

# London Cares: *What we do and why we do it*

2015-16

## Contents

|  |    |
|--|----|
| Introduction.....  | 3  |
| Why tackle social isolation in London? .....                                     | 4  |
| What do we do to tackle the problem of loneliness and social isolation? .....    | 6  |
| Why target older people and young professionals? Why not other age groups?.....  | 7  |
| What are our recruitment strategies and how do we know they are effective? ..... | 8  |
| What makes our model effective at tackling the problem of social isolation?..... | 9  |
| In what ways does our model <i>not</i> accord with ‘best practice’?.....         | 12 |
| How is the quality of each activity ensured? .....                               | 13 |
| Interim outcomes for our volunteers and older neighbours .....                   | 15 |
| Evaluation approach .....  | 18 |
| Future developments .....  | 19 |
| Appendix A – Our Theory of Change .....  | 20 |

## Introduction

North London Cares and South London Cares are sister charities and, more importantly, community networks of young professionals and older neighbours hanging out with one another in a rapidly changing city.

Through our Social Clubs and Love Your Neighbour (one-to-one) activities, neighbours share a little extra time, laughter, practical help and human companionship.

This document explains our approach to tackling loneliness and social isolation amongst older and younger people in London. Whereas our outcomes framework outlines what data we collect and when, this document explains how that data can provide evidence that our model is working. It provides a fuller explanation of the Theory of Change diagram that you can find in Appendix A, and puts our work in context for anyone not familiar with our approach.

It is important to note that a theory of change is just a theory, and data - of whatever kind - is just evidence. Neither will provide irrevocable proof that what we do is working, but they can suggest that our approach is effective if the data we track tells us what we expected to see.

Some aspects of our approach are based on assumptions, and we aim to be transparent about these so that our participants, volunteers, funders and partners know the strengths and weaknesses of our model. It is also important to us that we can share best practice with other projects trying to tackle similar issues. You will find sections below about the ways in which our approach accords with best practice, and areas where we could make improvements. We have drawn evidence from academic and expert research on the issues we address, but we have also drawn on our own extensive experience of working with volunteers and older people in London.

If you have any questions about our approach that this document doesn't cover, please contact [alex.smith@northlondoncares.org.uk](mailto:alex.smith@northlondoncares.org.uk).

## Why tackle social isolation in London?

Social isolation is a big problem, and one that is increasing in scope and severity due to rapid social changes in the city. It is estimated that 12% of people aged over 65 are socially isolated, and the absolute number of isolated older people is going to rise enormously with demographic changes predicted over the next few decades.<sup>1</sup> The proportion of over 60s in the UK is expected to nearly double by 2030, to 34% of the population on average.<sup>2</sup> Research shows that isolation becomes more likely the older or more frail a person is, so increasing life expectancies is already increasing the severity of the problem: on average a person's wellbeing starts to decline after the age of 70, and drops sharply after 80.<sup>3</sup>

Social isolation does not just affect the quality of a person's life. It also has a big impact on their health, and on the wider community through impacts on health and social services. Isolation leads to loneliness which, if it becomes chronic, not only has a negative impact on our emotions but also rewires our brains and changes the way we think.<sup>4</sup> Research shows that people who are isolated and lonely are more likely to have high blood pressure, suffer from cognitive decline, and develop depression.<sup>5</sup> Shockingly, people who are socially isolated are also five times more likely to die prematurely than those who have good personal and social connections.<sup>6</sup> Tackling isolation and loneliness will not only make people's lives better, it will also reduce the impact of increased health problems on already stretched health and social services – older people who are lonely are on average 1.8 times more likely to visit their GP, 1.6 times more likely to visit A&E, 1.3 times more likely to have emergency admissions, and 3.5 times more likely to enter local authority-funded residential care.<sup>7</sup>

Isolation is a particularly entrenched problem in London. There are already about a quarter of a million over-80s in London – the age group most at risk of becoming isolated and lonely – and this figure is expected to rise 40% by 2031.<sup>8</sup> London has a high population churn which makes it harder to build stable relationships over time, and as a result the city sees less intergenerational contact than the rest of the UK: the average Londoner has fewer connections with older people than anywhere else in the country.<sup>9</sup> In total, it is estimated that 75,000 over 75s in London feel lonely most of the time.<sup>10</sup>

Meanwhile, loneliness and social isolation can also be a problem for younger people, particularly those who are moving to London for the first time and don't yet have strong ties to a particular community or neighbourhood. The growth of short-term lets in the private rented housing market has exacerbated the difficulty that young people face in putting down roots in an area. Rates of depression and mental ill health are also rising amongst younger generations, who can feel disconnected from society and often lack a sense of value or purpose in a competitive and atomising world.

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<sup>1</sup> Karen Windle, Jennifer Francis and Caroline Coomber (2011) *Preventing Loneliness and Social Isolation* (London: Social Care Institute for Excellence), p.2.

<sup>2</sup> *Ibid.*, p.2

<sup>3</sup> Paul Flatters, Tom Johnson and Ruairi O'Shea (2015) *Ageing in the UK* (London: Trajectory); Lauren Fulton and Ben Jupp (2015) *Investing to Tackle Loneliness: A Discussion Paper* (London: Social Finance), p.9.

<sup>4</sup> Christopher Masi *et al.* (2011) 'A Meta-Analysis of Interventions to Reduce Loneliness', *Personality and Social Psychology Review*, 15:3, pp.4-5.

<sup>5</sup> Kate Jopling (2015) *Promising approaches to reducing loneliness and isolation in later life* (London: Campaign to End Loneliness), p.6; Windle, Francis and Coomber (2011), pp.2-3.

<sup>6</sup> Flatters, Johnson and O'Shea (2015).

<sup>7</sup> Windle, Francis and Coomber (2011), pp.3.

<sup>8</sup> Jonathan Clifton (2011) *Social isolation among older Londoners* (London: IPPR), p.8.

<sup>9</sup> *Ibid.*, pp.8-9.

<sup>10</sup> *Ibid.*, p.9.

Social isolation has become entrenched because of social and cultural changes in the capital and the UK as a whole. Trends towards globalisation, gentrification, increasing migration and digitization can leave older members of society feeling 'left behind' and without a place in the modern world. But these changes do not mean that social isolation is an unsolvable problem. Population churn may prevent many people from putting down long-term roots in a particular neighbourhood, but with the help of a community-based organisation like North or South London Cares, young professionals can still interact with older generations and feel like they are part of a more settled community. Even if local shops and amenities close or the character of a neighbourhood changes, it is still possible to bring generations together, increase trust and grow connections between people. While getting older is an unavoidable part of the human experience, social isolation is not a normal or inevitable part of the ageing process. Our mission is to ensure that every older person has a 'ticket to the party' of our vibrant city, to decrease the loneliness of younger generations and to strengthen our communities in the process.

## **What do we do to tackle the problem of loneliness and social isolation?**

We run three different projects to tackle the problem of loneliness and social isolation amongst older and younger generations: Social Clubs, Love Your Neighbour and Winter Wellbeing.

### **Social Clubs**

Social Clubs offer a chance for young professionals and older neighbours to hang out together, to learn, to laugh and to build the types of friendships and social networks that really matter. We run 4-5 Social Clubs every week, in different locations across Islington and Camden (North London Cares) and Lambeth and Southwark (South London Cares).

The group activities are different every time, but they always bring fun and shared experience. Usually the club will revolve around cultural and social interactions such as film nights, baking clubs, dance sessions, technology workshops and arts and crafts. We also run more unusual activities, like 'Back to Work' business visits to give older people an insight into the modern workplace.

Social Clubs are aimed at older people who can still get out of the house, and want to interact with other older neighbours as well as our younger volunteers. We organise a range of activities to suit all tastes, but at the heart of each Club is companionship, fun, neighbourliness and meaningful relationships. There is always a staff member present to help make introductions and facilitate a chatty, relaxed environment.

### **Love Your Neighbour**

Love Your Neighbour is a one-to-one friendship project helping to broker new friendships across generations and other social divides. The project is a way of getting younger people more actively involved in their community, and offers older people the chance to feel reconnected with the ever changing landscape of London.

Our LYN friends spend time together on a regular or ad hoc basis, sharing companionship, friendship and support. Volunteers sometimes help with practical things such as shopping, cooking and gardening, but the main purpose of the match is to share fun activities like playing cards or sharing a cocktail.

Love Your Neighbour is aimed at older people who may have restricted mobility or another reason that they struggle to leave their own home. We usually match them with volunteers who have experience of interacting with older people in our Social Clubs. Love Your Neighbour matches enable younger people to bring the outside world into an isolated person's home, and foster strong relationships that benefit both parties.

### **Winter Wellbeing**

Winter Wellbeing is an outreach project to support older neighbours through cold and isolating winter months. We conduct an extensive communications campaign to reach as many people as possible, by distributing leaflets through local networks, sending letters to older neighbours referred to us by local Councils and by knocking on doors to see if older neighbours are in need of support. We hand out free blankets, warm clothes, and fuel grants of up to £100 for those at risk of fuel poverty and exposure to the cold. We also provide information about accessing Council services and community activities for those who may be socially isolated.

## Why target older people and young professionals? Why not other age groups?

Our Social Clubs are open to everyone and we accept volunteers of all ages. However, our projects typically attract the over-75s and young people aged 25-35, in the early years of their professional careers. There are a number of reasons that we focus on these groups:

1. Rates of loneliness are highest amongst the over 75s and so it is important to reach people in this age group.<sup>11</sup>
2. The next-most lonely age group is the under 25s, closely followed by the 25-34 age group – young people at the start of their professional lives, who have yet to settle in a community or to start a family of their own.<sup>12</sup> Recruiting volunteers from this age group reduces their isolation, as well as reducing the isolation of older people.
3. Young professionals have both the time and the motivation to volunteer with us. With fewer commitments than older age groups, we have found that young professionals feel more able to volunteer regularly. We have also found that this group is particularly drawn to volunteering with us, because they miss their own family and/or want to have more interaction with older people whom they wouldn't otherwise have the opportunity to meet.

Whilst we do work with some frail older people, we are not a formal part of healthcare or social services. North and South London Cares are voluntary, community-based organisations that don't do the things that make life liveable, such as clothing, feeding or washing people; instead, we do the things that make life *worth living* – making new connections, sharing new opportunities, and broadening the horizons of both older neighbours and their younger neighbours. By acting as a preventative measure to reduce the number of lonely and isolated older people, we help to reduce unnecessary burdens on health and social services, but we do not and cannot replace their role.

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<sup>11</sup> *Ibid.*, pp.5-6.

<sup>12</sup> *Ibid.*, pp.5-6.

## What are our recruitment strategies and how do we know they are effective?

We have three primary methods of recruiting older neighbours:

1. Via our own advertising and promotion, primarily through local community centres, leafleting, media stories and word of mouth;
2. Via referral partners, including GPs, other NHS services, Age UK, and local partner organisations;
3. Via our Winter Wellbeing project, which involves a leafleting and door-knocking campaign to reach individuals that may not otherwise find out about us.

Whilst these methods have served us well in our start-up stage, we are aware that they can be improved upon. We want to increase the amount of proactive outreach we do in target boroughs, including increasing the number of leaflets about our activities and the range of places that these leaflets can be found.

We have an active recruitment strategy for volunteers, which involves deliberate work through social networks, digital networks and employment networks, and we create a narrative arc that involves young people and tells the story of their involvement. To get volunteers in through the web takes a lot of storytelling both digitally and in person, good search engine optimisation, and active social media channels. We also organise stalls at university fairs and locations which we feel would be useful.

We also have a strategy for building up our wider community networks. We work with the small businesses that do encounter isolation - pubs, betting shops, chemists, libraries, paper shops, launderettes - to signpost older neighbours our way. This is a source of recruitment for our older neighbours, but it is also a way for us to get to know the area we work in, and to recognise that businesses and shops are an essential part of the fabric of our communities that make places meaningful for all neighbours.

In future we may need to revisit these approaches, but for the time being the age and demographics of the people involved in Cares are broadly in line with our original intentions.



## What makes our model effective at tackling the problem of social isolation?

Social isolation amongst older people has become an entrenched problem in London because of societal and cultural changes. The solution needs to involve a cultural shift that changes the way people interact in our city, whilst recognising that many demographic and social changes are here to stay. This is why it is so important to develop a community-based, grassroots response – a model that can change the way that people think about their communities as well as offering them an opportunity to counteract some of the negative effects of recent social change.

Academic research has identified four different types of intervention that can tackle the problem of social isolation: improving social skills, enhancing social support, increasing opportunities for social contact, and addressing maladaptive social cognition.<sup>13</sup> The last strategy – which includes offering psychological techniques such as CBT and mindfulness – has been identified as most effective way of tackling loneliness, but it is a less appropriate method for a community-based response or to tackle *isolation*, which is one of the main root causes of loneliness. The former three strategies have also been shown to reduce loneliness, as well as being effective at reducing social isolation.<sup>14</sup>

Our projects involve a mix of all three strategies and have been designed to tackle isolation effectively, but also with warmth and compassion. Our own experience and academic research has identified a number of factors that make our projects, and others like them, successful:

1. It is important for the intervention to **specifically target loneliness and isolation**.<sup>15</sup> Our projects have been designed with this aim in mind, rather than seeing reduced isolation as a by-product of another cause.
2. **Projects that involve volunteers and voluntary organisations tend to be most effective** at reducing isolation.<sup>16</sup> A volunteer-led model is more cost effective, but most importantly it enables the growth of community ties and helps to engineer a wider culture shift rather than just addressing the immediate problem.
3. In our experience, there are **wider benefits to having an inter-generational model for tackling isolation**. Our projects help to reduce isolation amongst young professionals as well as older people – achieving two positive outcomes in one go, and ensuring that there is mutual benefit for everyone involved.
4. The most effective interventions are those that **treat older people with dignity and do not make them feel like they are being ‘helped’**.<sup>17</sup> Our older neighbours benefit the volunteers just as much as the other way round – and we have designed our programmes to put fun and friendship at the heart of our approach, not ‘help’.
5. **The best projects are those rooted in place**.<sup>18</sup> Neighbourhood-based interventions help older (and younger) people to feel part of their local community, and enable people to develop bonds through a shared commitment to place.<sup>19</sup>

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<sup>13</sup> Masi *et al.* (2011).

<sup>14</sup> Masi *et al.* (2011), p.23; Fulton and Jupp (2015), p.14.

<sup>15</sup> Jopling (2015), p.12.

<sup>16</sup> Jopling (2015), p.47; Windle, Francis and Coomber (2011), p.7.

<sup>17</sup> Meg Allen, Helen Spandler, Yvonne Prendergast and Lynn Froggett (2015) *Landscapes of helping: Kindliness in neighbourhoods and communities* (York: Joseph Rowntree Foundation).

<sup>18</sup> Angela Collins and Julie Wrigley (2014) *Can a neighbourhood approach to loneliness contribute to people’s well-being?* (York: Joseph Rowntree Foundation); Allen *et al.* (2015); Jopling (2015), p.44.

6. Group-based interventions should be **focused on shared interests and activities**, rather than being designed purely around social contact.<sup>20</sup> This helps people to feel at ease and develop wider interests.
7. Groups based on **informal social networks** are more likely to increase wellbeing than those with a formalised membership.<sup>21</sup> That's why our Social Clubs are drop-in – no one has to formally 'join'.
8. **Older people should be able to self-select into groups or activities that interest them**, rather than being made to come to a one-size-fits-all activity.<sup>22</sup> Hence we offer a wide range of different types of Social Clubs, so that both our older neighbours and volunteers can choose to attend the ones that appeal most to them.
9. Loneliness is contagious and people who are isolated sometimes struggle to interact in social situations. Therefore it **is best to have a mix of people who are isolated, and those who are not**.<sup>23</sup> That's why we have a mix of older neighbours, volunteers and staff at our Social Clubs, and why it's important to have an open door policy so that anyone who wants to attend, can.
10. Older people value the opportunity to **socialise with their peers**, and share information and experiences with each other.<sup>24</sup> This is partly because they can struggle to find information from other sources, like the Internet.
11. **Clubs that are targeted at specific groups of people tend to be more effective**, rather than being targeted at 'older people in general'.<sup>25</sup> Our men's cooking clubs, for example, are able to target the specific needs of isolated older men.
12. **One-to-one 'befriending' projects are also effective at reducing isolation**, and are a more realistic option for people who can't or don't want to attend group-based activities.<sup>26</sup> This is why we have both group and one-to-one activities at the core of our work.
13. **Ongoing levels of small support and interaction is the most effective approach to tackling isolation**, rather than one-off interventions.<sup>27</sup> This is partly why community-based solutions can be so much more effective than interventions by health or social services.
14. **It is important to design an individualised response for each person**, including referrals to other interventions.<sup>28</sup> All older neighbours who participate in our Love Your Neighbour project are assessed in person to ensure that we are able to meet their needs, and if not we will refer them to other specialist services. Although older neighbours that drop in to our Social Clubs are not formally assessed, we do make referrals if we are concerned about somebody's wellbeing.
15. The most well-run interventions will have **links to the local health service, and will share information and referrals between agencies**.<sup>29</sup> We do receive limited information about

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<sup>19</sup> Clifton (2011), p.10.

<sup>20</sup> Jopling (2015), pp.10, 25.

<sup>21</sup> Clifton (2011) p.17.

<sup>22</sup> Windle, Francis and Coomber (2011), p.7.

<sup>23</sup> Masi et al. p.20

<sup>24</sup> Clifton (2011), p.14.

<sup>25</sup> *Ibid.*, p.18.

<sup>26</sup> Jopling (2015), p.10.

<sup>27</sup> Clifton (2011), pp.6, 12.

<sup>28</sup> *Ibid.*, p.12.

<sup>29</sup> *Ibid.*, pp.15-17.

individuals from referral partners, and we will sometimes share information with NHS or other partners if we feel that an individual is at risk of harm to themselves or at risk of harming others.

16. **Targeting the over 75s** has been identified as the most effective way to tackle isolation.<sup>30</sup> The majority of our older neighbours are in their 80s and 90s.

These are not the only elements of our work that we think are valuable, but the above sixteen points are based on good quality peer reviewed research, and often meta-analyses of multiple studies. We continue to tweak and develop our model as we learn more from our older neighbours and volunteers, but our two, year-round projects are reasonably fixed in what they do and why they are designed in that way.

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<sup>30</sup> Clifton (2011), p.7.

## In what ways does our model *not* accord with ‘best practice’?

No project is perfect, and there are a number of ways in which our model does not fulfil the ‘best practice’ identified in academic literature on isolation and loneliness. The reasons for this are largely practical restraints:

1. **It is important to proactively reach the *most in need* in any area.**<sup>31</sup> Our referral routes do help us to reach many people who benefit enormously from our projects, but North and South London Cares are not designed to help people with the most acute problems. We cannot help someone if they are already *very* isolated and/or unwilling to interact with other people - we are more of a preventative measure, helping to ensure that older people do not reach extreme isolation in the first place. Those that are most in need would probably benefit from psychological interventions (see page 4 above), rather than a community-based volunteer project like ours.
2. **It is very effective to empower older people by involving them in running social clubs.**<sup>32</sup> To date, we have not enabled this to happen in any structured way because it is time consuming for our staff – we deliver 4 or 5 Social Clubs per week, and need to ensure that they meet all of our quality standards – and because we feel we achieve a deeper sense of ownership in the structure of the clubs themselves. Our older neighbours claim their own involvement in running the content of Clubs and so we don’t have to structure how we ‘give’ them a sense of worth. We would be open to involving some people in a more structured way if there was an appetite for it, and it fitted well with our ethos.
3. It can be effective to **facilitate volunteering by older people themselves**, as this boosts their sense of self-worth and reduces their isolation in the community.<sup>33</sup> We are considering this idea, however it would be time-consuming for a small organization like ours to make sure that any older volunteers we support will meet host organisations’ requirements. We also like to emphasise that both older people and young professionals gain from our work. In many ways, if the young people are volunteering, so are the older people.
4. Ideally, interventions should **target life events that trigger isolation** such as retirement, the death of a partner and the onset of disability.<sup>34</sup> In practice however this can be difficult to achieve without extensive data capture and sharing between agencies. We do have a relationship with local bereavement counsellors and Age UK, which enables us to achieve this outcome to some extent.

We do not claim to know everything about how to help our participants, but are continually interested in how we can better support them, and will change our approach if needed.

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<sup>31</sup> Jopling (2015), p.12.

<sup>32</sup> Jopling (2015), p.26; Windle, Francis and Coomber (2011), p.7; Clifton (2011), p.18.

<sup>33</sup> Flatters, Johnson and O’Shea (2015).

<sup>34</sup> *Ibid.*, p.8.

## How is the quality of each activity ensured?

The above sections have detailed how we have considered our model within the existing literature of what the evidence suggests is good practice. It is also important for us to consider how we maintain the quality of our delivery. We have adopted the following quality principles to ensure that whilst we will adapt our work to meet the needs of specific individuals, we will always retain the warm-hearted Cares approach that has proved so popular to date.

### Our overall approach

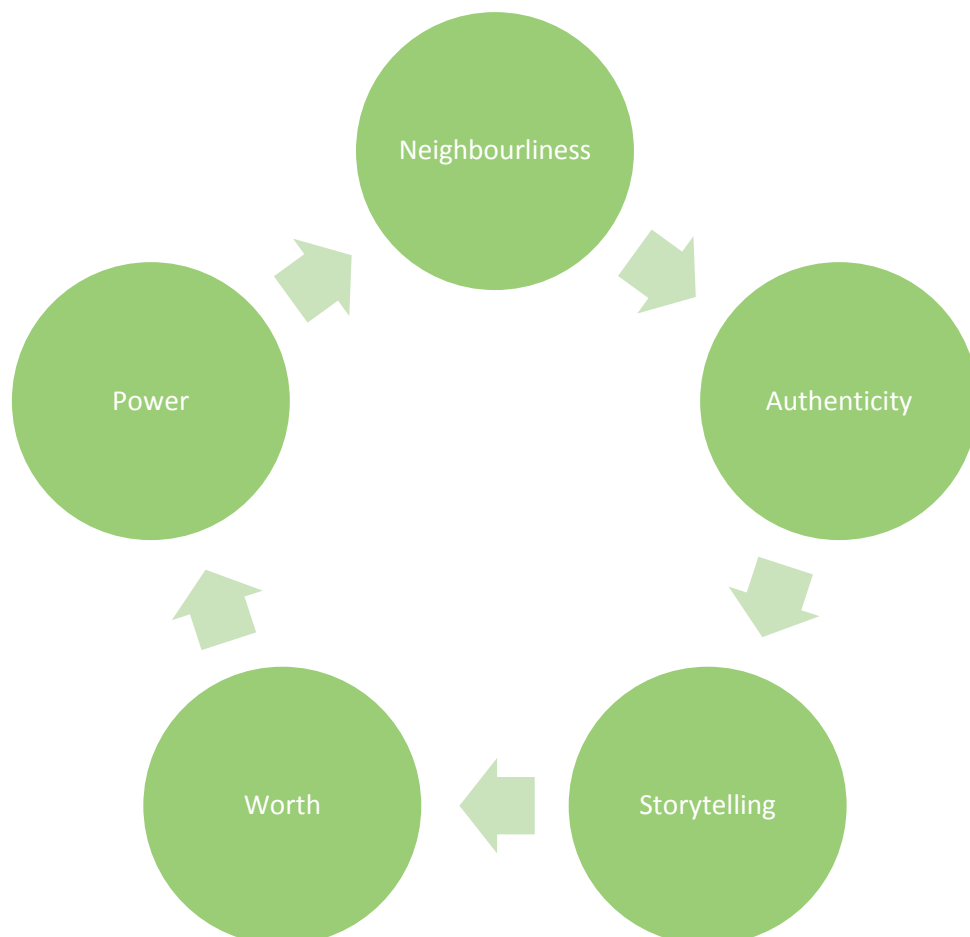
Our approach, at all times, begins with acts of **neighbourliness**.

We believe that opens up the possibility for **authenticity**.

When people are authentic they can tell meaningful **stories** about themselves.

In the act of telling stories we seek to give all individuals the opportunity to see their **worth** and self-worth.

We believe that in enabling this sense of worth, it allows people to claim **power** over their choices, and that this will encourage more neighbourliness and further reduce the ties that make people feel isolated and lonely.



## Social Clubs

Our social clubs have a small set of quality principles which we look to ensure. If these happen, then we will know that it has been a successful club:

- Bring older and younger neighbours together to share time, laughter and new experiences
- Clubs are based on shared personality, interests and experience, rather than age
- They provide a fun, familiar, equal, welcome environment - a place for everyone to call home
- They are energetic, creative and challenging - helping everyone stay valued, vibrant and visible
- They offer discursive, inquisitive and trusted environments
- Clubs offer an anchor of new experiences - something to look forward to day to day

## Love Your Neighbour

For our Love Your Neighbour matches, it is essential that they all:

- Connect people to the rapidly changing world around them
- Bring laughter and friendship - and the outside world - into the home
- Offer people practical and emotional support simultaneously
- Help people to feel the community cares
- Offer pause, reflection and shared storytelling

## Interim outcomes for our volunteers and older neighbours

Our Theory of Change lists five outcomes for volunteers and older neighbours, and a further three longer-term outcomes that benefit society as a whole (see the next section).

The five outcomes are equivalent for both volunteers and older neighbours, because we believe that our intervention is effective in reducing loneliness and social isolation for both groups, and that these outcomes are achieved in a similar way (if not necessarily achieved to a similar degree). Whilst none of the five outcomes are specifically about loneliness, if improvements across all five are made then we believe that a person's loneliness will be reduced. The five outcomes are: improving wellbeing, reducing isolation, increasing the feeling of belonging in the local community, living richer lives, and building bridges across generational and social divides.

1. The first outcome we have chosen to focus on is **reduction in isolation** (note that this is subtly different to a reduction in loneliness). Social isolation is an objective state: either you have good social connections, or you don't. Isolation is largely caused by the absence of social interactions, regardless of the quality of type of interaction in question. Our Social Clubs and Love Your Neighbour project are specifically designed to increase the number of social interactions for both older neighbours and volunteers, and we believe that they are a very effective means to achieve this outcome.

Loneliness, on the other hand, is an emotive state – it reflects how we *feel* about our situation, rather than the objective facts per se. For example, as the old adage goes, it is possible to be lonely in a crowded room.<sup>35</sup> It is much more difficult to provide robust evidence that a community-based intervention has successfully reduced an individuals' loneliness, because it is possible to increase the quantity of their social interactions (reducing their isolation) whilst not necessarily increasing the quality of those interactions in a way that the individual desires. For example, if a bereaved person misses their partner and the close relationship they had with that person, it is very difficult for any intervention to fill that gap and we do not claim that our projects would achieve this. However, we do believe that achieving positive improvements across all five of our outcome areas *will* help to reduce loneliness for both volunteers and older neighbours, at least to some extent.

If this is the case, why have we chosen not to monitor loneliness directly? We did attempt to do this in an evaluation undertaken by Renaisi in 2014-16, but found that monitoring changes in loneliness accurately, using a robust methodology (the De Jong Gierveld 6-item Loneliness Scale), was problematic for a number of reasons. Because our researchers were strangers to our participants and volunteers (an important point for the robustness of the evaluation), we experienced low response rates to the telephone calls that were necessary to collect evaluation data. We also faced challenges in getting in touch with people for repeat calls after a period of time had lapsed, a crucial step in demonstrating impact over time and limiting our ability to produce robust results. Finally, our main issue was that the methodology did not fit with the approach and style of our work. Asking intrusive, personal questions asked over a telephone by a stranger does not reflect the friendly and 'natural' feel of our organization and could lead to undermining the important relationship we have with our older neighbours and volunteers.

Whilst measuring loneliness would be a more robust approach to assessing our impact, it is also much more difficult to get it right, and we prefer to use an indicator of isolation which may be less robust but is much more feasible for us to monitor on an ongoing basis. Isolation itself is a precursor to loneliness, so if we can show that we reduce social isolation then it is

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<sup>35</sup> Masi *et al.* (2011).

reasonable to assume that we also reduce loneliness, if not necessarily by the equivalent amount.

2. The next indicator is **improved wellbeing**. There are a number of reasons that we have chosen this indicator. Firstly, it is self-evidently a desirable outcome to increase someone's wellbeing, and it is an important part of our model to positively benefit both older people and our volunteers. Increased wellbeing is closely related to reduced loneliness, so evidence that we have successfully increased wellbeing is a good indication that our intervention is having a wider positive effect. On a more practical level, we are able to use the exact indicator used by the Office for National Statistics to monitor levels of wellbeing in the general population – so we will be able to compare the wellbeing of our older neighbours and volunteers, before and after their involvement with us, and compared to the national average for people of their demographic. This will enable us to show just how effective our projects are at increasing levels of wellbeing in the community. Whilst the ONS uses 5 indicators to monitor wellbeing, we have chosen to monitor one core indicator for the sake of simplicity.
3. The next indicator we have chosen to monitor is whether we have increased both volunteers' and older neighbours' **feeling of belonging** in their local community. This is an important outcome to include because, for very different reasons, both of these social groups are increasingly experiencing a sense of isolation and exclusion from the city and neighbourhoods that they live in. For many older neighbours, the area where they have spent their whole lives is changing rapidly thanks to the influence of migration, gentrification and societal change. They may no longer know many of their neighbours, and may not be able to access local facilities or amenities – and many of these may have closed down thanks to economic and social changes in the locality. Our older neighbours tell us about the alienating effect of living in a city that they no longer feel is 'theirs', surrounded by people that they don't currently identify with and feeling unable to access any of the benefits that London's recent economic and social changes have brought for others.

Meanwhile, our volunteers have often moved to London from other areas of the country in order to pursue their careers, and may have few or no connections with people in the neighbourhoods where they live. They, too, often feel a sense of alienation in a city which is as large and complex as London, particularly those who have little time outside of work to foster new connections. Many will move frequently between different areas and not have time to put down roots or develop a sense of belonging in any one place. North and South London Cares have an important role in helping these people to develop a sense of community in their neighbourhoods, just as much as we do for the older neighbours who access our projects. For both older people and younger volunteers, interacting with each other is a way of accessing a sense of community that either they feel they have lost, or which they never felt part of in the first place.

4. The fourth indicator we have chosen to monitor is whether participants feel that they have **richer lives** thanks to their involvement with North or South London Cares. We have included this outcome based on the findings of qualitative interviews conducted by Renaisi in 2015. Previous research has found that our programmes give older neighbours 'something to live for' and 'a sense of meaning/purpose in their lives', something to look forward to on a day-to-day basis. For volunteers, on the other hand, volunteering has enriched their lives by 'making them a more interesting person' and 'making their lives bigger'. Monitoring whether all of our volunteers and older neighbours feel that we have enriched their lives is a good method to check whether our projects are meeting their particular needs.
5. The final outcome that we have chosen to monitor is **reducing divides between social and generational groups**. These divides are widening due to societal changes in London, including



gentrification and rapid population movement. Intergenerational relationships are important for younger volunteers because in our experience they really value being able to interact with older people and learn about their lives. Amongst older people, 'youngsters' are often seen as the cause of problems in society and some older people are afraid of them. We hope that our projects will bridge this intergenerational divide and enable both older people and volunteers to benefit from their relationship with each other. Given that our older neighbours tend to come from more deprived, more rooted London communities, and our volunteers tend to be 'aspirational', middle-class young graduate professionals, our projects also help to bridge social divides between different groups of people that call London home. This outcome is not only important for the individuals who are part of our projects, but also to help combat negative trends in the community as a whole.

### Longer-term outcomes for society

As well as achieving positive outcomes for older people and volunteers as individuals, we also want to have a positive impact on society more generally. This is why we have chosen to include three longer-term outcomes for the community in our Theory of Change: more connected and cohesive communities, greater trust and understanding across social and generational divides, and reducing the negative effects of gentrification, migration and societal change. At the current time we are unable to monitor changes in these outcomes in a systematic way; however circumstantial evidence does suggest that we do have some positive impact in these areas. In future, we hope to be able to more accurately assess our contribution to changes in these outcomes, and use this information to refine our approach further.

## Evaluation approach

In 2014-16 we commissioned Renaisi to undertake a longitudinal study of our impact on both volunteers and older neighbours, complemented by paired interviews to gain a qualitative insight into their experiences with us. The project also aimed to establish a system for us to monitor our impact longitudinally ourselves in future.

As a result of the challenges associated with this project (discussed in pages 14-15 above), we have decided to opt for a less ambitious evaluation approach but one that is more likely to succeed in the long run. Rather than longitudinal monitoring of our volunteers and older neighbours, we will conduct snapshot evaluations every year or so to capture data on a number of core indicators and compare these to our findings in previous years. This will enable us to establish whether outcomes for our volunteers and older neighbours are improving or deteriorating, and will give us some evidence as to whether our approach is working. For three of the five indicators (numbers 1-3 above), we will also be able to compare outcomes with national statistics to see how the people involved in Cares compare to the national average.

Our snapshot evaluations will involve a sample of older neighbours and volunteers, rather than everybody that has engaged with Cares. This means that our findings won't perfectly reflect the 'true' population of people involved with us, but they will be a good estimate. With more resource in future we may be able to conduct larger sample surveys and/or longitudinal studies of particular individuals. In the meantime we feel that our 'snapshot evaluation' approach is proportionate to the size and resources of our charities, as well as complementing our culture and values.

## **Future developments**

Our Theory of Change is just a theory. As we collect more data and gain a greater understanding of how our projects impact the people we work with, we will have more evidence to back up certain aspects or disprove others. This will enable us to revise our approach and ensure that our activities continue to be as effective, and as loved by older neighbours and volunteers, as possible.

Whilst a Theory of Change is a core document for any charitable organisation, it shouldn't restrict our ability to change and adapt. Doubtless we will develop new projects, and amend existing ones, in the years to come. We will continue to innovate and try new ways to benefit everyone involved in North and South London Cares. Our Theory of Change will develop with us and continue being a valuable guide to having a positive impact.

## Appendix A – Our Theory of Change

