaluated, as informed by the programme Logic Model and Theories of Change. This will cover a range of sub-elements, including the clarity and consistency of the aims and objectives, the complexity of the strategy, and the existence of indicators for measuring its impact.
- **Information availability:** assessing the practicality of conducting an evaluation, including the scope and quality of available data which can be used to inform

³¹ UK Department for International Development (2013) [Planning Evaluability Assessments](#).

future evaluation activities, ethical considerations, and the feasibility of attributing outcomes specifically to the strategy.

- **Institutional context:** to assess the utility and practicality of an evaluation, based on a range of institutional factors such as stakeholder awareness of the strategy, risks, and available resources.

Programme design

Clarity of aims and objectives

- 5.3 A clearly defined and communicated set of aims and objectives, including the proposed steps toward achieving these, will provide a reference point against which success can be measured, as well as supporting an evaluator in understanding the mechanisms through which the strategy intends to meet these objectives.
- 5.4 The Connected Communities strategy document is a valuable resource for a future evaluator, clearly communicating the strategy's context, aims and objectives, and the key activities and mechanisms through which it aims to address loneliness and social isolation. The key activities and mechanisms of change are articulated in detail in this document, organised into four thematic priority groupings of activity together with supporting evidence. A Logic Model and a series of Theories of Change have also been developed as part of this evaluability assessment to describe the expected chain of outcomes and impacts resulting from activities supported through the strategy.³²
- 5.5 The strategy sets out the aim of reducing the prevalence of loneliness and social isolation, as measured in the long-term by the loneliness indicator, and a series of correlated indicators, included within the National Survey for Wales (see further discussion of existing indicators below). One limitation of the approach taken is that it does not define a targeted level of change for a given timeframe (e.g., reducing self-reported loneliness by x% in three years), although targeting a level of change at the national level could arguably be outside the control of the strategy given the range of other confounding factors which can impact on the prevalence of loneliness and social isolation.

³² It should be noted that each of the programmes included within the strategy under each of the four priorities are likely to have their own individual aims and objectives, although it was outside the scope of this research to assess the clarity of these.

Consistency

- 5.6 The extent to which the strategy has been implemented consistently over time will also impact on its evaluability, in terms of there being a consistent Theory of Change which can be used by an evaluator to identify outcomes/impacts and guide the focus of evaluation activities. Substantial changes to the strategy's activities over time will negatively impact this consistency.
- 5.7 Following the strategy's launch in February 2020, we understand from Welsh Government that disruption and changed priorities resulting from the COVID-19 pandemic may have resulted in some programmes being altered or postponed. For example, the Loneliness and Social Isolation Fund's focus has shifted from testing innovative approaches to funding "grass roots" initiatives at the local authority level. At the point of a future evaluation, an evaluator should take care to refresh knowledge of what activities have been postponed, modified, or cancelled.

Complexity

- 5.8 Given the wide range of potential drivers of loneliness and social isolation, the Connected Communities strategy has been developed as a system-wide approach which seeks to address the issue through a range of mechanisms across a multitude of different activities and programmes. The literature review and stakeholder interviews highlighted the complex system of factors which can influence an individual's feeling of loneliness and social isolation, including major societal events such as the COVID-19 pandemic and the current rising cost of living. A broad range of interventions can therefore be used to address the issue depending on each individual's circumstances.
- 5.9 Discussions with stakeholders have emphasised that the strategy's system-wide approach also introduces significant complexity, with many activities and programmes expected to interact and combine to achieve the desired impact. This complexity is further illustrated by broad range and integrated nature of impact chains captured within the strategy's Logic Model and Theories of Change.
- 5.10 This complexity can make it challenging to attribute impact to the strategy itself, or to allocate impact between the multitude of activities and programmes included within the strategy (see a detailed assessment of the potential for attribution below).

Existence of indicators

- 5.11 The evaluability of the strategy will be supported by the existence of valid and reliable indicators of key outcomes and impacts, allowing for an evaluator to measure how well the strategy has achieved its intended aims and objectives.
- 5.12 The Connected Communities strategy document sets out the following national indicators against which success will be measured, to be sourced from the National Survey for Wales:

Direct measures

- De Jong Gievelde scale self-reported social isolation and emotional loneliness.

Correlated measures

- the percentage of people feeling safe at home, walking in the local area and when travelling.
 - the percentage of people satisfied with the local area as a place to live.
 - the percentage of people agreeing that they belong to the area, that people from different backgrounds get on well together, and that people treat each other with respect.
 - the percentage of people who volunteer.
 - the percentage of people who participate in sporting activities 3 or more times a year.
 - the mean mental well-being score.
- 5.13 The literature review and discussions with stakeholders echoed the sentiment that measuring loneliness and social isolation is challenging due to their intangible and subjective nature.
- 5.14 Despite this, there are established methodologies for measuring self-reported social isolation and emotional loneliness, including the questions using the De Jong Gievelde scale in the National Survey for Wales. Correlated measures, such as those adopted by the strategy, can also be analysed by an evaluator as proxies to provide further corroboration of the impacts observed (see discussion of information availability below).

5.15 The Logic Model and Theories of Change set out in this evaluability assessment identify a range of additional indicators for outcomes and impacts which an evaluator can seek to measure to evaluate the efficacy of individual programmes in reducing loneliness and social isolation, although understanding the feasibility for measuring these has not been explored in detail within the scope of this work. We expect that some programme-level indicators will be measured routinely as part of programme-level monitoring activities, whilst some indicators, including intangible outcomes such as reduced stigma and increased awareness, will be more challenging to measure in a valid and reliable manner. The Databank included in Annex A provides suggestions for potential data sources that can be used to measure the suggested additional indicators.

Information availability

Availability of data

5.16 The availability of monitoring data on loneliness and social isolation in relation to the Connected Communities strategy and its underlying programmes is limited, if not completely absent in some areas. Through our desk-based research and interviews with internal and external stakeholders, we did not identify any delivery partners or specific programmes that systematically monitor the levels of loneliness and social isolation among its beneficiaries.

5.17 However, some of the programmes listed under the four priorities of the strategy do monitor the participation of beneficiaries to their services as well as other outcomes that are related to feelings of loneliness and social isolation. For example, Time Credits schemes work by rewarding volunteers with credits that can be exchanged with a range of services and activities. For these schemes to work, it is necessary to keep track of the hours spent volunteering and how credits are then exchanged, which inevitably creates a record of participation to the programme.

5.18 As detailed in the Databank in Annex A, only three sources provide measures of loneliness at the national level:

- The National Survey for Wales, through the De Jong Gierveld 6-item loneliness scale. The existence of local authority identifiers mean this data is also available at a sub-national level.

- The Time to Talk Public Health Panel Survey (which has only been piloted in early 2023), through a single-item direct measure assessing the frequency of feeling lonely
- The Health and Wellbeing Survey conducted by the School Health Research Network, which assesses loneliness among students aged 11 to 16 through the UCLA 3-item loneliness scale.

5.19 No nationwide collection of data on social isolation is currently undertaken in Wales. The National Survey for Wales provides loneliness data at the local authority level. However, this level of granularity may not be sufficient to attribute causality to the strategy and its activities (i.e., to connect any changes in average loneliness levels to the implementation of the Connected Communities strategy).

Ability to collect primary data

5.20 Ability to collect primary data will be reliant on the commitment of programme delivery partners. Programmes and interventions included in the strategy vary widely in their approach to tackle loneliness and social isolation. Some interventions will be targeted at individuals; others at communities; other forms of social aggregation such as schools or workplaces; and others are national initiatives that do not target any specific population segments, such as building a national conversation to promote wellbeing. The inclusion of so many different programmes and interventions means it is not possible to have a clear overview of the target groups. In turn, it is therefore not feasible to develop a one-size-fits-all approach to data collection, and instead it could be advisable to engage programme delivery partners for this purpose.

5.21 It must be kept in mind, however, that it is not always possible to collect individual data on levels of loneliness and social isolation for some programmes. For example, some interventions may benefit vulnerable groups, which could present ethical challenges to data collection at the individual level. Further, some interventions included in the strategy may not be directly focussed on the ultimate goal of reducing loneliness, and so collecting data on loneliness and social isolation from beneficiaries of these programmes may yield little benefit.

Ethics

- 5.22 Many of the programmes falling within the Connected Communities remit benefit vulnerable individuals at risk or experiencing loneliness or social isolation. Given the sensitive nature of the topic, when designing and deploying fieldwork materials researchers should seek to avoid causing harm (for example, emotional stress) to either participants or themselves. These factors should be considered when choosing evaluation methods.
- 5.23 We expect that ethical concerns would make the use of experimental evaluation methods unfeasible for some programmes which aim to address loneliness or social isolation. In particular, there could be ethical issues with randomly assigning individuals to a control group (the group not benefiting from a programme) as part of a randomised control trial, on the basis that this group could reasonably be expected to continue to experience negative outcomes of loneliness or social isolation compared with the group of individuals benefiting from a programme. For example, randomly excluding individuals from the use of support or community hubs could be denying them potentially valuable support for relieving their loneliness and social isolation. Ultimately whether or not an RCT is acceptable from an ethical perspective will require judgement from the Welsh Government and evaluators based on the nature of the intervention in question.

Attribution

- 5.24 The highly complex, system-wide nature of the Connected Communities strategy, together with limited monitoring data at the programme level, makes it highly challenging to robustly attribute any observed changes in outcomes and impact measures to the strategy.
- 5.25 There are a large range of potentially confounding factors and events which can influence an individual's feeling of loneliness and social isolation, and we expect this will introduce significant difficulties to robustly isolating the impact of the strategy. For example, stakeholder interviews raised the COVID-19 pandemic as significant ongoing factor impacting on individuals' loneliness and social isolation, given significant periods of enforced social isolation and its role as a catalyst for behavioural change (e.g., driving increased uptake in digital communication modes). Similarly, the current high inflation financial environment is having a

dramatic impact on individuals' living standards, which could act to offset any positive impact delivered through the strategy by reducing opportunities to connect.

- 5.26 Given many of the programmes falling within the Connected Communities umbrella are existing programmes (committed to and funded outside of the strategy), it is currently unclear what additional impact the strategy is contributing to these, if any. It is realistic to expect the strategy to have some level of positive impact on the efficacy of these interventions at addressing loneliness and social isolation, although given many of the strategy's activities have a relatively indirect impact on the outcomes and impacts delivered through individual programmes, we expect that determining the share of any contribution will be highly challenging for an evaluator.

Institutional context

Awareness of the context

- 5.27 The extent to which stakeholders are aware of the context of the strategy, and how it is defined, will drive the depth and quality of insight that can be gathered from them during research activities.
- 5.28 The Connected Communities strategy document is an excellent resource for raising awareness of the strategy. Whilst we were unable to verify awareness of the strategy across all Welsh Government officials and programme partners, we observed a good level of awareness and understand of the strategy based on the interviews held as part of this evaluability assessment.
- 5.29 Given relatively low levels of marketing of the strategy to the general public, we would expect awareness of the strategy itself to lower among end beneficiaries (e.g. members of the public experiencing loneliness and social isolation), so primary data collection from these groups could be better geared towards understanding programme-specific performance rather than the impact of the strategy itself.

Timing

- 5.30 The timing of an evaluation is important, in that it will be more worthwhile if its findings have an opportunity to influence ongoing implementation of the strategy, providing feedback to help shape both improvements in processes and enhance the impacts it is generating.

- 5.31 The initial version of the strategy has spanned the four-year period 2020/21 to 2023/24, with the continuation of the strategy in future years currently undetermined. There will be greater value of an evaluation where the Welsh Government plans to implement the strategy well into the future, allowing learning to feed into ongoing policy development. On the other hand, if the strategy was not to be continued beyond 2023/24, there would be less value in evaluating it given the learnings would not feed into improving an ongoing policy.
- 5.32 At the point of writing, around four years following the launch of the strategy, we expect there should now be a sufficient duration of implementation experience for useful lessons to be extracted from stakeholders and monitoring data.

Access to stakeholders

- 5.33 Access to stakeholders is a key consideration when evaluating the strategy, particularly if primary data collection is required to address data gaps. We expect that process and impact evaluation will require significant interaction, including primary data collection, with Welsh Government officials, programme partners, subject-matter experts, and programme beneficiaries. Depending on the programme in question, this latter group could prove particularly challenging to access, given those at risk or experiencing loneliness or social isolation by nature are more likely to be isolated or have low digital literacy.

Resources

- 5.34 The optimal evaluation approach for Connected Communities will be dependent on the currently undetermined availability of data and resources (time and financial). HM Treasury's Magenta Book guidance advises that an evaluation should be proportionate to the nature of the intervention in question, with the level of resources increasing with the profile, cost, level of risk and uncertainty, and the potential for new learning.
- 5.35 Whilst the strategy does not commit a large quantity of resources in of itself, as a complex and new approach to addressing loneliness and social isolation, the case for resources being committed to evaluation is strengthened by the high level of uncertainty into its outcomes and potential to expand knowledge of how system-wide approaches can be effective in this area.

6. Assessment of potential evaluation options

6.1 According to [HM Treasury's Magenta Book \(2020\)](#), there are three main types of evaluation activity: process evaluation, impact evaluation and value-for-money (economic) evaluation.³³ These three categories broadly seek to address the following questions:

- **Process** – What can be learned from how the intervention was delivered?
- **Impact** – What difference has an intervention made?
- **Economic** – Was this intervention a good use of resources?

6.2 This section reviews the pros and cons of potential methods for evaluating the Connected Communities strategy and associated programmes. HM Treasury's Magenta Book (2020) explains process, impact and economic evaluation in great detail, and so this section will only focus on their most important aspects, as well as techniques for the evaluation of the Connected Communities strategy. HM Treasury's Magenta Book supplementary guidance provides further details on potential options to consider when evaluating the strategy, including theory-based approaches (such as contribution analysis, and other methods for dealing with complexity), quasi-experimental methods, and experimental methods.³⁴

6.3 We have considered two broad elements which could fall within the scope of a future evaluation of the Connected Communities strategy, both of which will be important in understanding how effectively the approach is working:

- Evaluation of the overarching whole-system approach to addressing loneliness and isolation, and
- Evaluation of the individual programmes and initiatives that are captured within the umbrella of the Connected Communities strategy.

Process evaluation

6.4 Process evaluation assesses the degree to which an intervention is being implemented as intended, including whether the design is working and which aspects of it are working less well and why. Importantly, process evaluation

³³ [HM Treasury Magenta Book](#) and Annex A analytical methods for use within an evaluation.

³⁴ Contribution analysis was not considered in the options assessment as its application is generally scarce, which makes it difficult to implement in practice.

deliverables should be timed to coincide with opportunities to have impact such that feedback can be used to improve the administration of the policy.

- 6.5 Process evaluation can draw on a range of research methods, driven by both qualitative and quantitative data sources, with the aim of understanding perceptions of how a policy has operated (e.g., by understanding the views and opinions of key stakeholders involved in delivery or who interact or benefit from the policy) as well as objective details on how the policy operated (e.g., through analysing monitoring and performance data).
- 6.6 Given the resource intensive nature of primary data collection, the availability of resources will determine the scope of the evidence that can be collected from stakeholders, with an evaluator potentially needing to prioritise data collection relating to material processes involved in delivering the strategy. To understand the efficacy of the processes involved, we expect that key groups to engage with will include relevant Welsh Government policy leads, programme delivery partners, subject-matter experts, and bodies representing beneficiaries. Evaluating the processes of individual programmes could also involve interaction with programme beneficiaries themselves.
- 6.7 The table below outlines suggested evaluation questions that could be covered in a process evaluation, which should be defined further in future evaluation scoping.

Potential evaluation questions for process evaluation:

Dimension	Example questions for process evaluation
Criteria for success	<p>Is there a clear description of the implemented programme and what it is trying to achieve?</p> <p>How is success defined?</p> <p>Is there a shared understanding of key objectives and desired outcomes across stakeholders?</p> <p>How are the objectives and intended outcomes reflected in how the success of the intervention will be determined?</p>
Learning lessons on implementation	<p>What appeared to work well? What did not?</p> <p>What lessons have you learned? What could be done differently next time?</p>

	<p>How have other factors impacted on delivery (e.g., COVID-19)?</p> <p>What barriers still exist? What ought to be changed or improved?</p> <p>Were there enough staff and resources to effectively deliver the strategy?</p>
<p>Information dissemination and education</p>	<p>How effective have marketing and communications been at making stakeholders aware of the strategy?</p> <p>Do stakeholders have a clear understanding of the strategy's aims and objectives?</p> <p>Are stakeholders aware of their role in delivering the strategy?</p> <p>Is information being effectively shared across Welsh Government policy areas and programme delivery partners?</p>
<p>Monitoring and continuous learning</p>	<p>How is success defined? What desired outcomes would this involve?</p> <p>Is there a coherent plan to collect data for the purpose of ongoing monitoring?</p> <p>Would the collected data enable success to be measured?</p> <p>To what extent can data be consistently and periodically collected reliably at a sufficient level of detail and stratification?</p> <p>Has the strategy been effective at targeting impact toward those who need support (i.e., those at risk or experiencing loneliness and social isolation)?</p> <p>What processes are in place to enable data reporting and escalation to the right governance bodies if needed?</p>

6.8 The choice over the scope and method of the process evaluation will be affected by the following dimensions:

- **Scope of fieldwork:** Evaluators of large and multi-faceted strategies have the choice of undertaking fieldwork at the strategy level, programme/activity level, or

a combination of both. The strategy level approach to undertaking fieldwork is preferred to fieldwork which seeks to understand the implementation of individual programmes and interventions, because the latter will require significant resource given the scale of Connected Communities. Unless such resources are made available, evaluators should instead seek to understand the incremental impact of Connected Communities on projects, which could be supplemented with findings within specific projects, but it should not attempt to evaluate the implementation of each individual project.

- **Participants:** Given the differences in awareness of the strategy between policymakers and the public, it is recommended that separate fieldwork strategies are devised for both groups to participate in a process evaluation. Policymakers who are aware of Connected Communities would be better positioned to discuss how the strategy has impacted policymaking and the delivery of interventions to reduce loneliness and social isolation. However, impacted people who have experienced loneliness and social isolation would unlikely be able to comment on the strategy itself, but may instead contribute to the fieldwork by discussing their experiences of specific interventions and wider impacts, that could have arisen due to Connected Communities. As discussed previously, this may involve discussing sensitive issues so evaluators should have all necessary safeguarding and ethical guidance protocols in place.
- **Monitoring data collection:** As discussed previously, there exists limited availability and collection of relevant data that could be used to monitor the effectiveness of implementation. Data from individual projects and interventions could be used to determine the reach of the strategy, for example in terms of how many people may benefit from Connected Communities strategy and related interventions, as well as how many projects are generated as a result of the strategy. However, given the broad nature of the strategy and the fact that many projects and programmes existed before the strategy's inception, the use of metrics to articulate the success of the strategy's implementation is unlikely to be particularly insightful.

Impact evaluation

- 6.9 Impact evaluation will be a key element of any future evaluation of the Connected Communities strategy, with a focus on determining the extent to which the strategy delivered its intended outcomes and impacts, as well as understanding how and why these were achieved. A key aspect of impact evaluation is also to assign causality to the outcomes and impacts measured such that these can be attributed to the strategy (and not some confounding factor). As such, it will be important to be able to estimate a counterfactual (which would allow an evaluator to compare measured outcomes with outcomes that would have occurred had the strategy not been implemented), to identify the true causal impact of the strategy.
- 6.10 The table below outlines suggested evaluation questions that could be covered in an impact evaluation, which should be further refined in future evaluation scoping.

Potential impact evaluation questions:

Dimension	Example questions for impact evaluation
Generation of impacts and outcomes	<p>Did the strategy deliver the intended outcomes and impacts across the short, medium and long-term? To what extent were they achieved?</p> <p>What have been the unintended consequences of the strategy (positive or negative, if any)?</p> <p>To what extent can any changes be attributed to the strategy? What was the counterfactual with which outcomes and impacts should be compared?</p> <p>What causal factors generated the impacts realised?</p> <p>What features of the strategy (e.g. activities, programmes) delivered the most or least impact?</p>
Distribution of impact	<p>How have the strategy's benefits been spread across different groups of interest</p>

	(e.g., income levels, ethnicity, disability status, physical or mental health issues)?
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Risks and limiting factors	What factors have enhanced or limited the impact of the strategy (e.g., Covid-19, cost of living, complementary or competing policies)?
	Are there any ongoing risks to the strategy achieving its intended impact?

6.11 This sub-section proceeds to assess the relative pros and cons of potential methods for evaluating the impact of the Connected Communities strategy, covering a range of approaches which are compliant with HM Treasury’s Magenta Book guidance on evaluation of public policy. We have collated approaches to impact evaluation into four broad methodological groups: (i) qualitative methods, (ii) before-and-after analysis, (iii) quasi-experimental methods, and (iv) experimental methods.

6.12 According to HM Treasury’s Magenta Book, a high-quality evaluation should be useful, credible, robust, and proportionate. With this in mind, we have assessed each method against a bespoke assessment framework for assessing impact evaluation method options which includes the following elements:

- **Robustness** – the credibility of an evaluation methodology will depend on its approach to developing a robust counterfactual scenario (assuming the absence of the strategy) and the availability of sample frames. The robustness criteria therefore considers the extent to which the research design will allow an evaluator to attribute the impacts being measured to the strategy, including development of a robust counterfactual scenario to isolate the impact of the strategy from potentially confounding factors.
- **Scope** – an evaluation methodology will be more advantageous if it measures the full range of impacts generated by a policy. The scope criteria therefore assesses the extent to which each methodology can measure the range of impacts included within the Logic Model and Theories of Change for the

strategy, considering both programme level impacts and those delivered through the strategy's system-wide approach.

- **Data requirement** – different evaluation designs will require varying levels of primary data collection or the availability of data of a sufficient quality to perform the required analysis. This criteria assesses the level of data input needed to effectively deliver each methodology type, considering both the quantity (i.e., breadth and granularity) and quality of data required.
- **Resources** – this criteria considers both the level of resource, in both human and financial terms, required to deliver the evaluation methodology. For example, it is reasonable to expect that approaches that are complex and require extensive primary data collection will be more resource intensive than those that are not.
- **Ethical considerations** – this criteria considers if there are any specific ethical risks or concerns with delivering a particular research methodology. It therefore considers the nature of research participants and the risk of causing harm to either participants or researchers.

6.13 A summary RAG (Red-Amber-Green) assessment of potential impact evaluation methods against the criteria described above is presented in the table below. It should be noted that this framework broadly assesses the applicability of each group of methods but in practice, an evaluation approach could feasibly involve a combination of these methods depending on the scope of the evaluation and the nature of the underlying activities being evaluated.

Summary assessment of potential impact evaluation options

Criteria	Qualitative methods	Before-and-after analysis	Quasi-experimental methods	Experimental methods
Robustness	Red	Red	Yellow	Green
Scope	Green	Yellow	Yellow	Yellow
Data requirement	Green	Yellow	Yellow	Red
Resources	Yellow	Green	Yellow	Red
Ethical considerations	Yellow	Green	Green	Red

Note: Colour coding of table segments above has been denoted based on the following: (green) minimal risks or limitations, (amber) some risks or limitations to approach, and (red) significant risks or limitations of approach.

- 6.14 A detailed discussion of the key considerations for each potential evaluation methodology is provided below.

Qualitative methods

- 6.15 Qualitative research methods involve collecting and analysing data to inform evaluation through interactions with stakeholders, including interviews, focus groups, case studies, and surveys. Whilst not considered as robust as the quantitative methods assessed, they can be an effective way to understand the context and nuance surrounding the quantitatively measured impacts of the strategy. They can also be effective at understanding the impact on peoples' perceptions and experiences, where it is challenging to do so empirically.
- 6.16 We expect that qualitative data collection for process and impact evaluation can be combined for certain stakeholders, with fieldwork materials for any interviews, focus groups, or surveys being designed to deliver insight into both evaluation types.
- 6.17 Interviews and focus groups are expected to be a key research tools for evaluating Connected Communities, enabling in-depth exploration of both the strategy and individual programmes with stakeholders. We expect that key groups to engage with when evaluating the strategy will include:
- **Welsh Government policy leads:** to understand their experience delivering the strategy, and respective programmes, as well as their perceptions of the impact being delivered.

- **Programme delivery partners:** where interventions are not being delivered by Welsh Government, insight should be gathered from programme delivery partners (i.e., who are part of the wider system) to understand the perceived impact of interventions and gain insight into key processes.
- **Programme beneficiaries:** beneficiaries of the strategy should be engaged with to understand the benefits, and any unintended consequences, they perceive to flow from key activities supported by the strategy. An evaluator could also engage with specific groups of beneficiaries to gain targeted and informed insight into the views and experiences across those groups (e.g., groups representing the welfare of young people, older people, individuals with disabilities). However, as discussed before, it is unlikely that many beneficiaries will be able to comment on the strategy itself given the lack of public marketing of Connected Communities.
- **Subject-matter experts:** experts in the causes and means of tackling loneliness and social isolation could also be engaged with to understand their perceptions of the effectiveness of the strategy, and what could work better.

6.18 Survey data collection could also be a feasible option. Surveys can be particularly effective for efficiently collecting data from a large sample of stakeholders who are readily contactable, although the depth of insight that can be collected will typically be less than for interviews and focus groups. Surveys could also be used to systematically collect scores on wellbeing questions, which could be used to quantify wellbeing impacts, as suggested in [HM Treasury's Green Book supplementary guidance on wellbeing](#).³⁵

6.19 We expect that case studies could be a valuable supplement to other qualitative research methods. These could involve an in-depth analysis of a particular element of the strategy or a particular programme (typically involving a mixed-method approach), investigating innovative/novel aspects of the strategy, or examples of best practice. A key limitation of case studies is that the findings cannot necessarily be extrapolated to other elements of the strategy or programmes.

6.20 When evaluating the impact of the strategy on beneficiaries, care should be taken to ensure that any sampling frame is as representative as possible of those being

³⁵ [Green Book supplementary guidance: wellbeing](#).

supported to ensure the insights collected reflect the full range and distribution of views.

6.21 The table below summarises the feasibility of qualitative research methods for impact evaluation.

Summary assessment of qualitative research methods feasibility

Criteria	Feasibility score	Summary of feasibility
Robustness		<ul style="list-style-type: none"> Qualitative findings will typically be based on respondents' perceptions of outcomes and impacts. Qualitative methods alone therefore cannot robustly verify that the outcomes and impacts identified are attributable to Connected Communities, nor can they typically accurately quantify the scale of the impact. Nonetheless, where robust quantitative methods are not feasible qualitative methods may be the most robust method available to generate supporting evidence. We expect that engaging with stakeholders will be valuable in terms of understanding the how and why impacts occurred, nuance that can be difficult to determine through quantitative methods alone. Similarly, case studies can be used to highlight examples of what elements of the strategy have worked well, particularly where novel or innovative approaches have been used.
Scope		<ul style="list-style-type: none"> Fieldwork materials can be adapted to gather information on a wide range of outcomes, including their perceptions of loneliness and social isolation and other outcomes contained within the Logic Model and Theories of Change.
Data requirement		<ul style="list-style-type: none"> An evaluator would need to collect primary data from key stakeholders to understand their perceptions of the impact of the strategy and associated programmes, although the research method used, and quantity of interactions can be adapted depending on the scale of a policy and available resources. This data can be collected after implementation of the strategy and therefore does not rely on data being collected in-advance of the evaluation.

Criteria	Feasibility score	Summary of feasibility
Resources		<ul style="list-style-type: none"> Collecting primary data from stakeholders can involve significant time and expense, with trained researchers needed to conduct interviews, focus groups, and to deploy surveys.
Ethical considerations		<ul style="list-style-type: none"> Appropriate safeguards should be integrated into stakeholder engagement activities to the extent that engagement activities involve vulnerable groups, such as children, or individuals with disabilities or mental health issues. Before proceeding with research activities, informed consent should be provided by the participant, whilst systems and processes should be put in place to ensure the security and protection of personal data in line with the General Data Protection Regulation (GDPR).

Note: Colour coding of table segments above has been denoted based on the following: (green) minimal risks or limitations, (amber) some risks or limitations to approach, and (red) significant risks or limitations of approach.

Before-and-after analysis

6.22 This approach involves the comparison of outcomes observed at the point of implementation (baseline data) with those observed at a point (or points) after a policy is implemented. It is a relatively simple approach in that it assumes that any changes in key outcomes observed following participation are attributable to that policy. Before-and-after analysis therefore makes no attempt to control for other factors which might be influencing the outcomes of interest, which can lead to criticism of the validity and reliability of its outputs.

6.23 The table below summarises the feasibility of before-and-after analysis methods for impact evaluation.

Summary assessment of before-and-after analysis method feasibility

Criteria	Feasibility rating	Summary of feasibility
Robustness		<ul style="list-style-type: none"> Before-and-after analysis seeks to measure the impact of a policy by comparing outcomes at the point of implementing a policy (the baseline) with outcomes during or after participation. The evidence generated is less robust than evidence provided through Randomised Control Trials (RCTs) and quasi-experimental approaches given before-and-after analysis makes no attempt to estimate a robust counterfactual. This is particularly

Criteria	Feasibility rating	Summary of feasibility
		<p>problematic given the wide range of potential factors which influence social isolation and feelings of loneliness.</p> <ul style="list-style-type: none"> • The method makes no attempt to control for other factors which could be causing the outcomes measured, which is likely to be significant given the wide range of potential factors which influence social isolation and feelings of loneliness. For example, it does not control for observed and unobserved differences in characteristics between participants and non-participants, or the impact of confounding events which could also be influencing loneliness and social isolation outcomes (e.g., the COVID-19 pandemic and the current “cost of living crisis”). • Given the range of complementary interventions falling within Connected Communities which can impact on individual outcomes, before-and-after analysis conducted at the programme level would also not attempt to separate the impact of multiple programmes on individual welfare. • Nonetheless, before-and-after analysis, conducted alongside other methods (e.g., qualitative), would provide insight to support with understanding the impact of the Connected Communities strategy and constituent programmes in the instance that an RCT or quasi-experimental design is not feasible.
Scope		<ul style="list-style-type: none"> • Before-and-after analysis can be used to understand the impact of Connected Communities across a range of quantitative outcomes. However, this will be less useful for outcomes that are qualitative. • The range of outcomes that can be readily measured will depend on the availability of monitoring data and may require some primary data collection. There is generally a lack of data collection on relevant indicators for Connected Communities, making this option less feasible if data collection is not improved.
Data requirement		<ul style="list-style-type: none"> • Data points are required across several points in time to establish a baseline and analyse post-implementation trends in key outcome measures. The extent to which outcomes can be readily measured for individual programmes will be dependent on available monitoring data, although

Criteria	Feasibility rating	Summary of feasibility
		<p>data gaps could be filled by an evaluator through primary data collection (e.g., through a survey of participants). Given that many programmes and projects under the Connected Communities strategy already exists, and there exists a general lack of data, it is unlikely that sufficient baseline data exists for this analysis. However, the method could be used for new interventions where sufficient baseline data is planned to be collected.</p> <ul style="list-style-type: none"> • It is unlikely there is enough data to do this type of analysis at a programme level, particularly when establishing causality will be difficult. It is likely that this would only be feasible for specific interventions where relevant data is available and being collected before the intervention to establish the baseline, as well as throughout and after implementation.
Resources		<ul style="list-style-type: none"> • The data requirement for before-and-after analysis is relatively limited. • The required analysis is relatively straightforward and so does not require advanced technical skills to implement.
Ethical considerations		<ul style="list-style-type: none"> • Before-and-after analysis is not expected to raise any ethical issues, assuming routinely collected monitoring data is made available to the evaluator. Should primary data collection be required, systems and processes should be put in place to ensure the security and protection of personal data (in compliance with GDPR).

Note: Colour coding of table segments above has been denoted based on the following: (green) minimal risks or limitations, (amber) some risks or limitations to approach, and (red) significant risks or limitations of approach.

Quasi-experimental approaches

6.24 Quasi-experimental methods seek to robustly measure the impact of a programme or policy through the use of advanced statistical techniques (including methods such as difference-in-difference and propensity score matching). These methods typically seek to estimate a counterfactual scenario by constructing an artificial control group, which can then be used to estimate the impact of the programme on individuals who are treated with reference to that control group.

- 6.25 Our literature review identified very limited precedent of quasi-experimental methods being used to evaluate individual programmes addressing loneliness and social isolation.
- 6.26 A difference-in-difference approach (with propensity score matching) is a quasi-experimental option for measuring impact at the programme level. This could feasibly involve comparison of surveyed outcomes for a group of individuals benefiting from a programme compared with a non-participant group of individuals who were eligible to participate but either chose not to or were not selected to participate. This would involve both groups being surveyed to collect baseline data, with follow-up surveys to establish changes in these outcomes for the respective groups following the implementation of the programme. A limitation of this approach is that there could be observed or unobserved differences between the participant and non-participant groups which determine non-participation, although a propensity score matching approach could be used to attempt to adjust for such differences. A difference-in-difference approach would then measure the difference between the levels of change observed across the participant and non-participant groups. A recent example of a similar approach being used to evaluate a policy programme was that adopted in the [evaluation of the National Citizen Service in England](#).³⁶
- 6.27 A difference-in-difference approach could also be applied at the strategy level to measure its impact on loneliness and social isolation at the national level, although determining a suitable control group (i.e., a comparable jurisdiction without a system-wide approach to addressing loneliness and social isolation) could be challenging given England and Scotland have their own respective strategies and policy measures for addressing loneliness and social isolation.
- 6.28 A summary of the feasibility of quasi-experimental methods for evaluating the strategy is provided in the table below:

Summary assessment of quasi-experimental method feasibility

Criteria	Feasibility rating	Summary of feasibility
Robustness		<ul style="list-style-type: none"> Quasi-experimental methods are typically considered the best alternative to RCTs (discussed below) when

³⁶ DCMS (2019) [Independent evaluation of the National Citizen Service programme for 2019](#).

		<p>randomisation is not feasible, instead using analytical techniques to estimate a counterfactual. These methods typically rely on a set of assumptions, and so data limitations and issues identifying a suitable control group can limit the validity of the estimated counterfactual.</p>
Scope		<ul style="list-style-type: none"> • We do not view that quasi-experimental methods would be feasible for measuring outcomes attributable to the overarching strategy, given the complexity and system-wide nature of the policy, thus making it difficult to attribute causality. • Quasi-experimental approaches would also only be able to capture quantitative impacts and not qualitative impacts which could be important to capture non-tangible outcomes associated with loneliness and social isolation. • Nonetheless, we expect that quasi-experimental methods could be feasible for measuring some relevant outcomes for some of the interventions falling within the strategy. This could be achieved by collecting data would be collected by intervention participants at multiple points over time, for example through a baseline and follow-up survey.
Data requirement		<ul style="list-style-type: none"> • The data requirement for quasi-experimental methods is higher than that for before-and-after analysis, given an evaluator would also need sufficient data to construct a counterfactual. For example, a propensity score matching approach would require individual-level data on known factors influencing participation to be able to statistically match individuals with similar characteristics. Similarly, a difference-in-differences approach will require enough data to be collected before and after implementation to verify the causal impact of Connected Communities and the presence of no other interacting variables. • While quasi-experimental methods are therefore unlikely to be possible at a programme level given issues with data availability and causality, it could be possible for specific interventions or programmes if data collection is planned in advance.
Resources		<ul style="list-style-type: none"> • Design and implementation of a quasi-experimental approach will be more resource intensive than

		<p>before-and-after analysis, requiring the design of a robust approach and, depending on the method and available data, primary data collection (for example, measuring beneficiary outcomes through a baseline and follow-up survey).</p> <ul style="list-style-type: none"> Requires significant technical expertise and experience to develop a robust research design and effectively implement it.
Ethical considerations		<ul style="list-style-type: none"> Given control groups are artificially constructed, there are likely to be minimal ethical concerns with this approach if existing data is used. If primary data collection is needed, systems and processes should be put in place to ensure the security and protection of sensitive personal data (in compliance with GDPR).

Note: Colour coding of table segments above has been denoted based on the following: (green) minimal risks or limitations, (amber) some risks or limitations to approach, and (red) significant risks or limitations of approach.

Randomised control trial

6.29 A randomised control trial (RCT) is an experimental research design which involves random assignment of individuals to treatment (subject to the policy) and control (not subject to the policy) groups. When random assignment is achieved for a large enough sample of individuals this effectively controls for observed and unobserved differences between groups, allowing researchers to attribute causality to the programme in question when measuring impacts. RCTs are generally considered “gold standard” for clinical trials, although are also commonly used to evaluate public policy programmes.

6.30 Our literature review identified some precedent of randomised control trials being used to evaluate individual programmes addressing loneliness and social isolation.

6.31 The table below summarises the feasibility of randomised control trials for impact evaluation.

Summary assessment of experimental method feasibility

Criteria	Feasibility rating	Summary of feasibility
Robustness		<ul style="list-style-type: none"> When implemented correctly, with treatment and control groups that are randomly assigned, the evidence from randomised control trials can be considered highly robust.

<p>Scope</p>		<ul style="list-style-type: none"> • Similar to for quasi-experimental approaches, we do not view that an RCT approach would be feasible for measuring outcomes attributable to the overarching strategy, as given the complexity and system-wide nature of the policy it would not be possible to randomly assign all beneficiaries of the strategy to treatment and control groups. • However, we expect that an RCT design could be feasible for measuring relevant outcomes for some of the individual programmes falling within the strategy. Data would be collected for a sample of programme participants at several points over time through a baseline and follow-up survey, and as such the design of an RCT can be adjusted to measure a range of outcomes. For example, the baseline and follow-up surveys can be designed to collect data on participants' perceptions of their loneliness at each point in time, as well as any other outcomes of interest. • Experimental approaches would also only be able to capture quantitative impacts and not qualitative impacts which could be important to capture non-tangible outcomes associated with loneliness and social isolation. • Ethical and data issues may also limit the scope of outcomes that can be measured (see below).
<p>Data requirement</p>		<ul style="list-style-type: none"> • There is a high burden on primary data collection with an RCT research design, involving a series of baseline and follow-up surveys, and requiring a large enough sample of participants to ensure statistically robust results. The careful and systematic collection of data for the purpose of an RCT needs to be planned well in advance of implementation, which has not been the case for Connected Communities, therefore making this method infeasible.
<p>Resources</p>		<ul style="list-style-type: none"> • Design and implementation of an RCT is typically relatively resource intensive, involving design of a robust approach which is feasible within contextual operational parameters whilst collecting data at several points in time from a large enough sample of participants. The significant planning required for an RCT has not happened for Connected Communities and so this option is unlikely to be feasible. • Requires significant technical expertise and

		experience to develop a robust research design and effectively implement it.
Ethical considerations		<ul style="list-style-type: none"> • Randomly assigning no support to individuals who are experiencing, or at risk of experiencing, loneliness or social isolation would generate significant ethical concerns, risking control group individuals having adverse outcomes of loneliness and social isolation relative to those assigned to the treatment group. For example, randomly excluding individuals from the use of support or community hubs could be denying them potentially valuable support for relieving their loneliness and social isolation, arguably causing them harm. • There could also be fairness concerns around an RCT design in some instances. For example, random assignment of free rail travel to individuals aged 16 or under could be considered unfair to those who did not receive the benefit. The fairness of random assignment is somewhat subjective and should be considered by policy makers on a case-by-case basis.

Note: Colour coding of table segments above has been denoted based on the following: (green) minimal risks or limitations, (amber) some risks or limitations to approach, and (red) significant risks or limitations of approach.

Implications for the impact evaluation of Connected Communities

6.32 The assessments above for the groups of impact evaluation methodologies highlight the significant challenges to applying more robust evaluation methods to either the strategy or individual programmes or activities. These challenges are numerous, including the complex nature of the strategy and underlying programmes, limited data availability, the timing of a future evaluation, ethical concerns, and the resource intensive nature of more robust methods (which could be incompatible with the resource allocation for a future evaluation).

6.33 As a result, we expect that the most feasible approach is likely to be theory-based, whereby the outcomes and impacts captured in the strategy's Logic Model and Theories of Change are tested and verified through a mixed-methods approach

including qualitative research methods and before-and-after analysis of programme monitoring data where this is available.³⁷

- 6.34 Should resources allow, we expect that randomised control trials and quasi-experimental methods could be feasible for some individual programmes – those not subject to practical limitations or ethical concerns – although given challenges to retrospectively collecting baseline data these may need to be reserved for any new programmes added to the strategy, or new waves of beneficiaries within existing programmes.

Value-for-money (economic) evaluation

- 6.35 Value-for-money evaluation seeks to place a monetary value on the benefits and costs resulting from a policy programme to assess whether the intervention represents an effective use of resources. HM Treasury's Green Book guidance provides detailed guidance on best practice for cost-benefit analysis (CBA) for public policy, and we therefore recommend that any value-for-money evaluation be aligned with the methods and principles outlined in this guidance.
- 6.36 The quality of a Green Book compliant CBA is largely dependent on the quality of the data inputs it is based on. In the preferred scenario, quantified estimates of the studied intervention's impacts are derived from experimental or quasi-experimental research methods. This highlights the need for economic evaluation to be carried out in tandem with rigorous impact evaluation. In the absence of this evidence, the grey and academic literatures can provide an evidence base of relevant studies carried out in comparable contexts which can be used to estimate benefits. However, this approach relies on many additional assumptions.
- 6.37 Given the data limitations and challenges attributing impacts to the strategy, we expect that a robust and comprehensive CBA is unlikely to be feasible in this context. Despite this, to develop some understanding of its value-for-money, an evaluator should seek to quantify as wide a range of the benefits and costs of the strategy as possible, making appropriate caveats on the limitations or uncertainties surrounding the results presented. Any benefits and costs that cannot be monetised should be identified and explored.

³⁷ Theory-based evaluation methods are discussed in more detail in the HM Treasury Magenta Book and its accompanying Annex A on analytical methods.

- 6.38 It could be possible to explore the development of a CBA by undertaking new data collection activities for the purpose of the CBA itself, particularly if this includes the introduction of new fieldwork activities for data collection. It is likely that such an analysis will focus on key areas, interventions or case studies and therefore will not be representative of the overall strategy. However, such an approach can help to obtain an indicative understanding of the value for money of tackling loneliness and social isolation.
- 6.39 The Logic Model and Theories of Change presented in this report detail a range of tangible and intangible impacts that an evaluator can capture in CBA, including (but not limited to) the value of improved individual physical and mental health and wellbeing, cost savings from reduced utilisation of public services, and the value of increased social capital and community cohesion. Impacts on loneliness and social isolation could also be indirectly quantified and monetised if data is collected on improvements to reported wellbeing, i.e., ‘WELLBYs’ (Wellbeing Years, an established measure of life satisfaction experienced in a year). Such an approach would use [HM Treasury’s guidance on wellbeing](#) in which participants score their wellbeing based on [questions published by the ONS](#) and are subsequently monetised.^{38,39}
- 6.40 We expect that a key area of financial benefits that can be quantified will involve cost savings generated due to reduced interaction with public services (e.g., the NHS and social care sector), which would flow from any reduction in the prevalence of loneliness and social isolation. An evaluator could feasibly combine estimates of reductions in service usage with the unit costs of service provision to arrive at a total cost saving for public services.
- 6.41 Key areas of impact that could be valued include the health and wellbeing benefits accruing to individuals, avoided costs to public services, and the value of increased social capital and community cohesion. Many of the inputs feeding into the measurement of benefits and costs should be derived from the impact evaluation, with there being established methodologies for converting many of these to monetary benefits.

³⁸HM Treasury (2021) [Wellbeing guidance for appraisal: Supplementary Green Book Guidance](#).

³⁹ONS (2018) [Personal well-being user guidance](#).

6.42 An evaluator should compare the estimated benefits of the Connected Communities strategy with the estimated costs of delivery to arrive at an estimated of the benefit to cost ratio. We expect that key costs to be included in this assessment will include staff salaries, an apportionment of staff overheads (e.g., office space, IT equipment, staff benefits), expenses involved in delivering the strategy (e.g., marketing and communications, publishing, expenditure on research and evaluation activity) and any funding for specific initiatives (e.g., funding allocated through the Social Isolation and Loneliness Fund).

We understand there is limited monitoring data relating to the level of resource being allocated to the strategy which could make robustly measuring value-for-money challenging. To overcome this an evaluator can attempt to fill evidence gaps through stakeholder interviews, or make simplifying assumptions (e.g., the costs of delivering comparable interventions).

Implications for the economic evaluation of Connected Communities

6.43 Given the data limitations and challenges to measuring the additionality of the strategy, we expect that a robust and comprehensive CBA is unlikely to be feasible in this context.

6.44 Despite this, there is value in attempting to quantify as many of the benefits and costs associated with the strategy as possible, whilst making appropriate caveats on the limitations or uncertainties surrounding the results presented (such as the uncertain level of additionality). It is also likely that such an analysis will focus on key areas, interventions and case studies within the strategy for which evidence is available, rather than looking at the strategy more broadly. Any benefits and costs that cannot be monetised could be identified and explored qualitatively.

6.45 Key areas of impact that could be valued include the health and wellbeing benefits accruing to individuals, avoided costs to public services, and the value of increased social capital and community cohesion. We expect that established frameworks could feasibly be adapted to place a monetary figure on impacts such as cost savings to public services, or the value of benefits to personal health and wellbeing, i.e., using 'QALYs' (Quality-Adjusted Life Years, an established measure which captures the impact on both the duration and quality of life) or WELLBYs.

7. Indicators to monitor the success of the strategy

7.1 As part of the evaluation framework, we have developed a set of suggested indicators to assist a future evaluator when measuring the outcomes and impacts flowing from the Connected Communities strategy. This section sets out potential indicators and guidelines for monitoring the success of the strategy.

7.2 Four types of indicators have been identified to support the monitoring and evaluation of Connected Communities:

- **Long-term impact indicators (1st order):** these indicators focus on measures of loneliness, social isolation and community connectedness, and are based on the key objectives of the Connected Communities strategy, namely, to reduce the prevalence of loneliness and social isolation and build stronger social connections within communities.
- **Long-term impact indicators (2nd order):** these are measures of end long term outcomes that policymakers are ultimately interested in, such as improved health and wellbeing of the population which reduced loneliness and social isolation could contribute to.
- **Intermediate outcomes indicators:** these indicators allow monitoring of the progress of the various programmes and interventions included in the strategy towards the goal of reducing or preventing loneliness and social isolation.
- **Activity/operational outcomes indicators:** these indicators focus on the impact the Connected Communities strategy can have, not through its underlying programmes and interventions, but because it constitutes the first cross-government policy commitment to reduce or prevent loneliness and social isolation.

7.3 These indicators are described in further detail below. The Databank, detailed in Annex A, contains a list of indicators and sources for the first two sets of indicators. The Databank is a useful reference tool for a future evaluator when designing an evaluation approach, although the approach to data collection will vary by evaluation type given their different data demands. For process evaluation, it is standard practice to collect primary data on specific key performance indicators (KPIs) from a selected group of people and organisations that are beneficiaries or

are directly involved in the delivery of the strategy or its underlying interventions. Therefore, in most cases, it will not make sense to rely on existing national data sources for process evaluation. The indicators we report in the databank will therefore be potentially useful for the impact evaluation of the strategy, as well as for its value-for-money assessment.

Long-term impact indicators (1st order)

- 7.4 The main objectives of the Connected Communities strategy are to reduce the prevalence of loneliness and social isolation and build stronger social connections. The target outcomes indicators we suggest in the Databank refer, therefore, to these three dimensions. Whilst there was limited data collection for individual programmes, measures of the self-reported loneliness of the Welsh population can be found in the National Survey for Wales (as detailed in Section 3) and in the School Health Research Network Student Health and Wellbeing Survey, which targets students aged 11 to 16 (see Annex A). Our review identified a lack of systematic data collection on social isolation – or the related concepts of social connectedness, social network or social support – in Wales. This shortcoming could potentially be addressed by including in the National Survey for Wales one of the social isolation scales described in Section 3, or any other appropriate measures. The National Survey for Wales also includes questions about community cohesion, that can be used as a proxy of social cohesion within a community.

Long-term impact indicators (2nd order)

- 7.5 The literature identifies several long-term negative impacts of loneliness and social isolation on the individuals experiencing it, including:
- (a) Higher rates of poor physical health, such as increased risk of coronary heart disease and stroke (Valtorta et al., 2016);
 - (b) Greater risk of being inactive, smoking and other health-risk behaviours (Shankar et al., 2011);
 - (c) Increased risk of premature death among people who feel highly lonely (Holwerda et al., 2016; Tabue Teguo et al., 2016);
 - (d) Increased risk of suicide ideation and self-harm (Stravynski & Boyer, 2001)

- (e) Poor mental wellbeing (Houghton et al., 2016) and increased risk of depression (Forsman et al., 2011; Steptoe et al., 2013);
- (f) Increased risk of cognitive decline (James et al., 2011) and dementia (Holwerda et al., 2014; Kuiper et al., 2015);
- (g) Lower life satisfaction (Salimi, 2011);
- (h) Higher frequency of GP visits (Ellaway et al., 1999)

7.6 The data underlying these indicators for Wales could be found in a number of statistical publications, including the National Survey for Wales, the School Health Research Network Student Health and Wellbeing Survey, the Patient Episode Database for Wales and the mortality data in England and Wales released monthly by the ONS.

Intermediate outcomes indicators

7.7 Data to evaluate the intermediate outcomes of this type of complex and multifaceted strategy are expected to be collected at the individual programme-level. The Connected Communities strategy relies on a wide range of programmes and policies that address the issue of loneliness and social isolation from multiple perspectives and levels of interventions and are delivered through a network of partners. It is therefore advisable to evaluate the individual programmes – monitoring the appropriate metrics across the population of beneficiaries of the programme – to assess the whole strategy against the intermediate outcomes as listed in the Theories of Change.

Activity/operational outcomes indicators

7.8 The Connected Communities strategy aims to tackle loneliness and social isolation in the long-term not only through the programmes and interventions under its four priorities, but also through its role as the first major cross-government policy commitment on the topic. As commonly raised during stakeholder interviews, the existence of a Welsh Government strategy is expected to generate awareness across a system of organisations and the public, influencing future policy making at every level and across multiple policy areas, and highlighting the need for research on loneliness and social isolation, their causes and impacts, and what works to address them.

- 7.9 For the future evaluator to assess the overall impact of the Connected Communities strategy, these strategy level mechanisms which impact loneliness and social isolation less directly should also be evaluated. Examples of indicators that could help when measuring strategy level outcomes include:
- (a) The number of policies, programmes, strategies or action plans developed by the Welsh Government that explicitly mention the Connected Communities strategy or the aim to tackle loneliness and social isolation more in general.
 - (b) Number of new programmes, plans, initiatives or services produced by arm's-length bodies, local authorities and other delivery partners that explicitly mention the Connected Communities strategy, or the aim to tackle loneliness and social isolation more in general (e.g., local development plans, programme evaluations, annual reports, etc.).
 - (c) Number of calls for applications to grants or funding schemes – for example on the [Funding Wales](#) platform – that include tackling loneliness and social isolation among the application assessment criteria.
 - (d) Number of research publications produced by Welsh universities and research centres around the topics of loneliness and social isolation.
 - (e) The number of policy programmes and other initiatives which routinely monitor loneliness and social isolation as outcomes.

8. Conclusions and recommendations

Conclusions from the evaluability assessment of Connected Communities

- 8.1 Connected Communities is a system-wide approach to addressing loneliness and social isolation in Wales, acting as an umbrella for a range of pre-existing programmes which include reducing loneliness and social isolation within their range of objectives. The Logic Model and Theories of Change developed during this research highlights the wide range of mechanisms through which the strategy aims to achieve its objectives.
- 8.2 There is definite scope to evaluate both the overarching strategy and the individual programmes, although issues such as complexity, data constraints and limited resources could constrain the depth and range outcomes that can be robustly measured in any process, impact, and economic evaluation.
- 8.3 Whilst the prevalence of loneliness and social isolation can be monitored through established indicators included in the National Survey for Wales, robustly measuring the implementation and impact of the overarching Connected Communities strategy will be highly challenging given the wide range of mechanisms through which it aims to address loneliness and social isolation, and the large number of potentially confounding factors which could also be causing the outcomes observed (e.g., the recent sharp rise in the cost of living and behavioural changes resulting from COVID-19 pandemic). Many of the programmes and interventions falling under the strategy umbrella would also have occurred in the absence of the strategy, and it will be highly challenging to robustly measure the isolated contribution of each programme to the overall aims of the strategy.

Recommended evaluation methods and design

- 8.4 The optimal evaluation approach for Connected Communities will be dependent on the currently undetermined availability of data and resources (both in terms of time and financial budget). In line with HMT Magenta Book guidance, we recommend that an evaluation should be proportionate to the nature of the intervention in question, with the level of resources increasing with the profile, cost, level of risk and uncertainty, and the potential for new learning. Whilst the strategy does not commit a large quantity of resources, as a complex and new approach to addressing loneliness and social isolation, the case for resources being committed

to evaluation is strengthened by the high level of uncertainty into its outcomes and potential to expand knowledge of how system-wide approaches can be effective in this area.

8.5 As a conclusion to the evaluability assessment, we recommend the following as part of a future evaluation of the Connected Communities strategy:

- **Process evaluation.** A process evaluation should be conducted at a relatively early stage of implementation to understand the aspects of delivery which are and are not working well, allowing refinements to be made on a timely basis to improve ongoing delivery. We expect that a process evaluation will primarily consist of a mixed methods approach, including qualitative evidence collected from those administering the strategy, and a review of monitoring data where this exists. Given that the Connected Communities strategy is an umbrella strategy for many different policies and interventions which existed before the strategy, it is likely that a process evaluation will seek to understand from policymakers how Connected Communities is increasing the awareness and focus of loneliness and social isolation in policy making. In parallel, fieldwork with potential beneficiaries of relevant projects and programmes may focus on broad perception and experiences of those interventions rather than the strategy itself, as it is unlikely that those outside policymaking would have a good understanding of Connected Communities. Any fieldwork with people experiencing loneliness and social isolation will need to have ethical and data protection considerations in place given the potential vulnerabilities they may experience.
- **Impact evaluation.** For the impact evaluation of the overarching strategy, we recommend a primarily theory-based approach whereby key outcomes and impacts described in the strategy's Logic Model and Theories of Change are verified and measured through qualitative methods and before-and-after analysis of strategy and individual projects, where data is available. This could include quantitative analysis of monitoring data and qualitative evidence collected from key stakeholders (including Welsh Government officials, programme delivery partners, programme beneficiaries, and subject-matter experts). It is likely that any quantitative analysis will require new data collection activities above what is currently being collected. This is likely to be the case for

any analysis which seeks to understand the impact on long term outcomes, such as loneliness and social isolation indicators, and health and wellbeing, given the relative scarcity of data availability at a programme and strategy level. The scope for using more robust impact evaluation methods (such as randomised control trials and quasi-experimental methods) to measure the impact of individual programmes should be explored, although an evaluator should be aware of the potential practical and ethical issues associated with these. Further, it is likely that these more robust methods will only be applicable to specific interventions for which proper planning and data collection activities have been considered well in advance of implementation.

- **Economic evaluation.** Given the data limitations and challenges to attributing impacts to the strategy, we expect that a robust and comprehensive CBA is unlikely to be feasible in this context. Despite this, to develop some understanding of its value-for-money, an evaluator should seek to quantify as wide a range of the benefits and costs of the strategy as possible, making appropriate caveats on the limitations or uncertainties surrounding the results presented. It is likely that such an analysis will focus on key areas, interventions or case studies and therefore will not be representative of the overall strategy. However, such an approach can help to obtain an indicative understanding of the value for money of tackling loneliness and social isolation. Key areas of impact to be valued include the health and wellbeing benefits accruing to individuals, avoided costs to public services, and the value of increased social capital and community cohesion. Many of the inputs feeding into the measurement of benefits and costs should be derived from the impact evaluation, with there being established methodologies for converting many of these to monetary benefits. Any benefits and costs that cannot be monetised should be identified and explored qualitatively.

8.6 Where there are concerns over the feasibility of evaluation methods, it is recommended to conduct smaller-scale pilots to explore evaluability and provide early indications of the effectiveness (e.g., for a small sample of programmes). The findings of these pilots could also provide valuable lessons earlier than a full evaluation.

Recommendations to enhance evaluability.

We recommend that the Welsh Government takes the following steps to enhance the evaluability of the Connected Communities strategy, which could improve the choice of evaluation methods described above:

Programme design

- The objectives and success of the strategy should be defined, ideally as SMART objectives (specific, measurable, achievable, relevant, and time-bound). This will help future evaluators to understand what impacts should be evaluated.
- Clarity on the long-term future of the Connected Communities strategy should be provided, as this will determine the usefulness and scope of the evaluation for a future evaluator.

Data collection

- Map current strategy and programme level monitoring data to the outcomes and impacts included in the Logic Model and Theories of Change. The scope for addressing any data gaps should then be explored.
- Improve the availability and collection of data on loneliness and social isolation and relevant outcomes (e.g. wellbeing) at a programme and intervention level. This could include increasing awareness and providing guidance on the use of such indicators to policymakers to help embed data collection throughout the strategy. New data collection activities could also be considered to understand how loneliness and social isolation changes over time. This could be captured for example through a baseline survey of programme beneficiaries, with follow-up surveys to establish any changes in these outcomes.
- Improve national reporting of loneliness and social isolation indicators. Questions on loneliness included in the National Survey for Wales are asked only from 2016-17 onwards and do not cover social isolation, which seemed to be less well understood. Ideally, such data would also include breakdowns to sub-national levels and by specific population groups of interest, as this may help target policies.
- Investigate the potential for linking programme-level data with administrative data on individual outcomes (such as health and social care records), for

example by collaborating with the [SAIL Databank](#), a rich databank of health and administrative data. Given the link between loneliness and adverse health outcomes, linking could be an effective way to monitor the medium- to long-term impacts of the strategy without the need for primary data collection.

- Collaborate with key stakeholders to ensure any complementary data sources are available for an evaluation (for example, The Time to Talk Public Health Panel Survey and the School Hearth Research Network Health and Wellbeing Survey).
- Establish measures to monitor the resources that go into delivering the strategy (staff time, financial resources), which will assist when understanding its value-for-money.

Resources

- Whilst additional data collection and evaluation can be resource intensive, many of the programmes of interest span multiple policy areas and so the scope for pooling resources across multiple policy areas for joint data collection and evaluation should be explored.

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10. Annex A: Databank

Data for target outcome and long-term impact indicators

Type	Indicator	Description	Source
Target outcome	Loneliness	Self-reported loneliness through the De Jong Gierveld 6-item loneliness scale	National Survey for Wales
Target outcome	Loneliness	Frequency of feeling lonely in the previous week	Time to Talk Public Health Panel Survey
Target outcome	Loneliness (young people)	Self-reported loneliness through the UCLA 3-item loneliness scale	School Health Research Network Student Health and Wellbeing Survey
Target outcome	Social isolation	Self-reported survey data on social connectedness	Suggested
Target outcome	Community cohesion – sense of belonging	Agreement with the statement ‘I belong to my local area’	National Survey for Wales
Target outcome	Community cohesion – sense of belonging	Agreement with the statement ‘I feel like I belong to this neighbourhood’	Understanding Society
Target outcome	Community cohesion – diversity	Agreement with the statement ‘This local area is a place where people from different backgrounds get on well together’	National Survey for Wales
Long-term impact	General health	Self-reported general health	National Survey for Wales
Long-term impact	General health	Self-reported general health	Time to Talk Public Health Panel Survey
Long-term impact	General health	Self-reported general health	Understanding Society
Long-term impact	Coronary heart disease	Diagnosed coronary heart disease	Understanding Society

Long-term impact	General hearth diseases	Diagnoses of in-patients including hearth diseases	The Patient Episode Database for Wales
Long-term impact	Mental wellbeing	Self-assessed mental wellbeing through the Warwick-Edinburgh Mental Well-being Scale	National Survey for Wales
Long-term impact	Mental wellbeing	Self-assessed mental wellbeing through the Short Warwick-Edinburgh Mental Well-being Scale	Time to Talk Public Health Panel Survey
Long-term impact	Mental wellbeing (young people)	Self-assessed mental wellbeing through the Short Warwick-Edinburgh Mental Well-being Scale	School Health Research Network Student Health and Wellbeing Survey
Long-term impact	Personal Wellbeing	Four measure personal wellbeing (ONS4), including life satisfaction, feeling worthwhile, happiness and anxiety	National Survey for Wales
Long-term impact	Personal Wellbeing	Four measure personal wellbeing (ONS4), including life satisfaction, feeling worthwhile, happiness and anxiety	Time to Talk Public Health Panel Survey
Long-term impact	Subjective Wellbeing	General Health Questionnaire (GHQ) 12-question measure	Understanding Society
Long-term impact	Life satisfaction	Life satisfaction rating on a 0 to 7 likert scale from completely dissatisfied to completely satisfied	Understanding Society
Long-term impact	Life satisfaction (children and young people)	Life satisfaction rating on a 0 to 10 scale	School Health Research Network Student Health and Wellbeing Survey
Long-term impact	GP visits	Self-reported number of GP visits in previous year	National Survey for Wales
Long-term impact	GP visits	Self-reported number of GP visits in previous year	Understanding Society
Long-term impact	Unhealthy behaviours – Smoking	Frequency of smoking	National Survey for Wales

Long-term impact	Unhealthy behaviours – Smoking	Frequency of smoking	Time to Talk Public Health Panel Survey
Long-term impact	Unhealthy behaviours – Smoking	No. cigarette smoked per day	Understanding Society
Long-term impact	Unhealthy behaviours – Smoking (young people)	Frequency of smoking	School Health Research Network Student Health and Wellbeing Survey
Long-term impact	Unhealthy behaviours – Drinking alcohol	Alcoholic drinks consumption	National Survey for Wales
Long-term impact	Unhealthy behaviours – Drinking alcohol (young people)	Alcoholic drinks consumption	School Health Research Network Student Health and Wellbeing Survey
Long-term impact	Unhealthy behaviours – physical inactivity	Frequency of physical activity	National Survey for Wales
Long-term impact	Unhealthy behaviours – physical inactivity (young people)	Frequency of physical activity	School Health Research Network Student Health and Wellbeing Survey
Long-term impact	Premature deaths	Number of premature deaths from key non communicable diseases	Mortality data England and Wales (ONS)
Long-term impact	Suicides	Number of suicides	Mortality data England and Wales (ONS)
Long-term impact	Dementia and Alzheimer deaths	Number of deaths caused by Dementia and Alzheimer's disease	Mortality data England and Wales (ONS)

11. Annex B: Summary of existing scales for measuring loneliness

Scale	Structure	Original target population	Actual use (MASLO database)	Dimensions
University of California Los Angeles Loneliness Scale (UCLA)	The original version consists of 20 items. There are four response categories, from 1 (never) to 4 (often). Hence, it assesses the frequency of loneliness experiences.	Young adults	College students (35.11%), adults (33.70%), adolescents (17.28%) and older people (13.30%)	It was developed as a unidimensional scale.
Children's Loneliness Scale (CLS)	It consists of 24 items, of which 16 are used to assess loneliness, whereas the other 8 are 'filler items', not used to measure loneliness (e.g., 'I like music'). The items can be answered on a 5-point scale ranging from 1 (always true) to 5 (not true at all), reflecting both frequency and agreement.	Children	Children (65.73%) and adolescents (34.09%)	It was developed as a unidimensional scale.
Rasch-Type Loneliness Scale (RTL) or De Jong Gierveld Loneliness Scale (DJGLS)	It consists of 11 items with answering categories reflecting agreement. Response options usually include five categories (e.g., yes!, yes, more or less, no, no!). Next, the scores are dichotomised, so that the scale scores will range from 0 to 11. For example, for positively worded items, the answer 'no!', 'no' and 'more or less' are coded as 1, as they are considered an expression of loneliness. The authors also proposed a brief 6-item version of the scale, which is commonly used in the literature.	Older adults	Older adults (58.69%), adults (36.62%), adolescents (2.35%) and college students (2.35%)	It was developed as a multidimensional scale that included four subscales (feelings of severe loneliness, feelings of loneliness connected with specific problem situations such as abandonment, loneliness related to missing companionship, and feelings of belongingness), but in most studies it is used as a unidimensional measure. Its shorter 6-item version is often used as a multidimensional scale that includes social and emotional loneliness.

Social and Emotional Loneliness Scale for Adults (SELSA)	It consists of 37 items with 7 answering categories, ranging from 1 (strongly agree) to 7 (strongly disagree). Common brief versions of the SELSA, the abbreviated SELSA and the SELSA-S, include 15 items (not the same 15).	Adults	Adults (49.30%), college students (30.99%) and adolescents (16.9%)	It was developed as a multidimensional scale and includes subscales reflecting social loneliness and two domains of emotional loneliness, that is, family loneliness and romantic loneliness.
The Differential Loneliness Scale (DLS)	The DLS consists of 60 items with two response categories, that is, T (true) and F (false).	Two versions were initially constructed, a student and a non-student version.	College students (69.23%), adolescents (7.69%), adults (15.38%) and older individuals (7.69%)	It was developed as a multidimensional scale and include includes four subscales reflecting loneliness in romantic/sexual relationships, friendships, relationships with family and relationships with larger groups or the community.
Loneliness and Aloneness Scale for Children and Adolescents (LACA)	It consists of 48 items, only half of which assess loneliness (the other 24 items assess positive and negative attitudes toward aloneness). The items can be answered on a 4-point scale, ranging from 1 (never) to 4 (often), and, hence, measure the frequency of loneliness experiences.	Older children and adolescents (10-19 years)	Adolescents (74.19%), children (19.35%) and college students (6.45%)	It was developed as a multidimensional scale, including two subscales reflecting loneliness in relationships with parents and loneliness in relationships with peers.
Relational Provisions Loneliness Questionnaire (RPLQ)	It consists of 24 items with 5 answering categories, ranging from 1 (no, not at all) to 4 (yes, always), reflecting both frequency and agreement.	Children	Children (66.67%) and adolescents (33.33%)	The RPLQ was developed as a multidimensional scale and includes four subscales, reflecting peer personal intimacy, family personal intimacy, peer group integration, and family group integration.
Peer Network and Dyadic Loneliness Scale (PNDLS)	It consists of 16 items with 4 answering categories, in 'Harter's format'. Participants are presented with pairs of sentences describing children. For each pair, they are then asked to select the sentence	Children	Children (61.54%) and adolescents (38.46%).	It was developed as a multidimensional scale, including a peer dyadic and peer network loneliness subscale, intended to reflect emotional and social

	describing the child that is most like them. Next, participants indicate whether the selected description is sort of true or really true for them. Eventually, scores range from 1 (very low loneliness) to 4 (very high loneliness).			loneliness in the peer context, respectively.
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