Community Connections
Evaluation Report

September 2018: for the period November 2016 – May 2018
“Few would argue that Monmouthshire is a beautiful place to live but some areas of the county are some of the most deprived in Wales in terms of access to services. There has been a continual decline in rural shops, post offices, police stations and health services. People in rural areas have to travel significant distances to access services and are further disadvantaged by the lack of public transport. This inability to access services or social activities can have a negative impact on the quality of people’s lives.

The Community Connections Befriending scheme and the Car Scheme help people stay connected to other people and to the services and activities that are so important to us all. Having volunteered with the befriending scheme and the car scheme I can see first-hand how isolated some people are not just from a location point of view but because of poor mobility, frailty or loneliness. I can see how important the befriending scheme is and how much it is valued by those who use it. The scheme is not simply something that adds value – to many it is vital and without it their quality of life would be much poorer.”

Louise George: Health, Social Care & Wellbeing Coordinator, Gwent Association of Voluntary Organisations (GAVO) and Chair of the Community Connections Project Steering Group
Contents

1. Context ........................................................................................................................................... 1

2. Evaluation Framework and Approach ............................................................................................ 2

3. Research Methods .......................................................................................................................... 3

4. Key Quantitative Findings (Statistical Analysis) ............................................................................ 9

5. Social Return on Investment (SROI) ............................................................................................. 18

6. Key Qualitative Findings ................................................................................................................. 19

7. Current situation and sustainability ............................................................................................. 34

8. Conclusions and Recommendations .............................................................................................. 36

   Appendices (supporting documentation and references) ............................................................ i - xi
1. Context

This study has been commissioned to evaluate the Community Connections Big Lottery (‘People and Places’) funded project which began in November 2016 and ends on 31st October 2018. The information gathered for this evaluation study is from the period November 2016 - May 2018.

This report will be of interest to Bridges Centre (host organisation), project funders, the multi-agency project Steering Group, other stakeholders including future partner organisations and funders.

The aim of Community Connections is to:
Enable older people at risk of isolation in Monmouthshire, to access a range of networks, relationships and activities to maximise their independence, health and wellbeing and community connections.

The Project’s Big Lottery funded project objectives are:

Objective 1: The project will improve the wellbeing and reduce feelings of isolation and loneliness of older people.

Objective 2: Volunteers will be given training and support to befriend vulnerable adults. As a result, the wellbeing of many of the volunteers will be significantly improved.

Objective 3: New, accessible social opportunities for older people will be established and made sustainable in partnership with other organisations.

Objective 4: A Social Co-operative will be established to help meet practical support needs and to offer opportunities and training to people facing barriers to employment.

This evaluation study is focused on the work that has been achieved towards the project’s aims and objectives, and the impact this has had on individuals and organisations. The study has also considered the benefit of the project model and its role within service provision in Monmouthshire. It also looks into the implementation of recommendations from the project’s previous evaluation (November 2011 – October 2016).

Information gathered for this study has provided evidence of the social value of the work being carried out by Community Connections which has enabled a Social Return on Investment (SROI) to be calculated. From the evidence obtained, the evaluation report aims to explain the role and value of the project and provide recommendations to assist its future development and sustainability.
2. Evaluation Framework and Approach

Action for Wellbeing has designed and followed an evaluation framework in agreement with Community Connections for the gathering, compiling, analysing and presenting of information.

Questions have been based on the project objectives and the social value of the scheme. Careful consideration was given to ensure that the consultation process was as objective as possible, accessible and inclusive with a representational sample. Questionnaires were completed anonymously and no personal information by which an individual could be identified was collected. On completion of this evaluation study, all information gathered will be returned to the Community Connections Project Manager.

The findings and recommendations are presented in this full evaluation report as well as in an Impact Report, which highlights the results of the evaluation and the benefits of the Scheme.

Filming of the Playback Theatre evaluation session, and Beneficiary and Volunteer Journey Maps will be presented at an evaluation event on September 20th 2018 and may also be available to view on request via the Community Connections Project Manager.

The evaluation framework is available in the Appendix section of this report along with tools, techniques and references used in its preparation.
3. Research Methods

A range of methods were used to enable the participation of beneficiaries, volunteers, project staff and organisation stakeholders/partners in the evaluation process to provide both quantitative and qualitative data.

Wellbeing Questionnaire

Developed using the short-form Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS).

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at Warwick Medical School and Edinburgh University to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies, which aim to improve mental wellbeing. The WEMWBS is a 14-item scale with 5 response categories, summed to provide a single wellbeing score.

The short-form Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) is a shortened version of the full WEMWBS and uses a 7-item scale of wellbeing to provide a single wellbeing score. These seven states of wellbeing have been thoroughly and sensitively researched and this scale is widely used and endorsed.

The 7-item scale is shorter and therefore more suitable for use with vulnerable or older adults. It provides a valuable measurement for those beneficiaries experiencing loneliness and isolation e.g., ‘I’ve been feeling close to other people’.

To measure the extent to which the wellbeing of the project’s beneficiaries and volunteers was enhanced during the evaluation period, a sample of beneficiaries and volunteers were given the SWEMWBS questionnaire (also titled as ‘Wellbeing Questionnaire’). The participants scored their wellbeing retrospectively i.e. prior to their engagement with Community Connections and then scored their wellbeing presently (the date on which they completed the questionnaire).

Note: Volunteers wellbeing scores are not included in our SROI calculations since volunteers form part of the ‘intervention’ process. Including volunteer scores could be seen as ‘double-counting’ or exaggerating the SROI value and ratio.

Limitations: The baseline information gathered was retrospective.

We are acutely aware that some older people may find completing questionnaires challenging and we are grateful to the project’s befriending coordinators who demonstrated considerable skill and discretion when it came to supporting beneficiaries in completing this questionnaire.

We are also aware, on the basis of their age profile, that there is a statistical probability that a proportion of those beneficiaries who participated in this exercise may be experiencing degrees of confusion and/or dementia*. We are none the less confident that the thoroughness and sensitivity of the research, which contributed to the development of the Warwick-Edinburgh Mental Wellbeing Scale, makes it a suitable and appropriate tool for this evaluation.

*Above the age of 65, a person’s risk of developing Alzheimer’s disease or vascular dementia doubles approx. every 5 years. It is estimated that dementia affects one in 14 people over 65 and one in 6 over 80.

Risk factors for dementia - Alzheimer’s Society

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

The SWOT Analysis is a basic, analytical framework that assesses what an organisation can and cannot do, for factors both internal and external. The popularity of SWOT Analysis is down to its simplicity and flexibility. Strengths and weaknesses are often internal to an organisation, while opportunities and threats generally relate to external factors. For this reason, SWOT Analysis is sometimes called Internal-External Analysis and the SWOT Matrix is sometimes called an IE Matrix.

The SWOT was used to gather feedback from Community Connections staff and the Community Connections Project Manager.

Limitations

SWOT data collection and analysis entails a subjective process that reflects the bias of the individuals who undertake it. However, carrying it out in a group setting can reduce some of that bias. It can be hard to address uncertain or two-sided factors such as factors that could be either a strength, weakness or both.

Social Return on Investment (SROI)

Social Return on Investment (SROI) is a principles-based method for measuring extra-financial value (i.e. the social value) of a project, relative to resources invested in that project. It is often used to evaluate impact.

To calculate the SROI delivered by the project during the evaluation period, (S)WEMWBS data\(^1\) was collected as part of the Wellbeing Questionnaire and combined with values published by the Housing Associations' Charitable Trust (HACT) and Simetrica\(^2\). To avoid over-claiming, a 27% deadweight allowance was deducted for wellbeing states (meaning that 27% of people would have improved without any intervention).

Limitations

The small sample size available of 21.5% is a relatively small proportion of the total numbers of beneficiaries engaged with the project. However, the SROI calculations offered are representative of the project's performance over the period under evaluation.

14 (9.95%) of the 139 Wellbeing Questionnaires returned could not be used for evaluation purposes because the respondents did not answer all questions. Critical questions include Question 1, which asks whether the respondent is a beneficiary or a volunteer; and the seven ‘wellbeing’ states from which SWEMWBS scores are calculated.

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1 Warwick Edinburgh Mental Wellbeing Scale (WEMWBS):
https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs

2 Valuing improvements in mental health: Applying the wellbeing valuation method to WEMWBS:
Housing Associations' Charitable Trust (HACT): www.hact.org.uk and Simetrica (Social Impact Metrics)

3 Homes and Communities Agency (HCA) Additionality Guide:
**Wellbeing Sun**

The Wellbeing Sun is an outcome tool designed to measure change in beneficiaries and volunteers wellbeing. Developed by Bridges Project staff in partnership with Monmouthshire County Council in September 2016, it has since been used by Volunteering for Wellbeing and Community Connections Coordinators.

The Wellbeing Sun was also designed to take into account the previous Evaluation Report (2016) which suggested the project build on their experience of using the Quality of Life questionnaire and refine the questions in order to make sure they remained measurable and reliable. The Wellbeing Sun was designed to be a more valid and reliable tool for wellbeing and to also include objectives from the Social Services and Wellbeing Act (2014) which look at social isolation, loneliness and wellbeing. Sample data from the beneficiaries using the Wellbeing Sun tool has been included in this report.

Sample data from the wellbeing sun has been included in this report.

**Limitations:** This tool has proved difficult to conduct with beneficiaries. It is not always appropriate e.g. for those with impairments. Some ‘points’ of the sun are more relevant than others and possibly difficult to respond to (due to sensitive information).

Coordinators have highlighted the need for a ‘reminder’ system for reviews. Bridges systems are not yet able to compile and fully analyse the data.

Data collected using the Wellbeing Sun cannot be used with recognised analytical processes such as HACT/Symetrica SROI calculations.

**Project Objectives Questionnaire**

The Project Objectives Questionnaire identifies the extent to which the project has achieved its key objectives (as outlined in its Big Lottery funding application) during the evaluation period.

Five staff/team members and 18 partners/stakeholders were asked to rate Community Connections performance in meeting its key objectives.

Respondents were asked to score the project’s performance on a scale of 1–10. There was also an opportunity at the end to add any further comments as to whether the project had achieved something noteworthy, which was not included in the initial objectives.

**Limitations:** Some stakeholders were not familiar with the specific objectives of the lottery-funded project due to limited contact with the project e.g. referring for befriending support or signposting to the Car Scheme.

Some stakeholders were only involved with either beneficiaries or volunteers so could not comment on one or more of the objectives.
Consultation with Project Manager
The project manager was asked to revisit recommendations from the previous project evaluation and give feedback on whether or not those recommendations have been met.

Focus Group
Beneficiaries, volunteers and Community Connections coordinators from each geographical area of the county were invited to attend a focus group to discuss their involvement in the project and share their views on the role and benefits of the scheme. The groups were split into geographical areas and supported by their coordinator. Beneficiaries and volunteers completed the SWBMWBS ‘Wellbeing Questionnaire’ and then the coordinators supported a free flow discussion between their groups. Beneficiaries and volunteers shared their experiences and connections with the project whilst the evaluators took notes.

Limitations: A limited number of people could be accommodated in this session (approx. 30 people) which was limited to 2 hours.

Journey Maps
This tool has been developed to document personal ‘journeys’ from people involved with the project. The model is based on customer experience tools but has been adapted to be relevant to capture beneficiaries’ and volunteers’ experiences. It can demonstrate well the journey, both emotionally and practically that someone has experienced. It highlights communication – staff and volunteer input, and the impact the project has had on that person’s wellbeing.

Because the maps are visual, it is easy to see progress and ‘distance travelled’ from the start of the relationship with Community Connections to the present. The process of creating a map enables a personal experience to be shared in a supportive and positive way.

Journey Maps were produced by 3 beneficiaries and 2 volunteers with support from their project coordinators.

Limitations: Personal experience maps are difficult to include in traditional report format. They depend on an element of confidence of the coordinator and individual to be creative.
Golden Thread: Playback Theatre

This is a unique form of improvised theatre enabling audiences to tell their stories; the essence of their story is immediately brought to life using acting, movement and music. This session was facilitated by a group of 5 drama and music therapists and involved approximately 25 people made up of beneficiaries, volunteers, project staff and stakeholders from referring organisations.

Limitations: The event was approximately 2 hours long and included a limited number of participants. Not everyone was able to share his or her story due to time limitations. Furthermore this interactive method is dependent on people sharing personal experiences in an audience setting and would not appeal to, or be appropriate for some people. Audience members for this event were therefore invited on the recommendation of project coordinators.
Volunteer Diaries

Diaries provide written documentation of befriending activity and note the difference being made to people involved in the scheme.

Diaries use the actual words of volunteers and can provide detailed evidence of the impact of those involved.

Limitations: Not every volunteer chooses to keep a diary, and those that do can give sporadic information.

It is a personal record and therefore subjective and so may not be entirely reliable.
4. Key Quantitative Findings

**Wellbeing Sun Outcome Measure**

The graph below shows a sample of data from beneficiaries who undertook the Wellbeing Sun at the start of their involvement with the project and then reviewed approximately 6 months later. The data highlights an increase in ‘feeling more included’ and ‘involved in the community’ as well as an increase in ‘feeling good about themselves’ and ‘having people to talk to’.

However, there has been a decline in other elements of wellbeing, e.g. ‘learning and developing to one’s full potential’, ‘keeping active’, ‘feeling useful’ and ‘personal goals’. There could be several reasons for this as stated in the tools limitations.

This data is in line with that from the sample data provided by those beneficiaries who undertook the SWEMWBS for this evaluation and supports elements of increased wellbeing.
Achievement of key objectives, wellbeing enhancement and social return on investment (SROI)

The purpose of the statistical analysis undertaken as part of this evaluation of the Community Connections project was to establish the following:

1. The extent to which the project has achieved its key objectives (as outlined in its Big Lottery funding application) during the evaluation period
2. The extent to which the wellbeing of the project’s beneficiaries was enhanced during the evaluation period
3. The extent to which the wellbeing of the project’s volunteers was enhanced during the evaluation period
4. The Social Return on Investment (SROI) delivered by the project during the evaluation period.

Aims and Methodology

- Identifying the extent to which the project has achieved its key objectives (as outlined in its Big Lottery funding application) during the evaluation period:
  Individuals with an active involvement in the project were invited to complete the ‘Project Objectives Questionnaire’ and ‘Project SWOT Review’.

- Measuring the extent to which the wellbeing of the project’s beneficiaries was enhanced during the evaluation period:
  A sample of the project’s beneficiaries were invited to complete a ‘Wellbeing Questionnaire’. Questionnaires were completed at both a group event and individually. Individual wellbeing scores were established using the SWEMWBS.

- Measuring the extent to which the wellbeing of the project’s volunteers was enhanced during the evaluation period:
  A sample of the project’s volunteers were invited to complete a ‘Wellbeing Questionnaire’. Questionnaires were completed at both a group event and individually. Individual wellbeing scores were established using the SWEMWBS.

- Calculating the SROI delivered by the project during the evaluation period:
  SWEMWBS data was collected as part of the ‘Wellbeing Questionnaire’ and combined with values published by the Housing Associations’ Charitable Trust (HACT) and Simetrica.
Achievement of key objectives

Five staff/team members and 18 stakeholders/partners were asked to rate Community Connections performance in meeting its key objectives.

Respondents were asked to score the project’s performance on a scale of 1–10:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not achieved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completely achieved</td>
</tr>
</tbody>
</table>

**Objective 1**: The project will improve the wellbeing and reduce feelings of isolation and loneliness of older people.

- Staff/team members’ average score: 8.1 out of 10
- Partner/stakeholders’ average score: 8.7 out of 10

**Objective 2**: Volunteers will be given training and support to befriend vulnerable adults. As a result, the wellbeing of many of the volunteers will be significantly improved.

- Staff/team members’ average score: 8.6 out of 10
- Partner/stakeholders’ average score: 8.5 out of 10

**Objective 3**: New, accessible social opportunities for older people will be established and made sustainable in partnership with other organisations.

- Staff/team members’ average score: 9.2 out of 10
- Partner/stakeholders’ average score: 7.9 out of 10

**Objective 4**: A Social Cooperative will be established to help meet practical support needs and to offer opportunities and training to people facing barriers to employment.

- Staff/team members’ average score: 6.2 out of 10
- Partner/stakeholders’ average score: 3.8 out of 10

*Observations made by respondents in response to the supplementary question: ‘Has the project achieved something noteworthy which was not included in its initial objectives?’ are addressed separately in the ‘Key Qualitative Findings’ section of this report.*
Beneficiaries’ wellbeing enhancement

67 beneficiaries answered SWEMWBS questions about their wellbeing prior to their engagement with Community Connections and on the date on which they completed the ‘Wellbeing Questionnaire’. The total number of project beneficiaries is 277.

Demographic data was gathered to evidence the projects’ objective of engaging with ‘older people’ (as defined in the project’s key objective 1) and also to ensure the sample was representative of the projects demographics.

Wellbeing scores were calculated using the SWEMWBS.

The following demographic data was collected from those Project Beneficiaries who provided information - from which ‘Wellbeing Enhancement’ has been calculated.

Age range of evaluation sample beneficiaries:

<table>
<thead>
<tr>
<th>Ages</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>15</td>
<td>19</td>
<td>29</td>
</tr>
</tbody>
</table>

Average age of total project beneficiaries: **81 yrs** *(Data supplied by Community Connections)*

Gender of evaluation sample beneficiaries:

<table>
<thead>
<tr>
<th>Male</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>56</td>
</tr>
</tbody>
</table>

Average gender split of total project beneficiaries: **72% female and 28% male** *(Data supplied by Community Connections)*

Regional distribution of evaluation sample beneficiaries:

<table>
<thead>
<tr>
<th>Monmouth</th>
<th>Chepstow &amp; Caldicot</th>
<th>Abergavenny</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>18</td>
<td>27</td>
</tr>
</tbody>
</table>

Regional distribution of total project beneficiaries (277). *(Data supplied by Community Connections)*

<table>
<thead>
<tr>
<th>Monmouth</th>
<th>Chepstow &amp; Caldicot</th>
<th>Abergavenny</th>
</tr>
</thead>
<tbody>
<tr>
<td>129</td>
<td>75</td>
<td>73</td>
</tr>
</tbody>
</table>

Average SWEMWBS scores for the evaluation sample of beneficiaries

<table>
<thead>
<tr>
<th>Av. wellbeing score before engagement with project</th>
<th>Av. wellbeing score on date of completing questionnaire</th>
<th>Change</th>
<th>+/- %</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.1</td>
<td>26.6</td>
<td>+4.5</td>
<td>+20.5%</td>
</tr>
</tbody>
</table>
Graphical representation of beneficiary sample’s demographic and wellbeing enhancement data:

Beneficiary sample: Age range

Beneficiary sample: Gender
Beneficiary sample: Regional distribution

- Monmouth area: 40%
- Chepstow / Caldicot area: 33%
- Abergavenny area: 27%

Beneficiary sample: Wellbeing enhancement (SWEMWBS scores)

- Before engagement score
- On questionnaire completion date score
Volunteers’ wellbeing enhancement

58 volunteers answered SWEMWBS questions about their feelings of wellbeing prior to their involvement with Community Connections and on the date on which they completed the Wellbeing Questionnaire. The project has involved 133 volunteers.

Demographic data was gathered to evidence the projects’ objective of engaging volunteers (as defined in the project’s key objective 2) and also to ensure the sample was representative of the projects demographics.

Wellbeing scores were calculated using the SWEMWBS.

Age range of evaluation sample volunteers:

<table>
<thead>
<tr>
<th>Ages</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>13</td>
<td>21</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

Average age of total project volunteers 53yrs *(Data supplied by Volunteering for Wellbeing)*

Gender of evaluation sample volunteers *(Note, 4 respondents did not specify their gender)*

<table>
<thead>
<tr>
<th>Male</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>36</td>
</tr>
</tbody>
</table>

Average gender split of total project volunteers: **Female 72% and Male 18%** *(Data supplied by Volunteering for Wellbeing)*

Regional distribution of evaluation sample volunteers:

<table>
<thead>
<tr>
<th>Monmouth</th>
<th>Chepstow &amp; Caldicot</th>
<th>Abergavenny</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>18</td>
<td>17</td>
</tr>
</tbody>
</table>

Regional distribution of total project volunteers (133): *(Data supplied by Volunteering for Wellbeing)*

<table>
<thead>
<tr>
<th>Monmouth</th>
<th>Chepstow &amp; Caldicot</th>
<th>Abergavenny</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>33</td>
<td>24</td>
</tr>
</tbody>
</table>

**Average SWEMWBS scores for the evaluation sample of volunteers**

<table>
<thead>
<tr>
<th>Av. wellbeing score before engagement with project</th>
<th>Av. wellbeing score on date of completing questionnaire</th>
<th>Change</th>
<th>+/- %</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.9</td>
<td>26.9</td>
<td>+4</td>
<td>+17.5%</td>
</tr>
</tbody>
</table>
Graphical representation of volunteer sample’s demographic and wellbeing enhancement data:

**Volunteer sample: Age range**

![Bar chart showing age distribution of volunteers]

**Volunteer sample: Gender**

![Pie chart showing gender distribution of volunteers]

- Male: 34%
- Female: 66%
Volunteer sample: Regional distribution

- Monmouth area: 31%
- Chepstow / Caldicot area: 40%
- Abergavenny area: 29%

Volunteer sample: Wellbeing enhancement (SWEMWBS scores)

- Before engagement score
- On questionnaire completion date score
Social Return on Investment (SROI)

Social Return on Investment (SROI) for the period under evaluation has been calculated by applying values provided by the Housing Associations' Charitable Trust (HACT) and SIMETRICA to the average SWEMWBS wellbeing score of 67 beneficiaries (21.5% of the total advised as engaging with the project over the evaluation period). 27% deadweight allowance was subtracted as per the Homes and Communities Agency (HCA) Additionality Guide to account for wellbeing, which would have improved ‘without’ intervention.

**Intervention costs for the period under evaluation** were provided by Community Connections:

The **total number of beneficiaries for the period** (provided by Community Connections): 277

Values and guidance notes are included in the HACT publication ‘Valuing improvements in mental health HACT-WEMWBS Report May 2015’ which forms Appendix 4 (also available to download at https://www.hact.org.uk/new-wemwbs-values)

**SROI calculation**

Average ‘per beneficiary’ social value ‘AFTER’ intervention (HACT/Simetrica, 2017) £24,877

minus

Average ‘per beneficiary’ social value score ‘BEFORE’ intervention (HACT/Simetrica, 2017) £21,049

equals

**Change in social value per beneficiary over period** £3,828

Deduct ‘deadweight allowance’ of 27%

(HCA) Additionality Guide £1,034

equals

**Adjusted social value enhancement per beneficiary** £2,794

multiplied by

Number of beneficiaries over evaluation period 277

equals

**Social value generated over in period** £773,938

**Less project costs in period (the intervention cost):** £204,277

equals

**Social Return on Investment (SROI)** £569,661

**SROI ratio** 3.8 : 1*

*£3.80 returned for every £1 invested.
7. Key Qualitative Findings

The following themes have been identified as a result of consultation with a range of stakeholders including beneficiaries, volunteers, project staff and referring organisations.

The views of project staff as experts in the field of community-based support and volunteering are particularly valuable in highlighting aspects of the work requiring attention for review or development.

The Stakeholders and Partners involved were:

- Aneurin Bevan Hospital Board (ABUHB) - Occupational Therapists (O.T’s), O.T Technicians
- Monmouthshire County Council (MCC) – Integrated teams based in Mardy Park, Monnow Vale and Severn View: - Community Wellbeing Development Leads, Physiotherapists, Social Workers, Social Work Assessors, O.T’s, Day Service staff
- Sight Support Rehab Officers
- Monmouth Housing Association (MHA) - Social Inclusion Officers
- GWALIA Housing – Housing Support Workers
- Melin Homes – Social Inclusion Officers and Independent Living Support Workers
- Stroke Association

The first 4 themes have been highlighted due to the specific Lottery objectives for consultation; others are achievements and experiences of the project, which are considered additional to the Lottery objectives.

Themes relating to the Lottery objectives:

- Wellbeing of Beneficiaries
- Volunteering
- Social Opportunities
- Practical Support

Other significant themes:

- The Car Scheme
- The Approach
- Collaboration and Partnership Work
Wellbeing of beneficiaries

Objective 1: The project will improve the wellbeing and reduce feelings of isolation and loneliness of older people.

“It’s good to have someone of interest to chat to and discuss and hear another person’s opinion. She does challenge me. It regenerates my brain.” [Beneficiary]

Positives

Getting to know the person
Community Coordinators really get to know the people that they are working with; it is about the person and not their problems or ailments. Once involved, most people stay with the scheme until the end of their life. Beneficiaries in many cases stated that their relationship with their befriender was one of the most important in their lives, for some it was their only contact with the outside world.

The trusting relationship built up allows beneficiaries to disclose any problems they are facing that they may be reluctant to discuss with family members who they do not want to burden, and volunteers may have more time to gain depth of understanding of people’s lives than carers. Beneficiaries speak of the importance of feeling valued and having somebody who listens to them and cares about their welfare.

Stakeholders interviewed said that Community Connections is valued because it understands what matters to people, gives them ‘independent voice and choice’, and enables people to think through the issues they face.

Helping people to feel better
Stakeholders said that since referring people to the scheme they have seen a positive change in the wellbeing of beneficiaries. Whether it has been attending groups, using the Car Scheme or having a visitor, the scheme has increased their wellbeing.

Two stakeholders stated two separate stories that they wanted to share; one person who was severely sight impaired and very isolated had started going to Community Connections befriending groups and it had really benefited their wellbeing by being with other people. Another said that they had referred a woman and she was supported to tend to her husband’s grave and this meant so much more to her than anything else.

Telephone Befriending
This service was recommended in the previous Evaluation Report and has since been established. It has been running for over a year and has shown to be a service that has benefitted the wellbeing of beneficiaries. It was arranged initially for people while they were waiting for the right befriending ‘match’ with a volunteer. It has highlighted that often just speaking to somebody and hearing a voice is enough to make somebody feel like they are important enough to feel wanted, and many have said that it makes their day just to hear a voice on the phone. Other beneficiaries have said that they like the telephone service because there is less pressure to be presentable to see a visitor or to go out. Often beneficiaries do not want to lose telephone befriending after receiving it.

I am grateful for your continued contact; I feel that you have not given up on me. You have made a difference to me. My family also recognise that you are keeping in contact and say how nice it is....’ [Telephone Beneficiary]
**Friendly help**
Providing a little practical help within the befriending arrangement is beneficial; beneficiaries receive the practical help, along with emotional support and friendship from a trusted person. Essential tasks such as shopping tend to happen within befriending arrangements and some other practical help such as small gardening jobs, tidying, taking unwanted things to the charity shop and taking pets to the vets have also been organised. Befrienders are also playing a vital role in taking their beneficiaries to doctors’ appointments, to the bank, shopping, dentist, and vets. They help to make sure they attend their appointments and help them to maintain their health and independence.

These arrangements are generally made between the befriender and beneficiary as their relationship has become established over time. Sometimes family members of volunteers have also got involved to help which has widened the contact and support for the beneficiary. As long as coordinators are kept informed of any additional activity to ensure volunteers and beneficiaries are safe, this is felt to be positive.

**Joining things up**
When Community Connections are supporting someone and their situation changes, coordinators link this back to health professionals. Befrienders can notice changes in the wellbeing of the beneficiaries they visit and are able to observe these often small changes in their lives can be indicators of more serious problems. For example, befrienders note the gradual decline of their beneficiary’s mobility, whether they are having difficulty with their hearing, sight or memory. If coordinators feel that a referral is inappropriate for the service they will often go back to the referrer with an alternative suggestion that may be more suitable, rather than simply saying ‘sorry we cannot help’.

Social workers have said that Community Connections are ‘the eyes and ears out in the community’ and are hugely valuable because of this.

**Challenges**

“I do not need a friend”
Some people may feel this when in fact they might benefit from having a connection with someone. The term ‘befriending’ can put people off.

The project is at risk of being ‘all things to all people’.
The focus is on volunteers providing some company or support to people to get out, but often Community Connections coordinators are meeting people with complex problems who require more substantial support. More people with significant memory problems are being referred and coordinators feel, for these people, the support required is over and above the knowledge and expertise of a volunteer.

The work can be emotionally draining because the coordinators are continually exposed to people who are struggling to cope alone. Increased amounts of referrals are coming to the project and the coordinators always do their best to support but they are at full capacity. Coordinators do not want to ‘let people down’ because they understand that so many of these people are lonely and would benefit from a visitor or a driver to take them out.

**Dementia**
Historically the project has not supported people with a diagnosis of dementia to avoid duplication with the Alzheimers Society, which has had a befriending service for these people. Stakeholders said that some dementia services do not involve volunteers and that there is a huge need to support people living with dementia that is not being addressed. Referrers may state that a person has some memory problems but coordinators felt that
some referrers ‘play down’ the extent of memory problems someone might have, to access support. The team recognised that there can be a delay in finding volunteers for beneficiaries with these problems as the role may feel more like a caring responsibility for the volunteer rather than an equal befriending relationship.

Volunteering

Objective 2: Volunteers will be given training and support to befriend vulnerable adults. As a result, the wellbeing of many of the volunteers will be significantly improved.

“Volunteering has brought me emotional warmth.” [Volunteer]

Positives

Induction, training and support
Community Connections now has support from Volunteering for Wellbeing, another Bridges Centre project that works in partnership with Monmouthshire County Council. The previous Community Connections project had responsibility for all aspects of volunteer recruitment and management, so this partnership has enabled Community Connections coordinators to focus on the beneficiary side of the work and meet more people who could from the scheme.

Stakeholders stated that the Volunteering for Wellbeing project provides excellent training and on-going contact and support to volunteers. This induction training includes safeguarding, confidentiality and working in a non-judgemental way. Additional training in First Aid is provided by the Red Cross and ‘Supporting People to Get Out’ training has been developed in partnership with Occupational Therapists from the Integrated Teams. Dementia Friends training has also been available, delivered by Dementia Champions volunteers.

Roles and matching
The main volunteering roles are 1:1 befrienders, drivers, and helpers in social groups. New volunteer roles are developing in the scheme e.g., ‘admin’ volunteers are supporting the coordination and delivery of the Car Scheme. Some volunteers may have multiple roles within the scheme, volunteering as a befriender, driver and supporting in group settings.

Befrienders are in trusted and highly valued relationships and are helping to build support networks around people. They often become in tune with their beneficiaries because of the careful ‘matching’ undertaken by the coordinator, who considers compatibility. When people are ‘matched’ they are generally linked with the beneficiary for the long term. The befriending role can be intense and requires commitment, so volunteers are protected by coordinators from becoming ‘over asked’ or ‘overloaded’.

Improved wellbeing and social networks
Volunteers are benefiting from their involvement with the scheme; many older volunteers talk of the purpose it has brought to their lives, helping to keep them active and meeting new people.

Stakeholders said that they had seen an increase in the confidence of many volunteers, many had upskilled and others had been given the opportunity of work since volunteering. Some volunteers mentioned that they want the scheme to be available to them when they reach the stage where they need it. Furthermore, volunteers are meeting socially outside of their volunteering role and Coffee Mornings are playing an important role in bringing them together.

However, although volunteers show an improvement in wellbeing after being involved with Community Connections, the sample data suggests that some volunteers are coping with
very low wellbeing at the start of their volunteering, even more so than some beneficiaries. There is a range of reasons for this, which cannot be researched in depth for this evaluation; however, it is apparent that many people are volunteering as a way of improving their wellbeing, for example, after a traumatic life experience, illness or loss. Following on from discussions with volunteers, they state that the opportunity to be involved with the social group activities in particular, is incredibly helpful for them to feel more confident and able to interact with others. Volunteering is helping them to overcome anxiety and depression. Sensitive support is provided from coordinators and sessional workers, and many volunteers who are low in wellbeing do develop through the role and move on to further volunteering roles and training. Indeed, the time invested in volunteers is key to the success of the project and stakeholders have said that the support provided to volunteers by the project is well managed, considerate and appropriate. Some volunteers have progressed to paid roles within the scheme, for example, as sessional workers facilitating social groups.

Reaching more potential volunteers
More male volunteers are coming on board, specifically to be drivers. It seems that the practical support and ‘task’ of driving has been more appealing to them rather than 1:1 befriending.
Young volunteers are engaging from schools, predominantly in Monmouth. Chepstow School developed an initiative ‘Introduction to Care’ with MCC and other partners including Community Connections, and a review of this project will help direct future programs. Support from the Monmouthshire Beacon, the Abergavenny Rotary and the partnership with Volunteering for Wellbeing have all assisted in raising awareness of the volunteering opportunities available. Archenfield Insurance support the scheme by releasing staff to
volunteer as regular befrienders during work hours and other businesses are looking at the benefits of corporate volunteering.

The positive use of social media especially Facebook by both Community Connections and Volunteering for Wellbeing has been very successful in promotion and helping to reach more supporters and celebrate the achievements and contribution of volunteers.

**Challenges**

**Competing for volunteers is an ongoing challenge**
Staff explained that the scheme continually needs more volunteers to meet its needs. Robust and reliable volunteers are needed as the roles of befriending and driving are responsible and often involve ‘lone working’. Volunteering is popular in Monmouthshire but many other organisations are also trying to reach potential volunteers and large national charities are at an advantage with media campaigns. There is generally a limited availability of students to volunteer due to school holidays which breaks any regular commitment. Although many volunteers stay with the scheme for years (some have been with it since the start 7 years ago), some volunteers have moved on to training or paid employment.

**Unable to meet demand**
Community Connections does not have enough volunteers to meet the potential number of referrals and although referrers understand the capacity issues facing the scheme this can result in frustration. Project staff felt that some referring organisations have a lack of understanding about volunteering; the motivations people have for involvement and the support required to ensure successful volunteering.

**Volunteers can be unreliable**
Although it is emphasised to volunteers that the scheme depends on reliable contribution, coordinators do have to step in at times, such as when volunteers are supporting groups and particularly with car scheme bookings, if a volunteer cancels at short notice.
Social opportunities

**Objective 3:** New, accessible social opportunities for older people will be established and made sustainable in partnership with other organisations.

“It takes pressure off me – he is so happy and excited to come.”  
*Family member/carer*

**Positives**

**Linking people to local activities**
The project enables people to attend community groups and activities. People are given greater choice to go and do what they would like with the help of their befriender and/or the Car Scheme. Many are able to explore interests that have been lost and receive encouragement from befrienders to stay active. Craft groups, afternoon teas and the intergenerational project involving nursery school children and older people have been successful in bringing people together.

**Social activity groups**
The project now supports a number of social groups across the county. Many of these are working in partnership with Monmouthshire Housing Association (MHA) and MCC Day Services. Day Service staff initially supported individuals to attend these groups, but now there is an arrangement that they come to support the group in general. This enables people to attend these activities for longer, even when mobility and personal care needs increase because there is someone available to assist as needed. Groups are encouraging people to join in e.g. initially only a handful of people came to a group and these were not local residents, however, about a quarter of people who come to the craft groups now in Trevor Bowen House, Monmouth are residents (MHA tenants).

**Sessional workers**
Community Connections have employed 2 sessional workers to facilitate 4 of their groups. The people attending often have high support needs and planning and facilitating the groups was taking up a lot of coordinator time. Through careful planning and thought, sessional workers were seen as the best solution. The role includes planning the group, room set up and clear away, risk assessment, volunteer supervision and transport arrangements.

**Challenges**

**Sustainability**
Staff explained that the Befriending groups need ongoing support and coordination with ideally a paid sessional worker to facilitate them. Older people attending generally have mobility and sensory impairments. The groups are popular and due to this there is limited capacity and there are some costs such as room hire and refreshments. There is often a lack of ‘lead’ volunteers; robust volunteers are generally matched to 1:1 befriending and many volunteers involved in groups are aiming to gain confidence and overcome difficulties themselves, often requiring a great deal of nurturing support. Furthermore, some venues used are ‘empty’ at the time the groups are running and do not have other people in them. It is inappropriate to put volunteers in a position of responsibility.
Practical support

Objective 4: A Social Cooperative will be established to help meet practical support needs and to offer opportunities and training to people facing barriers to employment.

The objective of establishing a cooperative providing practical services such as gardening, shopping and pet walking has not been achieved.

The idea behind this objective was that these paid for services would generate income towards the project costs which are traditionally grant funded. The work involved in setting up such a service had been underestimated in the Lottery fund application, and that this initiative required a project coordinator to establish partnerships, develop the business model and design necessary training.

Many stakeholders consulted for this evaluation were not sure if a social cooperative had been set up due to the nature of their work; they were only often involved in one part of the process of supporting the beneficiary or making a specific referral for befriending support. Shopping has traditionally been carried out within befriending arrangements and is difficult to separate out. Some dog walking had been organised, but as with shopping, this has been within befriending arrangements. Attempts were made to develop a gardening service but there were a number of barriers; the partnership with MHA Dads Can project (which aims to improve skills, confidence and employability of fathers) was limited due to restrictions of the project’s objectives and funding; a ‘lead’ volunteer for gardening was not found; the local gardening business that offered to assist the scheme was unable to do so.

Young People with additional needs involved with the Building Bridges project had previously provided gardening support to a few beneficiaries but this initiative was unable to continue due to changes in staff and limited project capacity. Community Connections used this model to work with Monmouthshire Housing Association, arranging gardening tasks with the Dads Can project and two beneficiaries’ gardens were worked on.

Community Connections also developed a relationship with a local gardening contractor who offered to volunteer to maintain gardens alongside other jobs, but due to other commitments, this offer was not successful. With this initial project Community Connections developed links with Waste and Street Services (MCC) to arrange for the garden waste to be taken to the local recycling centre.

Community Connections has focussed its attention regarding practical support on addressing the primary need of supportive transport for beneficiaries and Community Connections coordinators are managing befriending and the Car Scheme side by side within their role. The Car Scheme model covers driver’s expenses through minimal passenger fees and it charges a 50p booking fee towards administration. Often volunteer drivers donate their expenses back into the Car Scheme as a contribution and this all helps in raising some income.

Although it has been recognised that the car scheme is not a social cooperative per se, it has been fundamental in providing practical support to beneficiaries.

Further information about the Car Scheme service is included in the following section.
The Car Scheme

- Between November 2017 and March 2018, the Car Scheme arranged 466 local journeys for beneficiaries, each covering an average distance of around 11 miles.
- The average age of volunteer drivers is currently 64, 74% of whom are male and 26% are female.
- The scheme commenced operations supporting people in the Monmouth area and was extended to provide support to Abergavenny area residents in April 2018 and to Chepstow & Caldicot area residents in June 2018.

“I have been picking up (named beneficiary) for 18 months. Her mobility would have gone so much quicker and her wellbeing if she did not have this service. I saw how much joy she got from coming to the afternoon tea group every week and even when she could hardly get out of her chair - she made it.” [Volunteer Driver]

Positives

Promoting independence, choice and control
Staff explained that although the Car Scheme has taken time to fine tune, it has become a reliable and successful practical service for those older people struggling to get out to appointments such as the hospital or doctors. The Car Scheme is very much about enabling people to remain independent and providing choice and control over their own arrangements. It is keeping people active and it has increased the wellbeing of many beneficiaries who were socially isolated by enabling them to get out.

Transport in Monmouthshire is highlighted as an issue for older people and those with disabilities and is included in the top five identified needs in Monmouthshire’s Wellbeing Plan. Community Connections has focussed on addressing this need practically by building on the pilot from the previous AdvantAGE Big Lottery project and replicating it in two further areas to meet the need across the county.

At the time of consultation for this evaluation, the Abergavenny Car Scheme, which was set up in February 2018, already had 39 passengers and 8 volunteer drivers.

An essential service
Several stakeholders said that the Community Connections Car scheme is an essential service. They described this service as ‘brilliant’, ‘fantastic’, ‘really needed’ and that their clients have been ‘so happy’ since being able to use the service. Many recognised that this service is not only needed for older people in Monmouthshire but for all ages, as the county is remote and social isolation does not just affect those that are older. The scheme would also be appreciated by other people with barriers to using existing transport services, for example, people with disabilities and young people with limited access to transport to attend training and interviews.

Links with other transport services
The car scheme compliments rather than competes with other available community transport services such as Grassroutes and hospital transport. Local taxi companies tend not to be interested in the type of journeys the car scheme supports i.e. short journeys with passengers who may require additional time commitment.
The Car Scheme is befriending
Coordinators feel that befriending happens more naturally around the task of getting out and that ‘befriending’ is not arranged. The Car Scheme was born out of befriending but now is viewed as the ‘frontrunner’ and is engaging people earlier in their ageing than the befriending service. Drivers are providing befriending without it being labelled as such.

Challenges
The Car Scheme is ‘a victim of its own success’
Demand is high, and the scheme cannot always meet the needs of passengers. It takes a lot of coordination to organise trips for people and there is a need for more driving volunteers as well as admin support in the office to help with answering the phone and coordinating the journeys.
The scheme has grown quickly and although the Community Connections coordinators are allocating half of their time to the scheme they are struggling to keep up with demand.
Clarity on criteria
Initially, the Car Scheme was being developed as an independent project that grew out of the befriending scheme. This has since been reviewed and it sits within Community Connections alongside befriending as they very much go ‘hand in hand’. It was however felt by some people consulted that the Car Scheme seems to have slightly different criteria and guidelines from befriending, for example, supporting people with a diagnosis of dementia.
Access
Currently, the Car Scheme is unable to provide transport to people who use wheelchairs and unable to transfer to a car seat.

Number of Car Scheme journeys arranged between 16 June 2016 and the end of Jun 2018
Number of people using the Car Scheme each month (June 2016 to Jun 2018)

![Graph showing the number of people using the Car Scheme each month from June 2016 to June 2018.]

Purpose of Car Scheme journeys (June 2016 to Jun 2018)

-教育 (Education) 4%
- Bridges social 26%
- Cancelled 24%
- Wellbeing 26%
- Health 20%

Well-being includes shopping trips, hairdresser appointments, craft club, Danceblast and singing and visits to friends.

Health includes hospital, doctor and dental appointments.

Data illustrated supplied by the Community Connections Car Scheme
The Approach

“The staff have permission from management to work with autonomy, and can manage themselves, which is so important in allowing them to evolve their work streams independently.” [Stakeholder]

Positives

Flexible
Community Connections has strong policies and procedures but is also able to respond to need. It takes a “can do” attitude and is ‘small enough to care’. It is able to provide a personal and bespoke service and is not as restricted as other larger third sector organisations and statutory services. It can react much more promptly to do what is needed e.g., a telephone befriending service was established when there was not the level of volunteers to meet the need of referrals being received. Befriending coordinators prioritise - taking time to get to know beneficiaries, volunteers and the referrers and families. It is a very personal and friendly local scheme based on building relationships and providing opportunities for people to get involved in their community.

Known and trusted
Several stakeholders said how professional the Community Connections team are. A number of responses highlighted that the team are knowledgeable, thorough, adaptable, versatile and reliable. One stakeholder had trained the team in stroke awareness and said that they knew first-hand how hard the team were working to train, support and take care of their beneficiaries and volunteers.

The team know how important the wellbeing of their beneficiaries are and collaborate well with others. The scheme is seen to be helping to develop a robust community through a preventive approach. Community Connections has reviewed its guidelines to give clarity regarding what they can and cannot do. The issue of multiple referrals has been reduced due to the link with Multi-Disciplinary Teams (MDT’S) and Community Conversations, and although complex referrals do still come in, referrers are contacted and coordinators clarify guidelines. Placed based teams and Community Conversations have helped people to understand the service better.

Evidencing impact
Measurement of personal wellbeing change is also being gathered using the Wellbeing Sun tool which incorporates the aims of the Social Services and Wellbeing Act. The project holds data within the recently developed database that supports all Bridges Projects. The project is involved with MCC and other local services in research with Swansea University to evidence impact through ‘Most Significant Change’ stories.
Challenges

“Staff are being asked to do a lot - the project is constantly evolving.”

(Project Manager)

Increasing demand from statutory services
The request for befriending is growing; local statutory services want more of what the project can provide and the project is also being asked to support people with dementia.

Maintaining clear boundaries
Coordinators sometimes feel they are being asked to pick up where social services are pulling back due to funding cuts to services and the increasing emphasis on working with the voluntary sector to support people in the community. The Project Manager emphasised that the project role is preventative; it is not always appropriate to send volunteers into an environment where people have multiple, competing health needs and are receiving support from multiple services. Community Connections is dependent on volunteers and sometimes the right volunteer is not available at the right time; it can be a challenge to explain this to the referrer.

Coordinators feel the importance of having a paid worker to organise the Car Scheme, befriending, social groups and taking care of volunteers is sometimes overlooked and underestimated. Community Connections staff said that there could be a presumption by statutory services and other projects that volunteers can replace the paid workers.

Evidencing impact
Coordinators felt that the Wellbeing Sun questions are not always relevant to the people involved. If a beneficiary is feeling unwell they may provide quite low scores, it depends on the day. Because of the personal and sensitive nature of the questions, staff do not always feel that it is appropriate to complete the baseline or review survey and therefore some evidence is missed. The Most Significant Change stories, particularly when captured from the individuals perspective, using the persons own words, are viewed to be a strong reflection of the impact the project has on individuals.
Collaboration/partnership work

Almost all 18 of the stakeholders consulted said that the one aspect that was not in the initial lottery objectives but that has been outstanding is the partnership work Community Connections do and the professional way they do it.

Positives

Collaboration
It is seen as important that Community Connections is independent from Social Services, however, the project works closely with statutory services and there is excellent collaboration and communication between the teams. Almost all stakeholders consulted said they have learned a great deal from their relationship with Community Connections and that there is so much value in the coordinators coming to their MDT meetings; it highlights many issues for people that then allows for discussion and support, and for information to flow both ways.

Stakeholders also said that it has given other services the ability to learn from the third sector and is used ‘massively’ within a clinical setting and if it were not available then the MDT teams would have to rely only on traditional care packages. Another stakeholder said that the scheme is being referred to a lot within other services and being recommended as a project “at the top” and is being noticed and respected for what it does.

Local authority staff explained that they have limited resources and focus on short-term interventions recognising that short-term support does not sustain people and that people who remain isolated are likely to become unwell again. Befriending, therefore, offers a person-centred approach which works alongside statutory services to develop a solution. Staff from the befriending scheme can also highlight where support is already being provided, keeping the person at the centre and organisations ‘around the person’.

Common aims
Community Connections is in line with The Social Services and Well-being (Wales) Act introduced 1st May 2014. This provides the legal framework for improving the wellbeing of people who need care and support, carers who need support, and for transforming social services in Wales. The Act recognises the increase in the number of people accessing social services and outlines the need for increased comprehensive early intervention and community-based support services. Community Connections is working collaboratively and is a key partner within local service provision.

Good communication
Regular MDT and ‘Community Conversations’ meetings now also include housing etc., not only health and social care. Being a part of these helps to break down barriers and share information and clarify ‘referrals’ in these ‘place-based’ teams.

There is better communication between support organisations in general due to the ‘place-based’ work initiated by MCC, and staff have developed good links with other providers e.g. Housing associations’, Alzheimer’s Society, MIND and the Stroke Association. Ffrind i Mi (ABUHB initiative) refers to Community Connections and vice versa and aim to avoid duplication.
Working together ‘on the ground’
MCC Day Services are now working in partnership with Community Connections to support social activity groups e.g. in Chepstow and Caldicot. 2 carers support the group in general now, whereas they previously supported individuals to attend. The Community (library) Hub provides an office for the Car Scheme to operate from in Chepstow and in Abergavenny, an office in the ACE Centre has been established.

Challenges

Long-term planning
Community Connections has depended on grant funding from the Big Lottery. Although the scheme has become embedded within the context of local service provision, it is insecure due to the issue of funding.

Managing expectations regarding volunteer support
The coordinators are very careful to protect their volunteers and not overload them, but some organisations who have established social groups can often withdraw support with the expectation that the volunteer(s) will sustain the group. Many activities involve people with a range of mobility loss and impairment and not all volunteers would be comfortable with taking responsibility in this situation. Due to increased referrals for people with memory problems and the need for support to be provided to people living with dementia, the scheme is being asked to get involved with work that has traditionally been done by paid support workers.
8. Current situation and sustainability

“We can often source funding for “things” but it is more of a challenge to find funding for staff” (Project Manager)

Context
The Big Lottery ‘People and Places’ funding comes to an end on 31st October 2018. The primary concern over the past year has been to obtain further funding to ensure coordinators are paid to continue in their roles.

The Social Services and Wellbeing Act expects statutory services to work with the voluntary sector, and the project fits with priorities in Monmouthshire’s Wellbeing Plan.

Community Connections has developed a positive working relationship with MCC and is a valued partner in the ‘place-based’ teams and within the collaborative networks that have developed over the past 5 years. Befriending and the Car Scheme are considered to be vital services supporting people to stay well and active and maintain positive wellbeing.

Community Connections has gathered evidence from stakeholders to demonstrate that the preventative work being undertaken is keeping people independent for longer and improving their wellbeing.

Project staff have been careful to keep beneficiaries, volunteers and partner organisations engaged and reassured that the service is reliable, whilst at the same time explaining that funding is once again ending and the future is uncertain. The project manager has spent an increasing amount of time researching funding opportunities and developing partnerships, with some successes as referred to below.

Funding secured
Community Connections has recently been successful in obtaining the following additional funding:

- Integrated Care Fund (ICF) – £37,854 from August 2018 to March 2019
- Aneurin Bevan University Health Board (ABUHB) - £40,000 October 2018 – September 2019. Likely to be recurrent but this has not been confirmed. This funding is available due to closure of the Dementia Ward in Chepstow hospital. It is to be used to support the coordination of the Car Scheme, enabling people to access clinics and assessment appointments in Monmouthshire. It will also enable carers without transport to visit loved ones with Dementia that have been admitted to hospital in Newport or Ebbw Vale.
- Green Energy Fund - £15,000 – September 2018 – August 2019. This funding will enable the scheme to focus on involving people living in the areas of Llanarth Fawr, Grosmont Fawr, Llantilio Crossenny and Llanover

Funding and partnership opportunities:

- Volunteering
  Community Connections will continue to work with Volunteering for Wellbeing to recruit and support volunteers.
• **Social Activity Groups**
  Community Connections will continue to work with MCC Day Services and Volunteering for Wellbeing to ensure that the social activity groups are available and safely supported by staff and volunteers. It is hoped venues managed by MHA will continue to be available for some groups to meet. Proposals for the employment of sessional workers for activity groups are being discussed with MCC. The Palmer Centre has agreed to ‘adopt’ the group in Chepstow in the autumn.

• **The Car Scheme**
  There is an opportunity to apply for funding through the Sustainable Development Fund managed by the National Parks for an electric wheelchair accessible vehicle. This would help to ensure that the Car Scheme develops to be inclusive and available to all.

• **Supporting people living with Dementia and their carers**
  Throughout the project, requests have been made to support people with dementia. There is an opportunity for Community Connections to become inclusive for all older people, including those living with dementia through funding from the Welsh Government. Community Connections is working with Monmouthshire County Council and other partners to develop a funding proposal.
9. Conclusions and Recommendations

Throughout the consultation for this evaluation, we have heard that Community Connections is providing a valuable service; it is working hard to improve the quality of life of older people affected by social isolation and loneliness. It is operating in a professional and collaborative way and is fortunate to have a strong team of staff committed to the wellbeing of its beneficiaries and volunteers.

Both staff and stakeholders questioned assessed the project to have achieved an 80%+ success rate in fulfilling Lottery Project Objectives 1, 2 and 3; with staff members assessing the attainment of Objective 3 to be in excess of 90%. We noted a lack of understanding of Objective 4 and it is apparent that the project has not achieved this objective. It was also observed that team members were unclear of the project’s key objectives until these were brought to their attention by the evaluation’s Key Objectives Questionnaire. Although the Car Scheme is recognised by the majority of stakeholders as a noteworthy achievement ‘not’ included in the original objectives, we found that team members did not particularly highlight this when responding to the Key Objectives Questionnaire.

**Recommendation 1**

**A greater involvement of internal stakeholders (Community Connections staff, volunteers and beneficiaries) in the future development of the service.**

Due to the short-term nature of grant funding, and the lack of available funding opportunities, there is a risk of changing the aims of the project to fit the criteria of the funding available. There is also a risk of confusion for the Community Connections staff, volunteers and beneficiaries due to the need to adapt to new initiatives or strategic plans.

To ensure that future plans are appropriate in meeting need, and to give people a greater sense of shared ownership of this community project, Community Connections would be strengthened from the participation of those directly involved. This would also ensure that developments are not being directed solely by external partners such as funders.

As further funding and partnership work is secured the project will need to review its systems and guidelines to ensure that Community Connections staff and volunteers have clarification and guidance regarding their roles and the boundaries in place to protect them. We would recommend that all Community Connections staff are made fully aware of the project’s future key objectives and that this should form part of their staff induction process.

During the consultation stakeholders frequently said that Community Connections stands out because the project has been untypical in the way it works with other services. A great deal has been achieved to ‘join things up’ and there were genuine concerns for if the project ended. The approach taken by the project is valued and there is enthusiasm for it to expand. Suggestions were made that the befriending project could encompass a wider range of people affected by loneliness as this issue affects people of all ages.

In addition to befriending, the Car Scheme is viewed as a service that could potentially be useful for people of all ages who face barriers to existing transport services. Stakeholders have high expectations of the service and the scheme is at risk of becoming ‘flooded’ with referrals as it helps to ease the transition being encountered by statutory services due to budget cuts.
It was also felt that there is a greater need for befriending support for people living with dementia (and their carers). Community Connections is already training volunteers in dementia awareness and the volunteer coordinators are undertaking extensive dementia training so that they can advise volunteers on how to support those beneficiaries with memory problems and likely to develop to dementia. The potential funding application to ICF has a focus on providing support for people with dementia and funding secured from ABUHB, reinforce the view that Community Connections is an appropriate and capable organisation to undertake this work. However, the Community Connections Team need clear boundaries around their work regarding this.

Recommendation 2

**Clear criteria and stakeholder expectations**

The primary aim of the project remains to address the issues of social isolation and loneliness for older people, however, the specific project objectives are likely to change due to the priorities of future funders and partnerships.

Stakeholders must be made aware of (reviewed) project objectives, criteria and guidelines regarding what the project will/will not be providing and where this meets statutory service provision. Referring organisations should be made aware of the challenges and limitations of this volunteer delivered project. It is essential that volunteers are protected to only do the roles they are comfortable with.

An agreement between Community Connections and statutory services regarding the ‘right’ time to request the support of statutory support for an individual is essential to ensure the scheme continues to be a safe and preventative service.

It is important that the project gathers evidence of impact to report back to stakeholders, develop the project based on need, and secure future funding. However, the project must balance monitoring and evaluation needs with the face-to-face work of the project. Community Connections is gathering evidence of impact on wellbeing to beneficiaries and volunteers by conducting baseline and review interviews using the ‘Wellbeing Sun’, but this has been inconsistent. The previous evaluators report stated that the monitoring process would be improved if reviews were completed on multiple occasions, as this would provide a more accurate reflection of how people are feeling over time, but we did not see evidence that this had been implemented. In addition, being a tool bespoke to the organisations work, the Wellbeing Sun is not nationally recognised and does not provide a means of calculating social value.

Recommendation 3

**Review methods for measuring and evidencing impact**

We recommend that Community Connections and other Bridges Centre projects adopt the short-form Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) as used in this evaluation study, and the ‘Wellbeing Questionnaire’ as a means of accurately assessing and monitoring beneficiary and volunteer wellbeing scores. It is vital that all ‘new’ beneficiaries and volunteers complete the Wellbeing Questionnaire when they engage with the project and on a regular basis thereafter. The seven, short-form, Warwick Edinburgh Mental Wellbeing Scale questions contained in the Wellbeing Questionnaire must not be altered in any way (this is a condition of the user license) and participants should be encouraged to complete all parts of the Wellbeing Questionnaire for valid results.
It would also be useful to build on the experience of using the Wellbeing Sun and consider identifying personal goals of individuals to use as a measure of wellbeing. The Most Significant Change stories, appear to also be a good tool and a strong reflection of the impact the project has on individuals.

Community Connections has historically relied on grant funding which is often short-term. Due to uncertainty, there is a risk that valuable staff may leave to find secure posts elsewhere, and partner organisations may be reluctant to invest to work in partnership. Bridges Centre has limited capacity to research and write funding applications and although there is a commitment from Bridges Centre and the Project Manager to sustain the project, there is also a great deal of pressure to identify and apply for appropriate funding, with limited staff time to do this.

Community Connections is in a strong position to continue due to the current emphasis on early intervention and prevention, however, it is likely that to sustain the project multiple funds and partnerships will need to be secured.

**Recommendation 4**

**Alternatives to short-term grant funding need to be explored to sustain the work**

To reduce dependency on short-term grants and enable long-term planning and partnership agreements we would recommend that Bridges Centre continues to develop partnerships with key statutory partners such as MCC social services, ABUHB and Registered Social Landlords (RSL’s); the project has become embedded within local services and strategy, and funding via these routes is likely to be more secure to support the continuation of the work.

We would also recommend that Bridges Centre explore opportunities for enterprise to raise income towards the costs of the project. The objective to establish a social cooperative to provide practical support services, and also training opportunities, could be revisited and a more thorough business proposal developed to ascertain the feasibility of this type of initiative.
Appendices

1. Evaluation Framework
2. Project Objectives Questionnaire
3. SWOT Review (Strengths, Weaknesses, Opportunities, Threats)
4. Wellbeing Questionnaire
5. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
6. Applying the wellbeing valuation method to WEMWBS
7. Wellbeing Sun
8. Volunteer Diary
<table>
<thead>
<tr>
<th>The approach / project model</th>
<th>1. Manager, Coordinator and sessional worker feedback (free form conversation)</th>
<th>A for WB meet with CC team</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Big Lottery Reports</td>
<td></td>
<td>CC to make available</td>
</tr>
<tr>
<td>3. Structured conversations (face to face or phone) with beneficiaries, passengers, volunteers, families, referrers, partner organisations</td>
<td>A for WB</td>
<td></td>
</tr>
<tr>
<td>4. Data from service</td>
<td></td>
<td>CC to make available</td>
</tr>
<tr>
<td>5. ‘Playback’ theatre workshop</td>
<td></td>
<td>A for WB to coordinate. Attendees invited/supported to attend by CC. Range of stakeholders involved.</td>
</tr>
</tbody>
</table>

This will look at the whole project and all initiatives within it e.g. Car Scheme

5. To be confirmed. Interactive. Afternoon event in July which will be filmed for showing at September event.
| Befriending support (1:1; Telephone; Social groups) | 1. Structured conversations (face to face or phone) with beneficiaries, volunteers, families, referrers | A for WB
CC team briefed by AforWB
CC team make arrangements. A for WB to facilitate
A for WB meet CC team |
| 2. Personal experience maps | |
| 3. Focus group (both structured and free discussions) | |
| 4. Manager, Coordinator and sessional worker feedback | |
| 5. Volunteer diaries | |
| 6. Wellbeing Sun data | |
| Volunteering opportunities | 1. Structured conversations with volunteers | 1. AforWB
2. V for WB to make available
3. V for WB to make available
4. V for WB to make available |
<p>| 2. Personal experience maps | |
| 3. Volunteer diaries | |
| 4. Wellbeing Sun data | |
| | 3. Consultation event planned for 7th June 10.30-12.30, Bridges Ballroom | |</p>
<table>
<thead>
<tr>
<th>The scheme within 'place based' teams (meeting the aims of the Social Services and Wellbeing Act)</th>
<th>How the scheme has reached people who would benefit</th>
<th>Social value</th>
<th>Unexpected outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feedback from other organisations involved - Structured questionnaire</td>
<td>1. Promotion</td>
<td>1. Cost benefit analysis / SROI</td>
<td>Noted throughout the evaluation process</td>
</tr>
<tr>
<td>2. Steering group - Structured questionnaire</td>
<td>2. Referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Coordinator feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. AforWB</td>
<td>2. CC to make available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. AforWB meet with CC team</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V
Appendix 2

Project objectives questionnaire

This questionnaire and the answers you give us are completely anonymous – please do not write anything on this document by which you could be personally identified.

Sample: Employees / Partners & Stakeholders

At its inception Community Connections set out four objectives which were included in its bid for Big Lottery funding. Please think carefully about each objective and score the project on the extent to which you believe it has met them to date.

This questionnaire does not seek to evaluate your loyalty to the project – its purpose is to include your opinions in a realistic and pragmatic review of how well the project has performed in a real-world scenario.

Please score the project on how well you feel it has performed against each objective on a scale of 0 (not achieved) to 10 (completely achieved)? Please circle the number which represents your honest opinion.

OBJECTIVE 1: The project will improve the wellbeing and reduce feelings of isolation and loneliness of older people.

0 1 2 3 4 5 6 7 8 9 10
|_____|_____|_____|_____|_____|_____|_____|_____|_____|____| Not achieved | Moderately achieved | Completely achieved |

OBJECTIVE 2: Volunteers will be given training and support to befriend vulnerable adults. As a result, the wellbeing of many of the volunteers will be significantly improved.

0 1 2 3 4 5 6 7 8 9 10
|_____|_____|_____|_____|_____|_____|_____|_____|_____|____| Not achieved | Moderately achieved | Completely achieved |

OBJECTIVE 3: New, accessible social opportunities for older people will be established and made sustainable in partnership with other organisations.

0 1 2 3 4 5 6 7 8 9 10
|_____|_____|_____|_____|_____|_____|_____|_____|_____|____| Not achieved | Moderately achieved | Completely achieved |

Questionnaire continues overleaf/...
OBJECTIVE 4: A Social Cooperative will be established to help meet practical support needs and to offer opportunities and training to people facing barriers to employment.

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Not achieved | Moderately achieved | Completely achieved

Is there anything you would like to add?
For example, has the project achieved something noteworthy which was not included in its initial objectives?
Appendix 3

SWOT review
(Strengths, Weaknesses, Opportunities, Threats)

The SWOT (Strengths, Weaknesses, Opportunities, Threats) method of analysis first came to prominence in the 1960s and is as useful now as it was then. Below are some examples of how you might analyse Community Connections using a SWOT Matrix.

Tip: **Strengths and weaknesses** are often **internal** to your organisation, while **opportunities** and **threats** generally relate to **external** factors. For this reason, SWOT Analysis is sometimes called Internal-External Analysis and the SWOT Matrix is sometimes called an IE Matrix.

**Strengths**
- What does Community Connections do better than anyone else?
- What resources can the organisation draw upon that others can’t?
- What do stakeholders and beneficiaries see as Community Connections’ strengths?
- What is ‘unique’ to Community Connections?

**Weaknesses**
- What could Community Connections improve?
- What should Community Connections avoid?
- What are stakeholders and beneficiaries likely to see as weaknesses?
- What factors make developing Community Connections offerings difficult?

Tip: A pragmatic approach to identifying weaknesses won’t do any harm and may empower your organisation to counter them by identifying opportunities.

**Opportunities**
- What good opportunities are out there?
- What interesting trends are you aware of?

Useful opportunities can come from such things as:
- Changes in national/local government policy related to your field.
- Changes in social patterns, population profiles, lifestyle changes, and so on.

Tip: A useful approach when looking at opportunities is to look at the organisation’s strengths and ask yourself whether these open up any opportunities. Alternatively, look at identified weaknesses and ask yourself whether these could be eliminated by working on opportunities.

**Threats**
- What significant obstacles does Community Connections face?
- Might the actions of other organisations impact on Community Connections?
- Are quality standards or specifications for your organisation’s services changing?
- Does changing technology pose a threat?
- Does Community Connections face any financial challenges?
- Could any identified weaknesses seriously threaten Community Connections?

Final tip: When looking at opportunities and threats don’t overlook external factors, such as new government regulations, or funding criteria/availability.

Please complete the SWOT matrix overleaf (please do not include anything in the analysis by which you or any other individual might be personally identified).
Date analysis undertaken:

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4

Wellbeing questionnaire
This questionnaire and the answers you give us are completely anonymous – please do not write anything on this document by which you could be personally identified.

Please tell us a little about yourself
(please circle applicable statements or complete as appropriate)

1) Are you: A beneficiary of the Community Connection Project? OR a volunteer?

2) When did you first become involved with Community Connections? (month and year only) .................................................

3) When did you complete this questionnaire? (month and year only) .................................................

4) Your gender? Male Female

5) Your age? 18–24, 25–34, 35–44, 45–54, 55–64, 65–74, 75–84, 85 or over

6) In which of these areas do you live? Monmouth, Chepstow, Abergavenny

Below and overleaf are tables containing seven statements about thoughts and feelings, please circle the number in each row which best describes your experience. Please answer all the questions in both tables.

**TABLE 1: How did you think or feel BEFORE you became involved with Community Connections?**

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt optimistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I dealt with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I thought clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I felt close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I was able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
TABLE 2: How have you been thinking or feeling over the last two weeks?

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Action for Wellbeing Limited is a licensed user of WEMWBS and SWEMWBS wellbeing analysis methodology.
Appendix 5

The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
The Warwick-Edinburgh Mental Well-being Scale was developed by researchers at Warwick Medical School and Edinburgh University to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

WEMWBS is a 14-item scale with 5 response categories, summed to provide a single wellbeing score. [https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/](https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/)

SWEMWBS
SWEMWBS is a shortened version of the WEMWBS. The seven states of wellbeing included have been thoroughly and sensitively researched and the short-form scale is widely used and endorsed. The main advantage of the 7-item SWEMWBS scale is that it is shorter, and in our opinion therefore more suitable for use with vulnerable or older adults whilst still returning a valuable assessment which includes a statement which is relevant to those experiencing loneliness and isolation (‘I’ve been feeling close to other people’).

Example SWEMWBS ‘before’ engagement/intervention assessment:

How did you think or feel BEFORE you became involved with Community Connections?

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SWEMWBS ‘before’ score: 1 + 6 + 9 + 0 + 0 = TOTAL = 16
Example SWEMWBS ‘after’ engagement/intervention assessment:

How did you think or feel BEFORE you became involved with Community Connections?

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve been feeling optimistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SWEMWBS ‘after’ score: 0 + 0 + 6 + 16 + 0 = TOTAL = 22

Wellbeing ‘after’ score, minus ‘before’ score equals ‘change’ in wellbeing.

In this example: 22 – 16 = 6

A reported enhancement in wellbeing of: 37.5%
Appendix 6

Applying the wellbeing valuation method to WEMWBS


Valuing improvements in mental health
Applying the wellbeing valuation method to WEMWBS

Funded by orbit building communities
Until now it has been a challenge to find a simple, yet credible and robust way to value general improvements in mental health within social impact analysis.

This ground-breaking research analysed national datasets to reveal the relationship between mental health and overall quality of life, or wellbeing. This analysis measured mental health using responses to the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

In partnership with Simetrica, we have developed new wellbeing values that can be used to assess the value of the movement between any two points in the (short) WEMWBS scale. It is now possible to measure and value improvements in mental health in a way that is consistent with the existing Social Value Bank.

Establishing a greater understanding of the wellbeing value of improvements in mental health is a hugely valuable addition to the Social Value Bank. The new values broaden the set of tools available to enable a deeper understanding of the impact of a range of community interventions to both housing providers and others working with communities.

Who can use the new values?

- Those who deliver mental health interventions can use the values as a measure to understand and communicate their social value.

- Those who make or influence policy decisions can use the values to better understand the impact of mental health problems on individuals and the difference effective interventions can make.

Background

HACT has already made the link between wellbeing and social value by producing the Social Value Bank with Simetrica using the wellbeing valuation approach. Over 90 outcomes have been valued based on their relationship with life satisfaction. To do this, we analysed large national datasets to identify how people’s wellbeing correlated to other aspects of their life, including employment status, financial inclusion, health, and feelings about their neighbourhood.

Despite updates and new values added to the Social Value Bank, mental health was previously covered by only a few values. Nevertheless, the outcome with by far the largest value in the Social Value Bank is ‘relief from depression or anxiety’ at £36,756.

This reveals that mental health has a huge impact on overall wellbeing but the use of this value is limited as it can only be applied if an individual’s depression or anxiety is completely resolved. An intervention may improve an individual’s mental health but may not go far as to ensure recovery from depression or anxiety, and previously this improvement would have been missed. These new values enable us to value more gradual improvements in mental wellbeing.
What is wellbeing valuation?

Wellbeing valuation is the latest thinking in social impact measurement and features in HM Treasury Green Book, a guidance document for evaluation within Government.

The wellbeing valuation approach analyses people’s self-reported wellbeing, e.g. how satisfied they are with their life on a scale of 0-10, and how this changes due to different life circumstances. Analysis reveals the impact of various outcomes (e.g. feeling belonging to the neighbourhood) on life satisfaction and calculates the amount of money that would produce the equivalent impact on their life satisfaction.

For example, we may find that on average feeling belonging to the neighbourhood moves the average person 1 point up the 0-10 life satisfaction scale (having controlled for other factors). The data also reveals that an extra £3,753 also moves people 1 point up the same scale, giving us a monetary value for feeling belonging to the neighbourhood.

The wellbeing valuation approach is a good fit for this work as we can draw on people’s lived experience of mental health, both good and bad, captured through their responses to WEMWBS and reveal how this impacts on their overall wellbeing captured through their reported life satisfaction. Both of these measures are included in the national dataset, Understanding Society, so this was the focus of our analysis.

1. British Household Panel Survey: www.baracca.ac.uk/bhs
2. Understanding Society: www.understandingsociety.ac.uk
4. British Household Panel Survey: www.baracca.ac.uk/bhs
What is WEMWBS?

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a list of 14 positively worded statements with five response categories designed to measure different aspects of positive mental health. The short form of WEMWBS (SWEMWBS) uses 7 of the statements scored on the same scale and is the version we have drawn on in this work.

The SWEMWBS questions meet various statistical tests of robustness and the scale has been academically validated. WEMWBS and SWEMWBS have been widely used in the UK and elsewhere, including in the Health Survey for England, the Scottish Health Survey, and the Department of Health’s Public Health Outcomes Framework.

The Short WEMWBS (SWEMWBS)

<table>
<thead>
<tr>
<th>Statements</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Respondents select a response for each of the statements. The scores for each statement (between 1-5) are added together to produce the overall score for each respondent.

The growing popularity of WEMWBS is driven by its academic rigour, credibility with and relevance to health audiences, and its ease of use. It has met the increasing demand for a good, practical way to measure mental wellbeing.

WEMWBS has played a key role in making mental health interventions tangible and credible to commissioners and influenced increased investment in mental health initiatives.
The new SWEMWBS values and how to apply them

As with the existing Social Value Bank, the wellbeing valuation method was used to value movements on the SWEMWBS scale. These values represent the additional money the average individual would need to improve their wellbeing, which is the same amount as the improvement in their SWEMWBS score.

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall SWEMWBS score</th>
<th>Full model value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7-14</td>
<td>£0</td>
</tr>
<tr>
<td>2</td>
<td>15-16</td>
<td>£9,639</td>
</tr>
<tr>
<td>3</td>
<td>17-18</td>
<td>£12,255</td>
</tr>
<tr>
<td>4</td>
<td>19-20</td>
<td>£17,561</td>
</tr>
<tr>
<td>5</td>
<td>21-22</td>
<td>£21,049</td>
</tr>
<tr>
<td>6</td>
<td>23-24</td>
<td>£22,944</td>
</tr>
<tr>
<td>7</td>
<td>25-26</td>
<td>£24,225</td>
</tr>
<tr>
<td>8</td>
<td>27-28</td>
<td>£24,877</td>
</tr>
<tr>
<td>9</td>
<td>29-30</td>
<td>£25,480</td>
</tr>
<tr>
<td>10</td>
<td>31-32</td>
<td>£25,856</td>
</tr>
<tr>
<td>11</td>
<td>33-34</td>
<td>£26,175</td>
</tr>
<tr>
<td>12</td>
<td>35</td>
<td>£26,793</td>
</tr>
</tbody>
</table>

How to apply the values

We recommend that organisations delivering community-based programmes conduct a proper evaluation with a control group to calculate the causal impact of the programme on the SWEMWBS score. If this is not possible, the second-best approach is to ask project participants to respond to the SWEMWBS statements before and after an intervention and record the total score (ranging from 7-35) for each person at both points.

1. Subtract the before value from the after value and subtract 2.7% as deadweight (see definition of deadweight below).
2. Sum the resulting values for all the participants to calculate the total social impact.
3. Minus the total costs to deliver the intervention from the total social impact to reveal the net social impact.

What is deadweight?

As with all social impact measurement, you will witness changes that would have happened anyway regardless of any specific intervention, known as deadweight. In the existing Social Value Bank, we ensure this is considered and discounted in a standard way using average deadweight figures from the HCAS Additionality Guide.

This states that 2.7% of people experiencing a health improvement would have achieved it anyway. This proportion must also be subtracted from application of the new SWEMWBS values to prevent overclaiming. See examples overleaf.

What is the relationship with values in the Social Value Bank?

The SWEMWBS measure should not be used to measure social impact in combination with values from the Social Value Bank. This is because SWEMWBS measures mental wellbeing and the values for the outcomes in the Social Value Bank already incorporate the impact on mental wellbeing (for instance, a person who gains employment is also likely to have lower anxiety and a person who dances frequently is likely to experience less stress due to increases in physical exercise).

Adding the SWEMWBS values and the Social Value Bank outcome values would lead to double counting. The SWEMWBS values should therefore be seen as an alternative to the outcomes values in the Social Value Bank. Organisations have the option of either measuring SWEMWBS and valuing the change in SWEMWBS or measuring the outcomes of a programme and valuing the outcomes in the Social Value Bank.
Examples of how to apply the values

A couple in a flat were experiencing a neighbour noise issue. The neighbour played loud music each night preventing them from sleeping and ignored their pleas to stop. This carried on for months and caused them significant distress. One resident was signed off work with stress.

The housing provider intervened and resolved the issue, so the couple no longer had to endure the neighbour noise. The intervention cost £1,250.

<table>
<thead>
<tr>
<th>SWEMWBS ‘before’ score</th>
<th>Model value</th>
<th>SWEMWBS ‘after’ score</th>
<th>Model value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant A</td>
<td>19</td>
<td>£17,561</td>
<td>24</td>
</tr>
<tr>
<td>Tenant B</td>
<td>23</td>
<td>£22,944</td>
<td>26</td>
</tr>
</tbody>
</table>

1. After score model value - Before score model value x (1 - deadweight) = Per person social impact
   Tenant A: £22,944 - £17,561 x (1 - 0.27) = £3,929.59
   Tenant B: £24,225 - £22,944 x (1 - 0.27) = £935.13

2. Tenant A social impact + Tenant B social impact = Total social impact
   £3,929.59 + £935.13 = £4,864.72

3. Total social impact - Total costs = Net social impact
   £4,864.72 - £1,250 = £3,614.72

A resident in an end-terrace property hoarded materials to the point where it began to affect a retired neighbour. The neighbour was disturbed by the smell and vermin that resulted from the hoarding. This led to considerable anxiety and a reluctance to leave her property.

The housing provider worked with the tenant experiencing hoarding disorder and referred them to a specialist service involving counselling, which resulted in improvements solving the problem for the neighbour. The cost of the intervention was £3,500.

<table>
<thead>
<tr>
<th>SWEMWBS ‘before’ score</th>
<th>Model value</th>
<th>SWEMWBS ‘after’ score</th>
<th>Model value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant</td>
<td>16</td>
<td>£9,639</td>
<td>22</td>
</tr>
</tbody>
</table>

1. After score model value - Before score model value x (1 - deadweight) = Per person social impact
   £21,049 - £9,639 x (1 - 0.27) = £8,329.30

2. Total social impact = £8,329.30 (only one person is benefiting)

3. Total social impact - Total costs = Net social impact
   £8,329.30 - £3,500 = £4,829.30
Next steps

Please visit www.hact.org.uk to access the full set of SWEMWBS values (including age and regional differentiated values), the methodology paper, and information on the development of associated tools to apply the values to your projects.

We will continue to develop guidance around the application of the values, particularly their relationship with the existing Social Value Bank.

If you have any questions, would like to know more about training or consultancy opportunities, or would like to discuss the possibility of developing new values, please contact info@hact.org.uk.

Please note – the new SWEMWBS values are covered by a creative commons license. For more information please refer to: www.hact.org.uk/social-value-bank-licencing-information.

We are grateful to Golding Homes, Mitie and Wellbeing People who commissioned the original work to develop the SWEMWBS values.

HACT is an innovation agency that provides futures-oriented solutions for UK housing. We deliver thought leadership and drive new ideas for business transformation through our platform of research, impact measurement and data analytics, helping housing providers maintain and refine resilient businesses by developing smarter and more efficient ways of working.

www.hact.org.uk

Simetrica is a research consultancy specialising in policy evaluation and social impact measurement with internationally-recognised leading experts in outcomes valuation. We provide research and analysis of the highest scientific rigour to help organisations in the public, private and not-for-profit sectors measure and understand their social value and impact.

www.simetrica.co.uk

Orbit is one of the UK’s leading housing providers, delivering more than 1,700 new properties each year. We’re an ethical company with a 50-year heritage, where people come first. For over 50 years, our ethical approach to business has enabled us to re-invest our profits into our mission of building communities, ensuring every generation can live in a house that they can afford.

www.orbit.org.uk
Appendix 7

Wellbeing Sun

Name: .................................................................
Date: .................................................................

Wellbeing Outcomes

- I feel good about myself
- I can learn and develop to my full potential
- I do things to keep myself physically healthy and active
- I feel included in my community
- I feel useful in society

Personal goals

I have people to talk to
I get involved in my community

Additional Comments
Wellbeing Sun - Guidelines

To be used by Volunteering for Wellbeing and Community Connections Coordinators as part of the volunteer and referral process.

What is it? A tool to measure change to individual’s wellbeing. The statements in the tool relate to the outcomes in the Social Services and Wellbeing Act.

Why do we need to do this? To evidence that Volunteering and Befriending has a positive impact on individuals wellbeing.

When do we need to do this? A ‘baseline’ SUN should be completed at the start of our relationship with a new volunteer or beneficiary i.e. usually the first or second time we meet them (as appropriate), before ‘active’ involvement commences.

A ‘review’ SUN should be completed when the individual has been involved with activity/support for 3 months. Further reviews should be completed every 6-months, therefore at 9 months and 15 months, and thereafter annually.

How do we do this? Coordinators should introduce the SUN to individuals after explaining volunteering / befriending to the individual (depending on the individual; communication, capacity, circumstances etc.).

Coordinators should emphasise that this ‘survey’ is to help us (as an organisation) show that we are making a difference to people and that this can really help us provide a good service, and get further funding etc. This explanation should help to take pressure off the individual, avoid concerns about feeling they are being ‘assessed’ or ‘tested’, and be more likely to engage with it!

Explain (in words to engage the individual) that the statements on the SUN are to show where they ‘are’ right now, how they are feeling, and that a review will be done after about 3 months to see if the person feels any differently after being involved with our projects.

Depending on the individual the SUN can be completed with or without support.

How do we support someone to complete the SUN? If an individual requires some support to complete the SUN, offer to help to do it together.

Coordinators will need to adapt their approach and language to engage with each individual and reassure and support people as required.

Read each statement in turn and ask where, on a scale of 1 to 10 does the person feel they are (1 being least positive, 10 being most positive).

For each statement circle the appropriate number and add any comment to explain the person’s feelings or circumstances in the comments box.

In addition to measuring personal outcomes the SUN statements also provide us with an opportunity to get to know the person a little and understand what may be affecting their happiness, involvement, confidence etc.
Statements are likely to highlight acute problems such as low self-esteem, few trusting relationships, exclusion and loneliness. Coordinators will need to ‘read the signs’ from people and reassure/divert as needed.

Common responses may be negative due to:

- **External/physical factors** such as illness, disability, low income, bereavement, responsibilities, loss of mobility, sight, hearing, don’t drive, can’t get out etc.
- **Internal/emotional** such as hurt or humiliation, insecurity, lack of confidence, feeling a burden to others, fear, feeling left out or ignored, not coping well etc.

The process of responding to statements may help the person to identify some solutions to improve their quality of life. Coordinators could use these ideas in arranging appropriate activities or support.
Appendix 8

Volunteer Diary

Here is your 2018 volunteering diary

Please feel free to use it as your own personal diary but we also ask that you use it to show the difference you are making through volunteering.

We would really appreciate it if you would make brief notes about the times you are volunteering and about how you might be helping the people and groups that you are with. You might include such information as:

- The activities you have been involved with.
- The difference you feel this makes to people e.g. do individuals involved seem happier or more positive?
- Any quotes from individuals you have met/helped.
- What are you enjoying about volunteering?

Please bring your diary to reviews you have with us and return diaries to us at the end of the year if they contain useful snippets!

Thanks so much for all your help

Marianne Piper – Volunteer Co-ordinator

Tel: 01600 887568