Better lives for older people

An evaluation of Octavia's outreach, befriending and activities services for older people

Matthew Mannix and Elizabeth Parker

March 2021

OCTAVIA

Contents

1. Foreword

Inspired by our founder, the social reformer Octavia Hill, Octavia is a not-for-profit organisation providing thousands of people in London with homes, support and care. The work of our Outreach, Befriending and Activities service is an exemplar of how we work with partners across central and west London to enable and provide opportunities for isolated older and vulnerable people to connect with others. This is increasingly critical work as the effects of loneliness and isolation are emotionally damaging, can erode self-esteem and affect physical health.

In 2019, Octavia commissioned New Philanthropy Capital (NPC) to evaluate the work of the Outreach, Befriending and Activities service, to strengthen its evidence base and to inform our plans for the service's future. We are pleased that NPC's research found the service is achieving its intended outcomes and making a positive impact on the lives of local people.

Service users who took part in the research reported:

40% *decrease in feelings of loneliness.*

39% *increase in meeting up with friends and family (pre Covid-19).*

50% *increase in taking part in social activities outside of home (pre Covid-19).*

70% *being better able to attend medical appointments.*

61% *an improvement to their mental wellbeing.*

During the research period, the Outreach, Befriending and Activities service reached more than 500 people and provided over 2,500 hours of befriending at an average cost of £11 per person supported. We established that in 2020 the Social Return on Investment (SROI) ratio for the service was 1:6. This means that for every £1 spent in providing the service, an equivalent of £6 is achieved in terms of social value to wider society.[1]

The achievements have been underpinned by a strong theory of change that captures the positive impact of the service. This evidence informs how well this model of support works for older and vulnerable Londoners from diverse communities.

---

[1] HACT SROI calculator, Octavia, 2020, https://www.hact.org.uk/value-calculator

We will be sharing the report's findings and recommendations with partners and peers to:

- promote the benefits of outreach support and develop greater peer support networks through the services Octavia provides;
- demonstrate to funders the value of developing our services to better meet demand;
- explore how we can most effectively partner more with mental health services; and,
- review and improve the accessibility of our services, particularly in regards to transport provision.

We would like to thank NPC for their dedicated work on this research, particularly Elizabeth Parker, Matthew Mannix, Rosie McCleod and Carin Eisenstein. We are also very grateful to all the service users, volunteers and colleagues at Octavia involved in this research, who made the project possible in the midst of the Covid-19 pandemic.

We would also like to thank Westminster City Council and the Royal Borough of Kensington and Chelsea for supporting us to deliver these services.

We hope that by publishing this report others will be able to apply what we have learnt to their own services so that more people can be helped to overcome loneliness and isolation.

Reena Mukherji (Director of Octavia) and Neil McCarthy (Assistant Director of Care and Support)

2. Executive summary

What was the evaluation all about?

Inspired by their founder, the social reformer Octavia Hill, Octavia is a not-for-profit organisation that provides homes, support and care for the common good. Octavia offers a wide range of care and support services to older and vulnerable adults living in their homes and in the wider community. Octavia has built close links with local people in Westminster and the Royal Borough of Kensington and Chelsea where much of their work is concentrated. They deliver three key services:

- **Outreach support**: provides personal contact and practical help to isolated individuals, to combat loneliness and improve access to community and health services.

- **One-to-one befriending**: provides regular and on-going companionship, with weekly visits from trained and committed volunteer befrienders.

- **Group activities**: offers a range of group and social activities and events connecting people, promoting involvement, and fostering friendships.

Octavia want to grow their outreach, one-to-one befriending and activities services further, to help meet the need in their local areas. In 2019, they commissioned New Philanthropy Capital (NPC) to work with them to evaluate their services to inform their future work. The first step was to develop a theory of change and articulate how the services they delivered combatted social isolation and loneliness and promoted physical and mental health amongst older and vulnerable people. Then, between June 2019 and June 2020, Octavia and NPC collected qualitative and quantitative data in the form of assessment forms, surveys, and interviews with service users.

The social distancing restrictions brought in by the UK Government in March 2020 because of the Covid-19 pandemic significantly disrupted the services delivered by Octavia and the data collection activities. This was a significant limitation, however the evaluation aims to

make the best use of the available data that was collected before and after the lockdown, to build a picture of the Octavia's services and their impact on the people who access them.[2]

What improvements in social, emotional and health outcomes did Octavia's service users report?

There is strong evidence to indicate that Octavia's service achieved many of its intended outcomes, including reducing loneliness, encouraging greater self-care, supporting physical health and independence, and promoting well-being and quality of life amongst their users (see table below).

There is some evidence to indicate that the service is also likely to be having an impact on service user confidence and motivation to do activities and ability to access essential services. The research also highlighted that the one-to-one befriending and group activities supported service users to become more socially connected. There is very limited evidence to indicate that accessing Octavia's services has led to an increase in people's self-esteem.

Strength of evidence	Social and emotional outcome	Physical and mental health outcome
Strong evidence (Finding supported by quantitative *and* qualitative data collected)	- Reduced loneliness	- Improved adherence and self-care - Greater physical health and independence - Greater mental well-being and quality of life
Some evidence (Finding *partially* supported by either quantitative *or* qualitative data collected)	- Improved confidence and motivation to do activities - More socially connected	- Improved access to essential services
Limited evidence (Finding *not* supported by quantitative *or* qualitative data collected)	- Increased self-esteem	

---

[2] Pre-Covid-19 data is classified as data collected up to and including 16 March 2020. Post-Covid-19 data is all data collected after this point.

Key findings related to achieving Octavia's social, emotional and health outcomes include:

- Group activities seem to be especially useful for reducing service user feelings of loneliness and increasing their confidence (compared to one-to-one befriending or outreach support).

- Outreach workers and one-to-one befrienders play a bigger role in supporting service users to access essential services.

- Service users who had difficulties attending GP or hospital appointments reported the greatest improvements in their mental well-being and quality of life, self-care, confidence and physical health and independence.

- Service users who had long-term mental health conditions reported the greatest improvements in their mental well-being and quality of life, feeling more socially connected, and improvements in their self-esteem.

- Service users who were male reported the greatest improvements in their confidence and feeling more socially connected.

What did service users say about the service and how satisfied are they? Which aspects of the service do service users find most valuable?

Service users reported very high levels of overall satisfaction with the outreach, one-to-one befriending and activity service. The service received a 96% level of satisfaction, with equally high levels reported across all three service streams.

Outreach support was appreciated for providing links or assistance with applications for transport services, which enabled people to live more independently. Outreach workers signposted service users to relevant and useful activities and services; however, some did not take up

'Octavia's outreach worker always finds solutions for my needs.'

these opportunities because they lacked confidence. The regularity of contact with outreach workers is less than some service users would like, and many do not contact their outreach workers or are unclear on what they can contact them about.

Service users enjoy the time spent with their **one-to-one befrienders**. Service users typically felt their befrienders were 'well matched' to them and that they 'get on' well. Going for walks with a befriender and providing practical and emotional support also helped service users to feel more confident. However, service users reported a more negative experience when their

befrienders talked about their problems or were unwilling to go on outings with them. Long wait times to receive a befriender was also a frustration for some.

Service users enjoy the **group activities** and events Octavia puts on. They particularly value how the **group befriending** sessions provided them with a unique opportunity to make friends and talk with other people. That Octavia provides transport for some people who find it hard to get to them was particularly valued. Service users noted that they enjoyed attending **events** or participating in **activities** that stimulated their senses and intellect or that allowed them to be outside. Some said they would like it if Octavia put on a wider range of activities, and that they would like it if they took place more frequently.

'Superb service. Well thought out programme to keep all members physically and mentally charged. Also provide opportunities to make friends and engage ... in stimulating activities.'

What do the evaluation findings suggest would be useful next steps for Octavia?

Octavia has taken important steps towards their goal of combatting social isolation, loneliness and promoting better physical and mental health amongst older and vulnerable people. Much of what Octavia are currently doing is working well, so they should seek opportunities to continue to offer or expand these services. Areas for future development also include:

- Developing a sustainable, long-term monitoring approach to ensure priority outcomes are being tracked and user feedback collected.

- Prioritising service users for support (if required, identifying those for whom Octavia's support has the biggest impact).

- Improvements to existing services, such as reviewing the current transport offer, and where possible expanding. Better articulating the relationship of the outreach workers, the remit of the service and the reasons why / when the service users should contact their outreach worker; reducing the wait time for the one-to-one befriending; and catalysing the activities to support peer-to-peer support and befriending.

3. The bigger picture

3.1 What is loneliness and isolation?

People often talk about loneliness and social isolation interchangeably but they are different if related concepts, and it was important in this research to distinguish between the two to understand the roles they play in affecting well-being and to identify the right measures connected to them both. The following definitions are useful:[3]

- **Loneliness** is a subjective feeling which relates to the difference between a person's desired levels of social contact and their actual level of social contact and is linked to the perceived quality of the person's relationships.

- **Social isolation** is an objective measure of the amount of social contact a person has and is about the quantity and not quality of relationships. People can choose to have a small amount of contact.

3.2 Loneliness and isolation in London and the UK

The UK population is living longer than ever before, a positive result from improvements in health care, living conditions and economic advancements. In many respects this is a hugely positive and encouraging prospect for our society. Yet, living into older age brings challenges and pressures for the individual, families, communities, for health and social care systems, and for future funding.

A report by the Oxford Institute of Population Ageing found that one in seven people is projected to be aged over 75 by 2040 in the UK. Public spending to cope with the health effects of ageing is projected to increase by around £2.5bn year on year in that period.[4]

Alongside and linked to ageing, loneliness and isolation represent growing challenges in the UK. In the 2019 Community Life Survey, 23% of people reported they were often / sometimes lonely, and 19% lacked regular contact with family and friends.[5] Octavia also commissioned research conducted in 2017, surveying 467 Londoners, and found that

---

[3] All the Lonely People, Age UK, 2018.

[4] Future of An Ageing Population, Oxford Institute of Population Ageing, 2016.

[5] Community Life Survey, DCMS, 2019.

incidences of loneliness and isolation were just as acute in the capital, with 29% of Londoners sharing that they lacked companionship.[6]

3.3 Who is affected and how?

Octavia's research with Ipsos MORI in 2017 found significant levels of loneliness and isolation across all age groups. There were strong links to income, 40% of people in the lowest income group reported being isolated. On housing, 44% of social renters shared that they often or sometimes lacked companionship. The Age UK Loneliness Heat Map identifies four particular risk factors (household size, existing health condition, older age, and marital / partnership status), combining to predict 20% of reported loneliness.[7] The Age UK Loneliness Heat Map also identifies geographical trends across 32,844 English neighbourhoods. Westminster and the Royal Borough of Kensington and Chelsea, where Octavia's outreach, befriending and activities service operate, are in the top 1,000 at risk areas in England.

Loneliness and isolation are emotionally damaging, can erode self-esteem and affect physical health. While loneliness and isolation are not only age-specific, the issues involved are often exacerbated for older people due to the life stage they have reached, for example diminished physical health and increased incidence of mental health issues. There is a wealth of evidence on the harm that loneliness and isolation can do to older people's health and well-being. 47% of people aged over 75 have a longstanding illness, 54% of whom have more than one chronic health condition.[8] On mental well-being, 40% of older people attending GP clinics have underlying mental health issues,[9] and loneliness is associated with a 40% increased risk of dementia.[10]

Bereavement, which impacts on older people especially, is also cited as one of the main causes of loneliness in studies. Research often focuses on the emotional and psychological effects of experiencing bereavement but there is often a great social impact,[11] with a loss of self-esteem resulting in higher emotional loneliness, withdrawal from others, and increased social isolation.[12]

---

[6] Social Isolation in London, Blake M. et al, Ipsos MORI, 2017.

[7] Loneliness Heat Map, Age UK, 2020.

[8] Projections of Multi-Morbidity in the Older Population in England to 2035, Kingston A. et al, Age and Ageing 47 (3), 2018.

[9] Suffering in Silence: Age Inequality in Older People's Mental Health Care, RCOP Report, 2018.

[10] Loneliness and Risk of Dementia, Sutin A. R. et al, The Journal of Gerontology: Series B, 2018.

[11] Grief and Loneliness in Older People, Costello J., Quality in Ageing and Older Adults, Vol 3, No.4, 2002.

[12] Theories on Coping with Loss, The Journal of Gerontology: Series B, Vol 57, Issue 1, 2002.

The increased incidences of bereavement for older people and diminished social contacts as adult children move away in our mobile society reduces their social circles and limits social interactions with family and friends. This is why local community organisations, such as Octavia, can make a real difference, and are uniquely placed to address some of the causes of loneliness and offer opportunities to reduce isolation and support older people to live more connected and better lives.

3.4 Existing research

There is extensive research available on loneliness and isolation but also a confusing array of related metrics, that extend beyond research studies to those used by services that exists to tackle these problems. This means it is difficult to consistently quantify and qualify the extent of loneliness and isolation and their effects, and therefore it is difficult to compare the efficacy of different interventions.

Studies have looked at the loss of family and friends in older age. Coupled with declining income and health, it has been found to have an impact on dementia, increase hospitalisations, and increase in falls.[13] Lack of companionship and the emotional impact this has on lives are additional factors.[14] Other research has focused on well-being consequences[15] and even the potential effect on mortality risk.[16] A number of studies highlight strong associations between loneliness and depression,[17] and loneliness as a clear risk factor for future depression.[18]

The impact of loneliness and isolation on primary and social care, and the cost to the public purse, is evident. Loneliness can lead to increases in primary care consultations,[19] earlier moves to long-term care,[20] and can be linked to more emergency hospitalisations.[21]

---

[13] Loneliness and Isolation Among Older People in North Yorkshire, Bernard S., Social Policy Research Unit, University of York, 2013.

[14] The Clinical Significance of Loneliness, Heinrich L. M. & Gullone E., Clinical Psychology Review 26, 2006.

[15] Risk Factors for Functional Status Decline in Community Living Elderly People, Stuck A. E. et al, Social Science and Medicine 48 (4), 1999.

[16] Perceived Social Support and Mortality in Older People, Lyyra T. M. & Heikinnen R. L., Journal Of Gerontology, 2006.

[17] Factors Associated with Recovery and Recurrence of Depression in Older People, Green B. et al, International Journal of Geriatric Psychiatry, 2009.

[18] Depressive Symptoms in Late Life, Heikkinen R. & Kauppinen M., Archives of Gereontology and Geriatrics 38 (3), 2004.

[19] Someone to Talk to? The Role of Loneliness as a Factor in the Frequency of GP Consultations, Ellaway A. et al, British Journal of General Practice 49, 1999.

[20] Loneliness and Nursing Home Admission Among Rural Older Adults, Russell D. W. et al, Psychology and Ageing 12 (4), 1997.

[21] Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults, Molloy G. J. et al, Journal of American Geriatric Society 58, 2010.

Given the impact on health and social care provision and the financial costs involved, health commissioners, social care commissioners, local authorities, public health officials and joint commissioning groups have looked at non-clinical, community based interventions as one potential way to prevent or alleviate loneliness and isolation. A range of services exist, offered by different providers, using a variety of approaches and measures of success. Despite the importance of these social interventions, researchers are generally agreed that there is a little robust research into their effectiveness. [22, 23]

3.5 This research report

This research is intended as a step forwards in increasing understanding of the harm that loneliness and isolation can cause, the needs that arise for people affected, what works in interventions and why. Details about Octavia's outreach, one-to-one befriending and activities services are set out in **Section 4**.

Section 5 describes the research approach, including the aims, objectives and methodology. The scale and sampling of this research are modest, but a systematic approach is taken and followed through.

The findings identify what works in Octavia's specific interventions. The evidence of this is set out in **Section 6**. Other organisations considering assessing the impact of interventions may find the approach and the learning useful. The research is based on the delivery of Octavia's service to specific client groups with particular needs, in certain locations, and therefore may provide particular insight to those offering interventions to a diverse group of people in an inner city, urban area.

The report draws to a close with conclusions (**Section 7**) and recommendations for future services, policy and research (**Section 8**).

Finally, it is important to note, the Covid-19 pandemic and subsequent social distancing measures occurred during the data collection and reporting period (see Section 5 for further details). Therefore, this evaluation includes not only the impact made by Octavia's interventions but also some findings on the additional social needs that have arisen due to Covid-19, an area of research that is understandably just emerging. As the findings in Section 6 demonstrate, the effect of Covid-19 is complicated and this is detailed below.

---

[22] Interventions to Reduce Social Isolation Among Older People: Where is the Evidence?, Findley R. A., Ageing and Society 23, 2003.

[23] Evidence to Inform the Commissioning of Social Prescribing, Centre of Reviews and Dissemination, University of York, 2015.

4. Introduction to Octavia and their services

4.1 Octavia's history, philosophy and values

Inspired by their founder, the social reformer Octavia Hill, Octavia is a not-for-profit organisation that provides homes, support and care for the common good.

Octavia provides thousands of people in London with quality, affordable housing, many of whom would have been priced out of the city. Their work is focused on empowering people, connecting them with opportunities for a better life.

Octavia own and manage over 5,000 homes in the capital and believe in the value of mixed and diverse communities, assisting people on low incomes to stay living close to where they work and have longstanding social ties.

Octavia offer a wide range of care and support services to older and vulnerable adults living in their homes and in the wider community. Their extra care homes specialise in providing support to those with dementia or with complex needs. They operate floating support, outreach, befriending and day activities to help people stay active and independent, and to reduce social isolation.

The Octavia Foundation is a registered charity and part of the Octavia Group. The Octavia Foundation works with Londoners of all ages to build confidence, connections and community, helping them to live happily, independently and with the care they need. From confidence building and inspirational projects for young people and training and employability support for adults, to befriending schemes and social activities for older people.

4.2 Octavia's outreach, befriending and activities service

Octavia have built close links with local people in Westminster and the Royal Borough of Kensington and Chelsea where much of their work is concentrated. They deliver three key services:

- **Outreach support**: provides personal contact and practical help to isolated individuals to combat loneliness and improve access to community and health services.

- **One-to-one befriending**: provides regular and on-going companionship with weekly visits from trained and committed volunteer befrienders.

- **Group activities:** offers a range of group and social activities and events connecting people, promoting involvement, and fostering friendships.

In the last few years, the service has grown in response to increasing needs amongst older and vulnerable people. The three strands of the service are provided by qualified staff and trained volunteers who connect people with each other and to their communities, and help people access local help, activities, and support. They combine to assist people to overcome the barriers that commonly prevent them to live a full and happy life, providing encouragement and practical assistance on a one-to-one basis and in social group settings.

Through the three services detailed above, Octavia provides a wide range of support and assistance including:

- **Engaging in social activities:** connecting with over 100 local initiatives each week.

- **Transport to events and appointments:** making it possible to attend social activities and medical visits.

- **Staying active and participating in group events and outings:** keeping in touch with old friends and making new friendships.

- **Practical help around the home:** connecting with local handyperson services where needed.

- **Advice on housing and benefits:** helping to get professional advice on housing issues and making sure that people claim the benefits they are entitled to.

- **Access to health services:** offering support with making and attending medical appointments, and with understanding the available healthcare options.

- **Regular companionship:** dedicated volunteer befrienders offer company and conversations during their weekly visits.

Fast facts:

In 2019-20, Octavia's outreach, one-to-one befriending, and activities services:

Reached over 500 older people who were experiencing loneliness and isolation.

Provided over 2,500 hours of one-to-one befriending.

Cost on average, per contact, for outreach and one-to-one befriending is £11.

4.3 Evidence based development and a theory of change

Octavia want to grow the outreach, one-to-one befriending and activities service further to help meet the need in their local areas and because they already have some good evidence of their positive impact. As noted above, satisfaction with the service is extremely high. They annually check on the social value from the service using metrics developed by the Housing Associations' Charitable Trust (HACT) and the London School of Economics. In 2019-20, this check provided a Social Return on Investment (SROI) ratio equal to 1:6. This means that for every £1 spent in providing the service, an equivalent of £6 is achieved in terms of social value to wider society.

Octavia wanted to strengthen the evidence base of their work further, to better understand what works well in its service and why, and to identify an approach to measuring impact that provides learning for other services. Hence in 2019, they commissioned and worked with NPC to:

- Set out a theory of change for the service and develop a comprehensive set of metrics to measure impact.

- Use the agreed set of measures and provide an independent assessment of the effectiveness of Octavia's outreach, one-to-one befriending, and activities service.

Through consultation with service staff and managers, and a review of key documents, NPC worked with Octavia to map out a theory of change for the service, showing how activities carried out by the existing service are logically linked to achieving specific objectives (Figure

1). The theory of change is used to set out the steps to achieve the service goals, linking how a service user's experience ('catalysts for change') contributes to 'key outcomes' that lead to achieving the main goal. Theories of change have been increasingly used in the social sector over the last 30 years as a useful tool to support organisations to articulate their intended goal, and to make explicit the intermediate steps between their activities and the goal (sometimes referred to as 'filling in the missing middle'). This can help organisations identify gaps, priorities and things to change or improve, ultimately leading to clearer goals and better plans for achieving them.[24]

The main **goal** of Octavia's service is to combat social isolation and loneliness and promote physical and mental health amongst older and vulnerable people.

To achieve this there are four **'social and emotional' outcomes**:

- People report more confidence and motivation to do activities.

- People report increased self-esteem.

- People report feeling less lonely.

- People are more socially connected.

These social and emotional outcomes are also connected with four **'health' outcomes**:

- People achieve access to essential services.

- People have better / maintained well-being and quality of life.

- People maintain / improve physical health and independence.

- People maintain / improve mental well-being and quality of life.

Underpinning both the outcomes and the goals are three **catalysts of change** which describe the nature of the relationships between service users, staff, and volunteers:

- staff and / or volunteers and service users build trusting relationships;

- connections and friendships between service users are promoted; and,

- volunteers and service users build connections and friendships with boundaries.

---

[24] For further information, please see: Theory of Change in 10 Steps, NPC, 2020.

Figure 1: Theory of change for Octavia's outreach, one-to-one befriending and activity service.

Key Activity ☐ Enabling factor ☐ Catalyst for change ☐ Outcome ☐ S&E outcome ★ Health outcome ★ Goal ☐
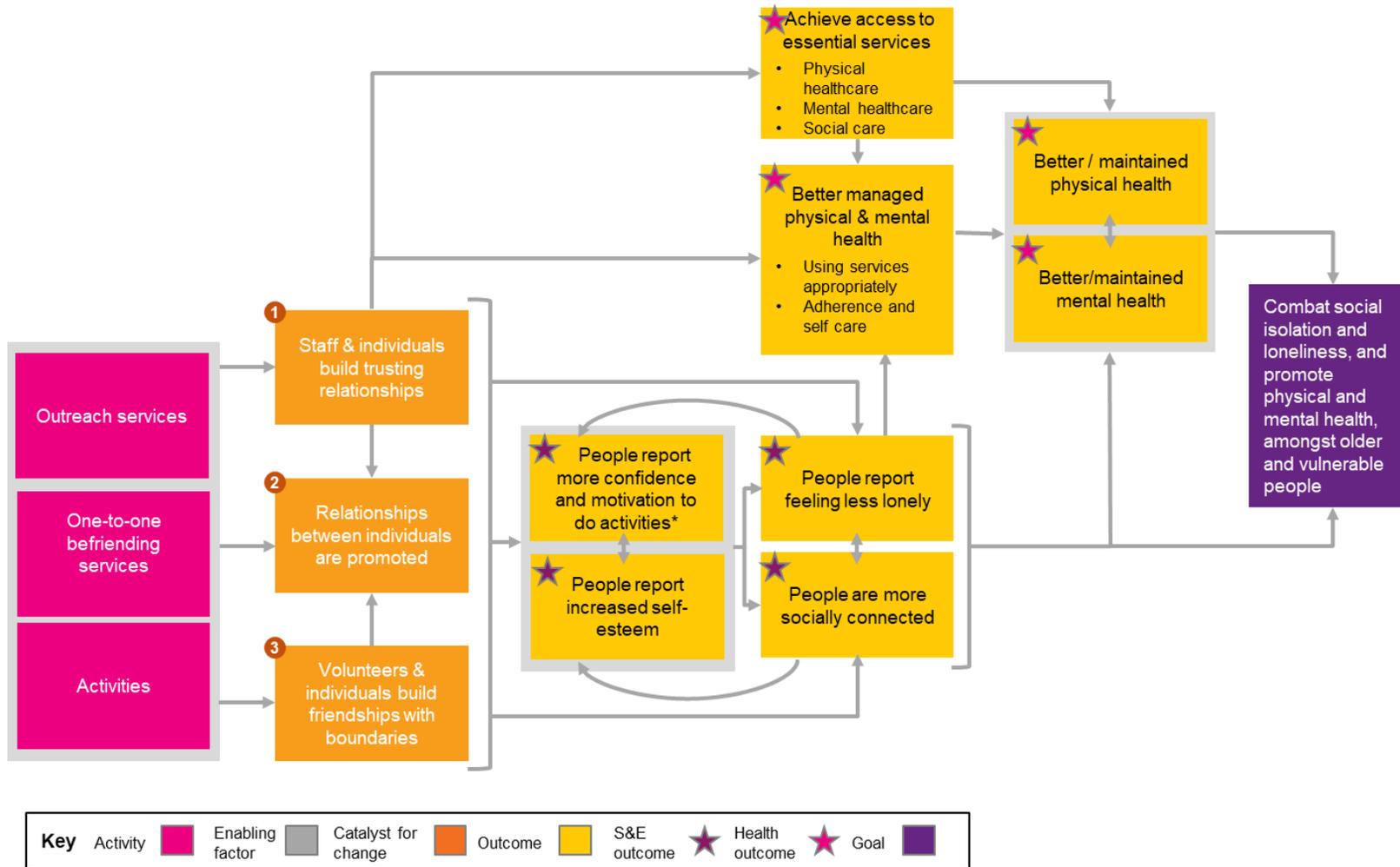
*not only Octavia-run activities

5. Research approach

5.1 Research aims and objectives

This evaluation aimed to identify, document, and share learning about the impact of Octavia's outreach, one-to-one befriending, and group activities service. This research is intended to benefit service users, providers, and funders by improving service outcomes and disseminating the learning across the sector.

The research objectives were to:

- Undertake an impact evaluation of Octavia's outreach, befriending and activities work.

- Strengthen the evidence base for outreach, befriending and activities services for older and vulnerable people, and improve service delivery to these groups.

- Contribute to the knowledge in the sector on how to evaluate the success of these types of services.

- Support and encourage wider collaborative research in the sector.

5.2 Research questions

The evaluation explored the following questions:

- What improvements in social, emotional, and health outcomes do service users report?

- What do service users say about the service and how satisfied are they?

- Which aspects of the service do service users find most valuable, and why? What could be improved?

5.3 Research methods

5.3.1 Data collection

Data was collected through four distinct approaches between June 2019 and June 2020:

- **Assessment forms** collected demographic data (e.g. age and gender) and identified if new service users had long-term physical health conditions, long-term mental health conditions, and / or difficulties attending medical appointments.

- **Baseline and follow up surveys** asked service users to self-assess their social, emotional, and physical health.

- **Feedback surveys** collected data about the level of satisfaction of service users and how likely they would be to recommend Octavia to a friend or family member.

- **Semi-structured interviews** were carried out to capture in-depth insights related to outcomes and feedback from new and existing service users.

In total 83 assessment forms and baseline surveys were completed, and 58 follow up surveys were completed. This was supported by 69 completed feedback surveys and 14 semi-structured interviews. Further details of the data collection activities can be found in Appendix A, the survey templates are in Appendix B and the topic guides for the semi-structured interviews in Appendix C.

5.3.2 Data analysis

Quantitative data was collected through the assessment forms, baseline and follow up surveys, and the feedback survey.[25] This data was inputted into an Excel spreadsheet by Octavia's Project Assistant and the completed data set was shared with NPC. NPC used descriptive statistics to summarise trends in the data set. We analysed the number and proportions of individuals who reported experiencing either positive, negative or no change against each outcome area. NPC also conducted analysis of subgroups (e.g. age, sex, access to different services, pre and post Covid-19) to identify trends and compare changes in outcomes and feedback across different subgroups.

Qualitative data was collected through the semi-structured interviews and the 'free text' boxes in the surveys. NPC analysed the interview data thematically and cross-referenced to strengthen the credibility and validity of the findings; we used Octavia's theory of change as an analytical framework for the outcomes. The 'free text' data from the surveys was reviewed by NPC and used to illustrate and support key findings. All the quotes throughout this report are verbatim notations of service users.

---

[25] Please note, only baseline survey data from the 58 service users for whom we had a follow up survey was analysed in this report.

5.4 Ethical considerations of the research

This research followed the key ethics principles of voluntary participation, informed consent, do no harm, protected identity, neutrality and minimalism,[26] and complies with the Social Research Associations Ethics guidelines.[27] For example, when undertaking the interviews, NPC provided all interviewees with an information sheet prior to the interview and asked the interviewees to sign a consent form to indicate their understanding of the research and to gain their permission.

5.5 Limitations of the research

The social distancing restrictions brought in by the UK Government in March 2020 because of the Covid-19 pandemic significantly disrupted the services delivered by Octavia and the data collection for this research.

This report is intended to make the best use of the available data that was collected before and after the Covid-19 lockdown towards the beginning of 2020, to build a picture of the Octavia's services and their impact on the people who access them. However, it is very likely that service users' social, mental, or physical health will have been affected by the lockdown and the associated uncertainty, worry, and reduced social contact. This, in turn, makes it challenging to unpick the social, mental, or physical health related impacts of Octavia's services, and those associated with contextual concerns.

To minimise the confounding factors introduced by the Covid-19 pandemic, when analysing the data we have looked at the pre-Covid-19 data and the post-Covid-19 data separately, and highlighted where there are significant differences.[28] All of the baseline surveys and 30 follow up surveys were completed before the pandemic. The remaining 28 follow up surveys were carried out on the phone during the lockdown period. Due to the fairly small sample sizes related to the pre- and post-Covid-19 breakdown, there are limitations to the strength of the conclusions it is possible to draw.

All the semi-structured interviews were carried out before the Covid-19 pandemic. In this instance, the main limitations were that people who access Octavia's services typically have

---

[26] For further information, please see: https://www.inspiringimpact.org/learn-to-measure/plan/research-ethics-and-data-protection/

[27] For further information, please see: Research Ethics Guidance (the-sra.org.uk)

[28] Pre-Covid-19 data is classified as data collected up to and including 16 March 2020. Post-Covid-19 data is all data collected after this point.

health conditions that on occasion limited the length of time of the interview or required family members to supplement answers.

The questions related to 'self-esteem' in the baseline and follow up surveys were reported by the Octavia staff who were carrying out the survey as 'the most difficult to get across' to service users. It is possible that this question was not well understood by the respondents. This is an area indicated for further study, to address this potential limitation (see Section 8.3).

Finally, with respect to the survey data, please note that not all service users answered every survey question, and that due to the drop-out rate between the baseline and follow up survey the results may not be representative of all service users (see Box 1). Throughout the report, the total number of respondents for each question is stated in each of the Figures.

Box 1: Sampling for the baseline and follow up surveys

Octavia estimated that approximately 230 new service users would access their programmes between June 2019 and June 2020. The intention was to take a randomly selected sample of 68 people, to provide a confidence level of 95% and a margin of error of 10% when reporting outcomes for service users who accessed Octavia's services during the period of this research.[29, 30]

In fact, 212 new servicer users accessed the programme during the time period June 2019 to June 2020. Also due to a combination of factors—for example, access challenges during the Covid-19 crisis and several service users declining to participate—it was only possible to collect 58 follow up surveys. This gives us a confidence level of 95% and a margin of error of 11% when analysing the full data set.[31]

We have reported the findings using descriptive statistics and the above margin of error, as well as the limitations posed by Covid-19, should be kept in mind when reading the report and may be useful to inform future research.

---

[29] A confidence level is a measure of the reliability of a result. For example, as in this research, a confidence level of 95% or 0.95 means that there is a probability of at least 95% that the result is reliable.

[30] A margin of error is a percentage that tells you how much you can expect your survey results to reflect the views of the overall population. The smaller the margin of error, the closer you are to having the exact answer at a given confidence level.

[31] Please note, not every service user answered each question. The total number of respondents is noted on each Figure.

6. Findings

6.1 What improvements in social and emotional outcomes do service users report?

6.1.1 Confidence and motivation to do activities

There is some evidence that the one-to-one befriending and activities service helped to improve its user's confidence and motivation.

Many of the interviewees reported that Octavia's activities and one-to-one befriending have helped them to increase their confidence, in particular by encouraging them to get out of the house and meet new people. One service user flagged that 'it's definitely helped me to get a lot of confidence' and that '[the group befriending] helped me to become less afraid to talk to other people.' Another interviewee, who had moved into Octavia accommodation, highlighted that

'[The group befriending] made a difference in my personality because I was very quiet and shy … but it took me out of my shell.'

accessing the different services had supported her transition to her new home: 'I felt quite low when I left my flat [and moved into Octavia assisted living accommodation] … but I feel more confident now.'

Interviewees accessing the one-to-one befriending support also reported that their befrienders had helped them gain the confidence to walk again after injury or surgery. This was achieved by the befrienders exploring the local area with them on foot and helping them to cross roads. One interviewee also mentioned that their confidence to go outside had slowly diminished since contact with their befriender finished, suggesting the increase in confidence may diminish if the service user's access to Octavia's activities are discontinued.

There were five survey questions that explored changes to confidence and motivation to do activities (Figure 2). In their responses, between 15 and 36 (26-65%) of the 52 to 58 service users who answered these questions reported no change for this outcome. However, it is difficult to draw firm conclusions here because between 11 and 31 (20-56%) report a positive change and 5 to 13 (10-24%) reported a negative change (Figure 2).

When the individuals for whom no increase in motivation was possible (e.g. those who 'strongly agreed' with the statement when asked in the baseline survey) are removed from the sample, we can see that the greatest positive change was achieved by the 32 people (60%) who indicated that that they had more 'social or leisure activities / hobbies that they enjoyed' doing after receiving the service. This benefit was felt particularly strongly by service users who were male, had difficulty attending GP / hospital appointments, or those accessing Octavia's group activities.[32]

Figure 2: Confidence and motivation to do activities, reported differences between baseline and follow up surveys.

Survey question	Sample	Positive change (%)	No change (%)	Negative change (%)	Total Respondents
Q.6 - I look forward to things	Full sample	31%	53%	16%	58
	Individuals who 'strongly agree' at base line removed to only assess those capable of improvement.	33%	56%	11%	54
Q.9 - I have social or leisure activities/hobbies that I enjoy doing	Full sample	56%	26%	18%	57
	Individuals who 'strongly agree' at base line removed to only assess those capable of improvement.	60%	26%	13%	53
Q.10 - I try to keep active and involved in things	Full sample	40%	50%	10%	52
	Individuals who 'strongly agree' at base line removed to only assess those capable of improvement.	44%	50%	6%	48
Q.11 - I can please myself in what I do	Full sample	22%	54%	24%	54
	Individuals who 'strongly agree' at base line removed to only assess those capable of improvement.	26%	54%	20%	46
Q.12 - I take life as it comes and try and make the best of things	Full sample	20%	65%	15%	55
	Individuals with high confidence/motivation removed.	24%	70%	7%	46

An examination of the pre- and post-Covid-19 data also suggests that the outbreak had both negative and positive effects on service user motivation (Figure 3). For instance, of the 60% of people who indicated that that they had more 'social or leisure activities / hobbies that they enjoyed,' this figure dips to just 48% of those who were asked post-Covid-19.

---

[32] 10 (59%) of the 17 males accessing the service 16 (62%) of the 26 people with difficulties attending GP appointments, and 16 (59%) of the 27 people accessing Octavia's group befriending and events activities indicated that they felt they had more social and leisure activities that they enjoyed doing.

Conversely, whilst overall 44% of people reported that they felt more motivated to 'try to keep active and involved in things,' the post-Covid-19 data set indicates much greater improvement (48%) than the pre-Covid-19 data (32%).

Therefore, had Covid-19 not occurred, we might have expected for the service to appear less effective at helping service users to keep active and involved in things, but more effective at helping them to obtain social or leisure activities / hobbies that they enjoy doing.

Figure 3: Motivation to do activities, pre- and post-Covid-19 comparison of people increases in having social or leisure activities they enjoy doing and trying to keep active and involved in things.
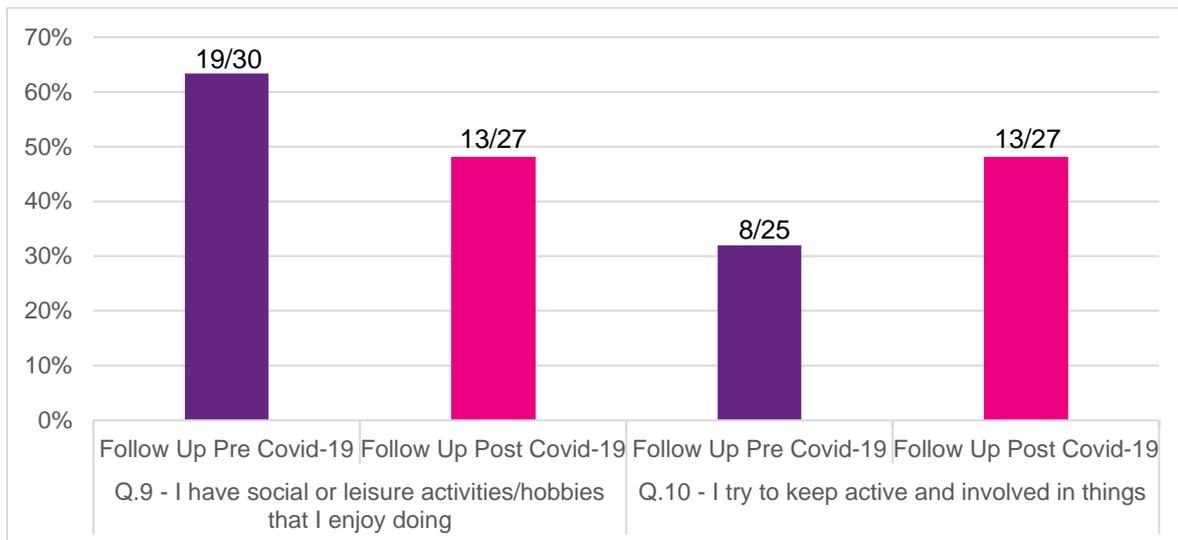
6.1.2 Self-esteem

There is limited evidence to suggest that the outreach, one-to-one befriending, and activities service has improved service user's self-esteem.

The majority of service users reported that their sense of self-esteem has remained the same after accessing the programme (30 people; 54%). 13 people indicated that their self-esteem had improved over the evaluation period, and 13 people reported a decrease in self-esteem (Figure 4).

Figure 4: 'I have high self-esteem.' Reported differences between baseline and follow up surveys.[33]

	Increased self-esteem	Remained the same	Reduced self-esteem	Total Sample
Full sample	13 (23%)	30 (54%)	13 (23%)	56 (100%)
Sample excluding those who were not capable of improvement[34]	13 (28%)	24 (52%)	9 (20%)	46 (100%)

Interestingly, there are indications that the service may play a bigger role in improving the self-esteem of Octavia's service users with poor mental health. Ten (42%) of the 24 service users who reported having long-term mental health conditions at the beginning of the study indicated that their self-esteem had improved.[35] This compares to just three (14%) of the 22 service users who did not report having a long-term mental health condition.

It is also interesting to note that people with long-term mental health conditions reported the lowest feelings of self-esteem, with 27% of respondents responding 'not at all true of me' when asked to respond to the statement 'I have high self-esteem.' This compares to just 15% of respondents with no long-term mental health conditions.

Echoing the survey findings, only one interviewee mentioned that accessing the service had 'helped [their] self-esteem and confidence,' with others not highlighting it as a benefit even when prompted.

There were minimal differences observed in changes in service users' self-esteem pre- and post-Covid-19. This suggests that Covid-19 did not negatively affect the number of service users whose self-esteem was improved by the service. Finally, the self-esteem questions were reported by staff as the most challenging to ask service users and this may have affected the data also. See Section 5.5 for further details.

6.1.3 Loneliness

Octavia's services have reduced feelings of loneliness for many service users; this was supported by the interview and survey data.

---

[33] To identify improvements in service users' self-esteem, survey respondents were asked to report how true the statement 'I have high self-esteem' was for them at the beginning and end of the evaluation period by answering either: 'not at all true of me,' 'rather not true of me,' 'some part true of me,' 'rather true of me,' 'very true of me.'

[34] Respondents reporting very high levels of self-esteem in the baseline survey (e.g. those responding 'very true of me').

[35] The 24 respondents excludes those who indicated they already had the highest levels of self-esteem in the baseline survey, and thus could not indicate any improvement.

Of the 55 service users that responded to the *direct* question 'how often do you feel lonely?,' 22 (40%) experienced a reduction in loneliness.[36] This was supported by the findings from the use of the *indirect* UCLA aggregated loneliness scale[37], which indicated that 28 (48%) of the 58 people who answered these questions felt less lonely. Of the people who responded to these questions, a number indicated that they 'never' or 'hardly ever or never felt' lonely, meaning they could not show improvements in this outcome area. When removing these people from the analysis, the percentage of respondents that indicated a reduction in loneliness increased to 52% using the *direct* and 54% using the *indirect* measure.[38]

'I feel good knowing that [Octavia] are there.'

'Going out has helped me not feeling so lonely.'

The interviews also supported the survey findings, with service users reporting that the outreach and befriending service helped them to feel less lonely. Interviewees also mentioned that they felt the service would help other people to feel less lonely, suggesting that the service may have been more helpful at reducing feelings of loneliness than service users were letting on, perhaps due to a sense of stigma around admitting that they felt lonely.

Figure 5: Loneliness reductions, differences in the percentage of individuals improving between those attending activities and those only receiving outreach and / or the one-to-one befriending.

---
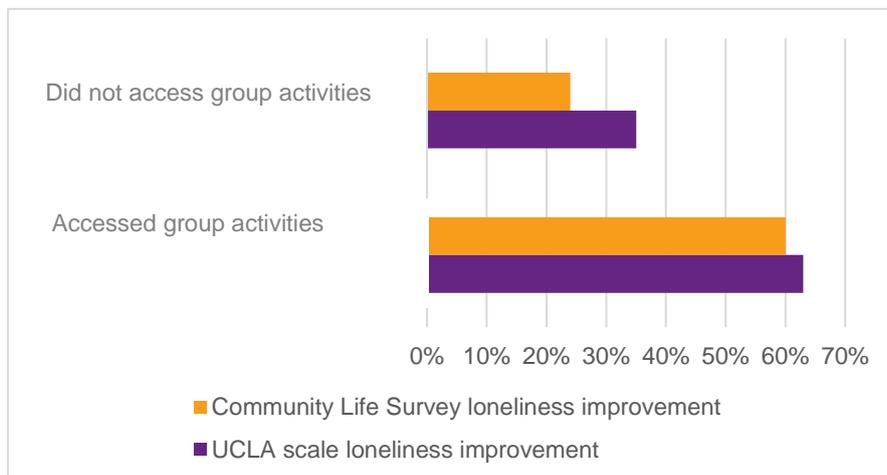
[36] Community Life Survey (direct loneliness measure).

[37] Measuring loneliness: guidance for use of the national indicators on surveys - Office for National Statistics

[38] The 20 percentage point difference in the change reported using the different measures is likely the result of: 1) The Community Life Survey measure being less sensitive to detecting change than the UCLA loneliness scale as there is a greater range of loneliness scores respondents can obtain; and 2) the Community Life Survey asks about loneliness directly, so respondents may be less willing to admit how lonely they are.

A key finding is that a larger proportion of people attending Octavia's group activities reported a reduction in loneliness, compared to those that only attended one-to-one befriending and / or received outreach support (Figure 5). For example, the *indirect* scale indicated that 17 (63%) of the 27 people who accessed the activities experienced reductions in loneliness, compared to 11 (35%) of those who only accessed one-to-one befriending and / or outreach. Many of the interviewees shared insights which supported this finding, for example stating that 'the group befriending service stops people from being alone, which you begin to appreciate more as you get older' and that 'without the coffee morning I wouldn't say hello to anyone in the street because I don't have many friends.'

It's also important to note that the impact of Covid-19 may have reduced Octavia's ability to collect positive evidence about the impact its services had on loneliness. As shown in Figure 6, those who responded to the survey before the Covid-19 outbreak were more likely to report reductions in loneliness compared to those who responded after the outbreak of Covid-19. Therefore, it is likely that Octavia would have achieved greater reductions in loneliness had the Covid-19 outbreak not happened.

Figure 6: Reductions in loneliness before and after the Covid-19 outbreak.

Question / scale	Pre Covid-19 no. of users whose loneliness reduced	Post Covid-19 no. of users whose loneliness reduced	Total no. of users whose loneliness reduced
Direct measure	12 (43%) n=28	10 (39%) n=26	22 (41%) n=54
Indirect measure	16 (53%) n=30	12 (43%) n=28	28 (48%) n=58

6.1.4 Socially connected

Octavia's group activities have helped those attending them to become more socially connected. There is also limited evidence that the outreach and one-to-one befriending programme helped service users to increase their contact with others.

Findings related to social connectedness have been severely affected by the Covid-19 lockdown measures (Figure 7). For example, before Covid-19, 11% (3) of service users reported in the follow up survey that they met up in person less often with friends and family. This contrasts with 65% (17) of people who were surveyed after lockdown and were required to adhere to the lockdown restrictions.

The social distancing requirements have restricted face-to-face contact with friends and family and catalysed people to use remote methods of communication. Interestingly, the post-Covid-19 survey findings indicated that during lockdown phone or video calls were a much more popular way of remaining in touch than emails and letters. For example, pre-Covid-19, 20% of people reported an increase in how often they sent emails and letters, whereas post-Covid-19 only 5% of people reported this increase.

Figure 7: Social connection, differences in percentage of people improving between the pre and post-Covid-19 data collection.

Survey question	When follow up survey was completed	Positive change (%)	No change (%)	Negative change (%)	Total Respondents
Q.8 - My family, friends or neighbours help me if needed	Follow Up Pre Covid-19	29%	67%	5%	21
	Follow Up Post Covid-19	38%	57%	5%	21
Q.22 - Meet up in person with family members or friends? (Not including people you live with)	Follow Up Pre Covid-19	39%	50%	11%	28
	Follow Up Post Covid-19	12%	23%	65%	26
Q.23 - Speak on the phone or video or audio call via the internet with family members or friends?	Follow Up Pre Covid-19	38%	46%	17%	24
	Follow Up Post Covid-19	56%	28%	16%	25
Q.24 - Email or write to family members or friends?	Follow Up Pre Covid-19	20%	72%	8%	25
	Follow Up Post Covid-19	5%	77%	18%	22
Q.25 - Take part in social activities outside of your home?	Follow Up Pre Covid-19	50%	35%	15%	26
	Follow Up Post Covid-19	22%	52%	26%	27
Q.26 - If I needed help, there are people who would be there for me	Follow Up Pre Covid-19	8%	64%	28%	25
	Follow Up Post Covid-19	26%	41%	33%	27
Q.27 - If I wanted company or to socialise, there are people I can call on	Follow Up Pre Covid-19	26%	57%	17%	23
	Follow Up Post Covid-19	19%	33%	48%	21

While Covid-19 makes interpretation of the data difficult, we can still draw out some interesting emergent findings. Firstly, as discussed, one key area where there was a marked increase in service users' social connectivity was around speaking to friends or family on the phone or via video calls. Though Covid-19 plays a role here, the survey findings suggested that positive change was more likely if they were male, had a long-term mental health condition or accessed Octavia's one-to-one befriending service.[39]

---

[39] 10 (59%) out of 17 males, 13 (50%) out of 26 people with long-term mental health conditions, and 21 (51%) out of 41 people accessing the one-to-one befriending service increased the amount of time spent on the phone or video calling loved ones over the evaluation period.

Secondly, Octavia's group activities appear to be particularly effective at increasing service users' social activity outside the home. 13 (50%) of the 26 service users who attended these activities reported that it had increased the amount of time they spent taking part in

'I was not interacting with other people outside of doctors … [now] I don't feel so isolated.'

social activities outside the home (compared with just 6 (22%) of the 27 service users who did not attend them). The service users we interviewed told us that it allowed them to meet people they wouldn't have been able to meet otherwise and make friends, who they contact and see socially outside of the activities Octavia puts on.

6.2 What improvements in health outcomes do service users report?

6.2.1 Access to essential services

The interview findings indicated that Octavia helped to improve some service users' access to essential services.

Service users who we interviewed highlighted that Octavia had helped them to access essential services, particularly through the support of the outreach workers. For example, one interviewee flagged that they could now access local transport providers such as Westway Community Transport Services and Shopper service. Another noted that their outreach worker helped them to mediate with social services, to provide them with needed upgrades to their bathroom, which their housing provider was being slow to provide.

The one-to-one befriending service was also mentioned as helpful with one interviewee telling us that their befriender would help them travel to and attend GP or hospital appointments and visit the pharmacy. They also flagged that whilst they would have probably still attended these appointments anyway, they would have used a different mode of transport (e.g. they would have taken a taxi rather than the bus).

No survey data was collected to quantitatively measure whether service users' access to essential services improved (Appendix A). However, there was an open text question in the follow up survey which asked, 'how has your access to services and activities changed in the past six months?,' eight respondents indicated that it had improved, and of these, three people explicitly mentioned that Octavia's outreach workers had improved their access to

services.[40] For instance, one service user reported: 'I feel that my access to services and activities has improved thanks to my Octavia outreach worker … who regularly contacts me to check up on me and who comes over motivating me to get out of bed and get ready.'

6.2.2 Using the right services, adherence, and self-care

The survey evidence indicated the service was helping many people to improve adherence and practice good self-care. There was some qualitative evidence that it had helped service users to access the right services.

Survey responses indicate that the Octavia's service was able to improve many people's ability to care for themselves and their home (Figure 8).[41] This improvement was felt especially among those who reported difficulties attending GP or hospital appointments. This suggests Octavia was able to improve service users' ability to improve their self-care, and adherence. However, the interviews captured only very limited evidence to support this survey finding, with no service users mentioning areas of self-care.

Figure 8: Using the right services, adherence, and self-care, reported differences between baseline and follow up surveys.

Survey question	Sample	Positive change (%)	No change (%)	Negative change (%)	Total Respondents
Q.13 - My health restricts me looking after myself or my home	Full sample	50%	38%	12%	58
	Individuals who 'strongly agree' at baseline removed to only assess those capable of improvement.	51%	37%	12%	57
	Difficulties attending GP/hospital appointments	70%	22%	7%	27
	No difficulties attending GP/hospital appointments	32%	52%	16%	31

---

[40] Ten service users also gave answers suggesting that their access to services had got worse in the past six months but this was noted as being down to cuts in local authority provisions and / or deteriorating health, meaning that they could no longer access services. The remaining 27 service users who gave answers to this question did not give answers clearly indicating whether or not their access to services had improved or deteriorated over the evaluation period.

[41] Those who answered the questionnaire post-Covid were more likely to experience positive change in the extent to which their health restricted them from looking after themselves or their homes (43% experienced positive change pre-Covid-19 vs. 57% post-Covid-19). However, this is likely to be caused by the greater proportion of people in the post-Covid-19 response group who had difficulties attending GP / hospital appointments and made improvements, rather by Covid-19 influencing the data per se.

Furthermore, two service users who answered the open text survey question, 'how has your access to services and activities changed in the past six months?,' indicated that Octavia had helped them to access services or activities that were right for them:

'[My outreach worker] has been helping me to get attendance allowance … I'm very happy with the service I've received and I am very lucky to have had this.'

'I have been going swimming and have attended a chair-based exercise class that [my Octavia support worker] informed me about. It has been really helpful, and I cannot thank Octavia enough for giving me this information.'

6.2.3 Physical health and independence

Octavia's service has supported the physical health and independence of some of its service users. This was supported by interview and survey data.

The survey findings indicated that Octavia helped some service users to improve their physical health and independence, they agreed with the statement 'I am healthy enough to get out and about.'[42] These improvements were felt most significantly by those who reported difficulties attending GP or hospital appointments (Figure 9).

Figure 9: Physical health and independence, reported differences between baseline and follow up surveys.

Survey question	Sample	Positive change (%)	No change (%)	Negative change (%)	Total Respondents
Q.7 - I am healthy enough to get out and about	Full sample	33%	45%	22%	58
	Individuals who 'strongly agree' at baseline removed to only assess those capable of improvement.	37%	48%	15%	52
	Difficulties attending GP/hospital appointments	44%	37%	19%	27
	No difficulties attending GP/hospital appointments	23%	52%	26%	31

---

[42] There was only a small difference in the proportion of people reporting improvements in their health between those who answered the follow up survey before and after the UK Covid-19 epidemic started (37% vs 29% respectively). However, given that Covid-19 meant that many people with specific long-term health conditions were more at risk of catching Covid-19, we might assume that many of those who answered the follow survey after the outbreak began may have been less able / willing to go out. Therefore, the proportion of people reporting positive results in this area may have been higher had the pandemic not occurred.

Interestingly, the proportion of people experiencing positive change using Octavia's quantitative indicator for improving physical health and independence is significantly less than the proportion of people indicating improvement against its indicator for adherence and self-care (Figure 10). However, this is not surprising when we consider that the target group is made up of elderly people with long-term health conditions, for whom drastic improvements in their mobility may be unrealistic.

Figure 10: Improvements in adherence and self-care vs improvements in physical health and independence.
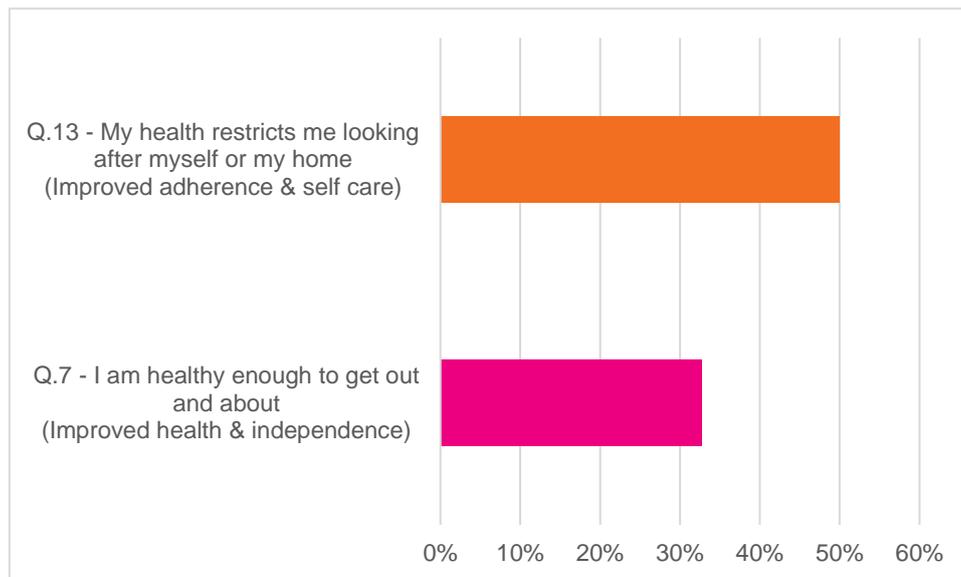
Our interviews also suggested that Octavia's services had enabled people to improve their health and retain their independence. For example, interviewees reported that their befrienders provided opportunities for them to 'take the initiative,' for example, deciding where they go and what they do. This has been welcomed because some of the interviewees have very limited opportunity for this level of independence in other areas of their life as they rely on carers or immediate family. Another interviewee, who has accessed transport support for shopping, has maintained their independence as they can select and cook their own food.

Many interviewees noted the importance of going out for a walk with their one-to-one befriender—both for their health and their independence. In some cases, the service users went shopping with their befrienders to buy food or other necessities which helped maintain their independence. This in turn helped them to feel more confident that they could go out for a walk by themselves, which they told us was important for their physical health. Other people noted that

'The more I walk, the more exercise I get, and the better it makes feel because I have achieved something.'

the group befriending service also encouraged them to improve their health because the regular meetings provided somewhere to walk to, and their peers encouraged them to lose weight after periods of ill health.

6.2.4 Mental well-being and quality of life

Octavia's service has helped to improve people's sense of mental well-being and quality of life. This was supported by the survey data and—to a lesser extent—the interviews.

The survey findings indicated that many service users' sense of mental well-being and perception of their quality of life improved over the evaluation period (Figure 11). The Short Warwick Edinburgh Mental Well-being Scale (SWEMWBS) showed that 25 (61%) out of 41 service users reported an improved sense of well-being. A review of the pre and post-Covid-19 data indicated that a higher proportion of respondents reported improvements in SWEMWBS scores after the outbreak of Covid-19 (68%) than before it (55%) and this is something to bear in mind when interpreting this data.

Figure 11: Mental well-being and quality of life, reported differences between baseline and follow up surveys.

Survey question/ indicator	Sample	Positive change (%)	No change (%)	Negative change (%)	Total Respondents
Q.5 - I enjoy my life overall	Full sample	43%	40%	17%	58
	Individuals who 'strongly agree' at base line removed to only assess those capable of improvement.	50%	40%	10%	50
SWEMWBS overall mental wellbeing	Full sample	61%	10%	29%	41
	Individuals with maximum SWEMWBS score at base line removed to only assess those capable of improvement.	61%	10%	29%	41

Service users who experience challenges attending GP or hospital appointments seemed to benefit in especially high numbers from the service, as well as those with long-term mental health conditions (Figure 12). For the former, 55% of the 27 people with difficulty attending GP or hospital appointments improved their overall well-being, in contrast to 40% of service users overall.

Figure 12: Mental well-being and quality of life. Proportion of individuals with long-term mental health conditions whose mental well-being and quality of life improved.

SWEMWBS overall mental wellbeing (No long-term mental health conditions)
SWEMWBS overall mental wellbeing (Long-term mental health conditions)
Q.5 - I enjoy my life overall (No long-term mental health conditions)
Q.5 - I enjoy my life overall (Long-term mental health conditions)
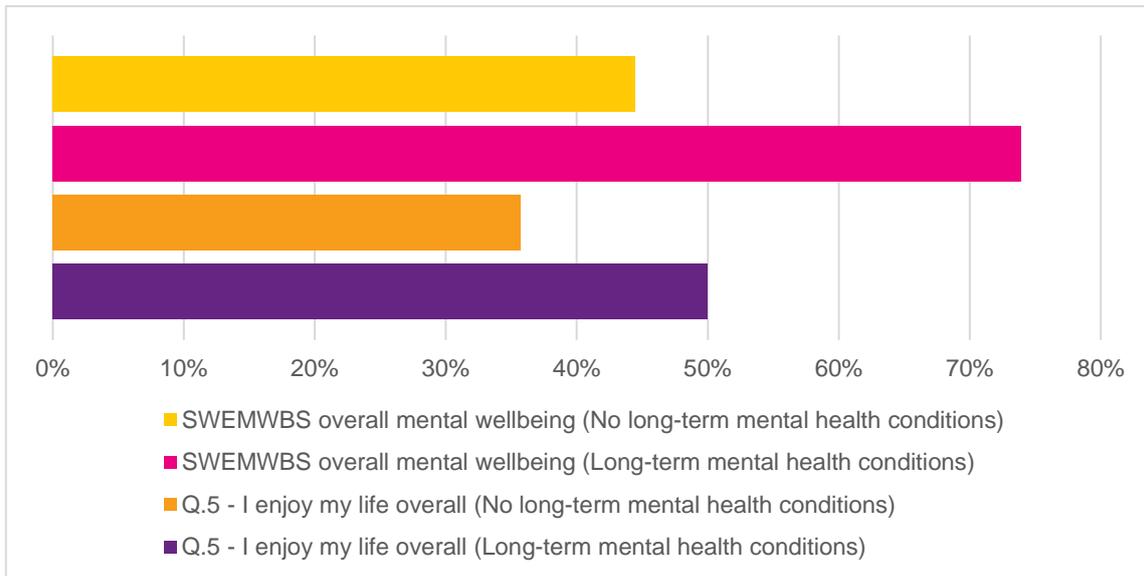
Supporting the survey findings, many of the people NPC interviewed also reported that their mental well-being and quality of life has improved. Service users reported that 'coming to [the coffee mornings regularly] for two or three hours helped me out of my misery' and that going out and meeting people was 'so important' for their mental health.

'Sometimes I have depression. But since I came here, I don't think about it so much anymore.'

However, a few interviewees who admitted the service had helped improved their sense of well-being were reluctant to go as far as saying that their mental or psychological health had improved—possibly due to a sense of stigma around having poor mental health. For example, one service users who attended group befriending and events said: 'It gives me something to look forward to, which helps you mentally … It doesn't treat your depression or anxiety, but it gives you help.' This was echoed by another interviewee who told us that the opportunity to learn new skills made a positive contribution to their sense of well-being but were hesitant to confirm that the service provided them with any mental health benefits.

6.3 What do service users say about the service and how satisfied are they?

People using Octavia's service are highly satisfied overall. These high levels of satisfaction are shown in the service users' answers to Octavia's feedback survey questions on both

how satisfied they were with the service overall (Figure 13) and whether they would recommend Octavia to a family member (Figure 14).

Figure 13: Service user satisfaction question 'Overall, how satisfied are you with the service you received from Octavia?.'

Answers	Number of respondents	% of respondents
Very satisfied	55	80%
Fairly satisfied	11	16%
Neither satisfied nor dissatisfied	2	3%
Fairly dissatisfied	1	1%
Very dissatisfied	0	0%
Total	**69**	**100%**

96% of service users were satisfied with the service they received from Octavia.

Figure 14: Service user satisfaction question 'Overall, how likely are you to recommend Octavia to a family member?' ('extremely likely'=10 to 'not at all likely'=0).

Rating out of 10	Number of respondents	% of respondents
10	30	43%
9	17	25%
8	19	28%
7	2	3%
6	0	0%
5	0	0%
4	1	1%
3	0	0%
2	0	0%
1	0	0%
0	0	0%
Total	**69**	**100%**

96% of service users said they were likely to recommend Octavia to a family member.

Interview and qualitative feedback survey data collected from service users also indicated high levels of overall satisfaction with Octavia's outreach, one-to-one befriending, and activities. Multiple interviewees and feedback survey respondents spoke of how they enjoyed and have benefited from each of the services; they also identified some opportunities for further improvement.

6.3.1 Outreach

Service users like their outreach worker and consider them to be friendly and approachable. One described her outreach worker as 'marvellous.' They also report that they signpost them to relevant and useful activities and services. For instance, one interview said her outreach worker 'keeps me well informed about what is happening.' Interviewees reported feeling confident that if they needed anything they would be able to reach out to Octavia.

'Octavia's outreach worker always finds solutions for my needs.'

However, some service users were unclear about the specifics of when or why they could contact their outreach worker. Four survey respondents said that they wanted more regular contact with their outreach worker.

In a few instances, people flagged that they were unable to take up their outreach worker's suggestions of services or activities because they lacked the confidence to use them (e.g. as a result of mobility difficulties or being shy). While this suggests that Octavia was directing people towards services that might help them, they were not always right for them given the personal barriers they faced, or they needed additional support to access them.

97% of service users who received Octavia outreach support were satisfied with the service.

99% of service users were satisfied with the service they received from their support worker.

> **Catalyst for change 1: Staff and individuals build trusting relationships**
>
> Service users like Octavia staff and consider them to be friendly, professional, approachable and helpful. Octavia staff were mentioned by many as the main reason they would recommend Octavia to a friend or family member in its feedback survey. Interviewees also reported feeling confident that if they needed anything they would be able to reach out to Octavia—indicating a level of trust.
>
> However, some interviewees and feedback survey respondents report contacting their outreach workers infrequently (during the period of evaluation, once or twice every six months). Furthermore, communication typically flows one way, from outreach worker to service user; rarely do the service users report contacting the outreach workers. Just 9 (17%) of the 52 service users who answered the outcome survey responded, 'If I needed help, there are people who would be there for me.' This is also an indication that service users didn't come to think of Octavia as someone they could reach out to. Thus, whilst service users indicated that they trust their outreach worker, there is a question to be asked about the strength and nature of the relationship.

6.3.2 One-to-one befriending

Interviewees generally reported that they enjoy the time spent with their befrienders and developed genuine friendships with them. Most told us they felt their befrienders were a good 'match' for them and that they 'get on' well. Befrienders are committed and service users said that they come regularly, typically weekly, at a time and day mutually agreed with the service user.

Service users liked to hear about what was going on in their befriender's life and enjoyed outings to visit local amenities and attractions. However, they also reported a more negative experience of the service when their befrienders talked about their problems, with one commenting that she had enough negativity in her life. Multiple service users also mentioned that it took Octavia a long time to find them a befriender. A few would also like more regular contact with their befriender.

98% of service users who received support from an Octavia befriender were satisfied with the service.

98% of service users were satisfied with their befriender.

> **Catalyst for change 2: Volunteers and individuals build friendships with boundaries**
>
> Interview and survey response data from people who Octavia had matched with one-to-one befrienders, appeared to show that they have developed real friendships. Many interviewees said that they were 'well matched' with their befriender due to sharing a common interest or life experience, suggesting that Octavia should continue to work to pair up volunteers with service users based on them having common interests.
>
> The regularity of contact also seems to have been an important factor in the development of these relationships. Getting out and about to visit local shops, coffee shops and other facilities was highly valued and interviewees flagged that sometimes befrienders did not want to go out for a walk and this negatively impacted on their experience.

6.3.3 Activities (including group befriending)

Most service users enjoy the coffee mornings / afternoons and events put on by Octavia. One service user reported that she waits for the day of coffee mornings to come around each week and turns up early because she enjoys them so much. Service users typically think group befriending sessions occur at a good time and are well located. The coffee mornings also clearly provide attendees with opportunities to meet and make friends with other people with one saying that 'it's like a family.'

Octavia also gives service users opportunities to take part in activities that one interviewee said they 'wouldn't have without Octavia.' These opportunities are considered 'a treat' and include visits to local sites of interest, board games and quizzes, and arts and crafts classes. Interviewees believed activities were well thought through and organised.

'Superb service. Well thought out programme to keep all members physically and mentally charged. Also provide opportunities to make friends and engage ... in stimulating activities.'

Some service users said that they would like Octavia to put on a broader range of activities, such as discussion groups and trips to places outside London. While a few expressed that they wanted activities to take place more frequently. Some service users also expressed frustration when coffee mornings were cancelled but appreciated that Octavia gave them advanced notice when this happened.

Catalyst for change 3: Relationships between individuals are promoted

Octavia's services promote relationships between different individuals. Service users highlighted that Octavia staff, their befrienders and their peers provide them with practical and emotional support and are reciprocating this support. For instance, one interviewee who attended the group befriending service told us that one service user even paid £30 for a taxi to go and collect another service user, to ensure they could attend one of the coffee mornings.

However, not all service streams were equally good at promoting relationships. People who attended Octavia events said that their lack of regularity and inconsistent attendance meant it was difficult to form strong relationships with other attendees. In contrast, people who attended Octavia's group befriending services or received regular one-to-one befriending said that the regular opportunity to catch up with people had enabled them to make friends. Some also noted they continued to meet with each other without Octavia's encouragement and support. This suggests that there is something important about service users having regular opportunities to see the same people so that they can better develop relationships with other service users or their volunteer befrienders.

Some people also said they found it challenging to talk and make friends with some of their fellow service users because they had little in common. In future, Octavia could look to try and introduce service users to others with similar interests. On the other hand, many people commented positively about how diverse their group befriending sessions were in terms of age, gender, race, religion and nationality. This implies that the service was helping to promote relationships between people from different backgrounds and that social mixing may be an unintended benefit of the service.

6.4 Which aspects of the service do service users find most valuable?

Interviews with service users indicated that they valued many different aspects of Octavia's services.

'Having someone that you can call on is great comfort.'

The outreach support is particularly appreciated for providing links or assistance with applications for transport services. The transport services allow people to live more independently, for example by doing their own shopping.

The one-to-one befriending services are valued for the regular contact, as well as the independent friendship. Interviewees typically described having few visitors outside of their immediate family or medical professionals, and as such the befrienders 'look forward to visits' and it 'breaks up the week.' Interviewees noted that they enjoyed interacting with people who they shared interests with. For example, one spoke of their interest in reading books bought by their befriender. Going for a walk was a much valued aspect of the befrienders visits. This is because, in many instances, interviewees had limited opportunity to go outside, primarily due to mobility issues. In these cases, befrienders provided moral or practical support to help them with their mobility—such as by pushing their wheelchair.

The group befriending service is highly appreciated by service users for providing them with a unique opportunity to make friends and talk with other people. One service user said they most valued the friendships they had made through the group befriending coffee mornings. For others, it's the 'only opportunity they have to go out'. One user also particularly liked that it was a group activity as they don't like one-to-one activity, which makes them feel like they have to talk to someone; in other words, it gives people the opportunity to chat, but also just to listen if they want to. Finally, Octavia often provides transport for people who find it hard to get to the group befriending sessions and this is critical for those who need it.

Octavia's activities are most enjoyed when they are held outside or have a component that is outside. Service users also enjoy outings that provide them with opportunities to reconnect with places that they have a history or interest in—such as places they used to go or live near to, such as Kensington Palace, or that they wanted to learn more about, such as Sir John Soane's Museum. As for the group befriending, interviewees noted that Octavia organised transport, without which it would have been very challenging for them to attend. Service users often mentioned that they enjoyed participating in activities that stimulated their senses and intellect and allowed them to learn something new.

'[Visiting Kensington Palace] was one of the outings of the year.'

7. Conclusions

Throughout 2019-2020 Octavia, with the support of NPC, have embarked on an ambitious evaluation to identify, document, and share learning about the impact of their outreach, one-to-one befriending, and group activity service. Unfortunately, the Covid-19 pandemic interrupted the research at a critical point—after the completion of the baseline survey, but whilst there was still around half of the follow up surveys still to be collected. As such, it is very likely that the Covid-19 social distancing restrictions have affected service users, and thus the findings related to outcomes associated with Octavia's work. Nonetheless, the emerging insights from this report indicate that Octavia has taken important steps towards their ultimate goal of combatting social isolation, loneliness, and promoting better physical and mental health amongst older and vulnerable people.

7.1 What improvements in social, emotional and health outcomes did Octavia's service users report?

There is strong evidence to indicate that Octavia's service achieved many of its intended outcomes, including reducing loneliness, encouraging greater self-care, supporting physical health and independence, and promoting well-being and quality of life amongst their users.

There is some evidence to indicate that the service is also likely to be having an impact on service user confidence and motivation to do activities, and ability to access essential services. The research also highlighted that the one-to-one befriending and group activities supported service users to become more socially connected.

There is very limited evidence to indicate that accessing Octavia's services has led to an increase in people's self-esteem.

Key findings related to achieving Octavia's social, emotional and health outcomes include:

- Group activities seem to be especially useful for reducing service users' feelings of loneliness and increasing their confidence (compared to one-to-one befriending or outreach support).

- Outreach workers and one-to-one befrienders play a bigger role in supporting service users to access essential services.

- Service users who had difficulties attending GP or hospital appointments reported the greatest improvements in their mental well-being and quality of life, self-care, confidence and physical health and independence.

- Service users who had long-term mental health conditions reported the greatest improvements in their self-esteem, mental well-being and quality of life, and feeling more socially connected.

- Service users who were male reported the greatest improvement in their confidence and feeling more socially connected.

Underpinning Octavia's outcomes are three catalysts of change, which describe the nature of the relationships between service users, staff and volunteers. This research found that:

1. **Staff and individuals build trusting relationships**: Service users like Octavia staff and consider them to be friendly, professional, approachable, and helpful, indicating that they are trusted. However, there is evidence to suggest that they didn't come to think of Octavia as somewhere they could reach out to if they had a problem.

2. **Volunteers and individuals build friendships with boundaries**: People who were matched with one-to-one befrienders by Octavia developed genuine friendships with their volunteer befrienders. The regularity of contact is an important factor in developing these relationships, along with the opportunity to get out of their homes.

3. **Relationships between individuals are promoted**: Octavia's services typically promote relationships between service users and their peers. Service users report that they are helped emotionally and practically by their befrienders and fellow service users, and that they reciprocate this support. However, Octavia's group befriending and one-to-one befriending services were better at promoting relationships among service users, their peers, and volunteers, seemingly because they encouraged more regular contact between them. People also reported forming stronger relationships when Octavia was able to connect them with befrienders or other service users with similar interests. People were also positive about how diverse the group befriending sessions were in terms of age, gender, race, religion, and nationality.

7.2 What did service users say about the service and how satisfied are they? Which aspects of the service do service users find most valuable?

Service users reported very high levels of overall satisfaction with the outreach, one-to-one befriending, and activity service. The service received a 96% level of satisfaction, with equally high levels reported across all three service streams.

Outreach support was appreciated for providing links or assistance with applications for transport services, which enabled people to live more independently. Service users also report that outreach workers signpost them to relevant and useful activities and services in most instances. But some did not take up these opportunities because they lacked enough confidence. The regularity of contact is less than some service users would like, and many do not contact their outreach workers or are unclear what they can contact them about.

Interviewees generally report that they enjoy the time spent with their one-to-one befrienders. Most told us they feel their befrienders were 'well matched' to them and that they 'get on' well. Going for walks with a befriender and providing practical and emotional support around this also helped service users to feel more confident. However, they also reported a more negative experience of the service when their befrienders talked about their problems or were unwilling to go on outings with them. Long wait times to receive a befriender was also a frustration for some.

Service users enjoy the group activities and events Octavia puts on. They particularly value how the group befriending session provided them with a unique opportunity to make friends and talk with other people. The fact that Octavia provides transport for some people who find it hard to get to them was particularly valued. Service users noted that they enjoyed attending events or participating in activities that stimulated their senses and intellect or that allowed them to be outside. Some said they would like it if Octavia put on a wider range of activities, and that that they would like it if they took place more frequently.

8. Recommendations

8.1 Future Octavia policy and practice

What should Octavia do the same or differently going forwards?

Develop a long-term monitoring approach: To support on-going monitoring of their outreach, one-to-one befriending and activities service, Octavia should update and streamline their theory of change. For example, prioritising the key outcomes and simplify data collection will be sustainable in the longer-term and will support ongoing, continuous learning.

Prioritise service users for support: Service users who had long-term mental health conditions and / or difficulties attending doctors' appointments saw the greatest changes to their social, emotional and health outcomes after accessing Octavia's services. In order to make the biggest difference through their work, Octavia could prioritise support for these service users. Octavia may also wish to partner with a mental health specialist, perhaps to undertake a joint research project as a precursor to working together in the future.

Adjustments to existing services: Building on the success and positive feedback in this evaluation, further areas for improvement include:

Across all services:

- Investigate how Octavia can use technology better to connect service users, staff, and volunteers and reduce digital exclusion.

- Transportation was identified as a key enabler, especially for attending the group activities. Review the current transport offer, reflect on the physical and emotional barriers or what's preventing people from taking these up.

Outreach:

- Reflect on the relationship between the outreach workers and the service users and ensure it is clearly articulated. For example, being clear with service users on the remit

of the service and what is offered in terms of length of support and type of support (e.g. is the relationship for six weeks, six to twelve months, or indefinitely?).

- Improve communication to service users, including the reasons why they should contact their outreach worker and when. For example, sharing with service users a leaflet (or similar) with the contact details of their outreach worker and examples of reasons and events when they should or could be in touch.

- When sign-posting service users to other delivery partners' services, undertake follow up activities to increase the rate of service users accessing the service. For example, to support those who may lack the confidence to take the first step.

One-to-one befriending:

- The waiting lists for one-to-one befriending can be lengthy. Seek opportunities to reduce the wait time and develop a stronger pipeline of one-to-one befrienders, especially for those in the 'priority' categories (see recommendation above).

- Build into the befriender inductions the value and importance of getting out and going for walks (where the service user's health allows for it and they are also keen).

Activities:

- Explore opportunities to encourage deep relationships and ways to empower people attending the events to form their own relationships. For example, through sharing taxis with the same people regularly, building off shared interests and, in the welcome speech of events / activities, encouraging people to exchange telephone numbers if they have interesting conversations (e.g. giving people permission and normalising the catalysing of friendships).

- Develop options for a 'plan B' in the event of a cancelation of a group befriending event, so that those who are able to attend a session can still catch up. For example, by identifying a local public space or café that attendees could go to instead.

- Explore opportunities for service user to service user peer support and befriending. For example, service users providing training or advice in areas where they are knowledgeable or a 'mentoring' or 'buddy' type scheme for long-standing service users to be matched up with new attendees, supporting them so they feel welcome for the first couple of months.

Underpinning principles: This research has reinforced many of the positive aspects and principles that underpin Octavia's work. It is critical that the following continue to guide the programme delivery and policy:

- Maintaining the strong, person-centred aspect of the service.

- Continue to work with a broad range of people with different needs (e.g. loneliness, mental health, poor mobility) and seek funding to do work with these groups.

8.2 Sector-wide policy and practice

What recommendations would Octavia make for others working in this sector?

- Sustained, long-term contact with service users is critical for building trusting relationships (see 'Catalysts for change' boxes in Section 6) and leads to the positive impact demonstrated. These relationships require financial investment. Tracking and measuring these 'Catalysts for change' is important.

- A common framework for measuring the impact of these types of services would allow better shared learning across the sector, especially around loneliness and well-being.

- Use 'plain English' to describe outcomes, using language that service users understand and can relate to (e.g. around 'self-esteem').

- Transport is essential in helping people with physical barriers to get out and overcome loneliness.

8.3 Further research

What knowledge gaps still exist?

- Covid-19 has significantly impacted how the data on outcomes could be understood. Further research in this area to support future outcome and impact measurement in uncertain, changing times would be valuable. For example, this evaluation did not have a control group. For further impact studies, this would be a valuable addition, especially in a post Covid-19 context.

- This research was inconclusive about the links between the outreach, one-to-one befriending and group activities services, and improvements in self-esteem. Further investigation to understand the links between activities such as these and self-esteem would be helpful to inform future programme monitoring and planning.

Appendix A: Data collection details

Assessment forms

Assessment forms collected demographic data (e.g. age and gender) and identified if new service users had long-term physical health conditions, long-term mental health conditions, and / or difficulties attending medical appointments. Assessment forms were primarily completed with the service users by outreach workers when they first registered with Octavia. The outreach workers read out the questions and recorded the responses. In total, 83 assessment forms were completed between June and December 2019. This data was added to the data set collected by the baseline and follow up surveys and used to support sub-group analysis of the outcomes.

Baseline and follow up surveys

The **baseline and follow up surveys** asked service users to self-assess their social, emotional and physical health. Figure A2 outlines the different survey questions, the validated scales some of them relate to and how they link to the intended outcomes detailed in the theory of change. Baseline surveys were completed by new service users when they first registered for support, and the follow up survey was undertaken approximately six months later (Appendix B: Survey templates). Where necessary, service users' family members and Octavia's outreach support workers assisted with filling out the baseline surveys. All follow up surveys after 16 March 2020 were carried out over the phone due to Covid-19 social distancing restrictions.[43]

In total, 83 baseline surveys and 58 follow up surveys were completed between June 2019 and June 2020. The original aim was to collect 68 baseline surveys (see Box 1), balancing the validity of the data with the practical challenges of staff availability. We were aware that there would likely be a dropout rate between the baseline and follow up survey, therefore we over sampled for the baseline (collecting 83, when we were only aiming for 68). This enabled us to have a response rate for the follow up survey of 70% (58/83). 28 follow up surveys were carried out on the phone during the lockdown period.

---

[43] On 16 March 2020, the Prime Minister initiated a national lockdown and advised that people should avoid pubs, clubs and theatres, stop all non-essential contact and travel, and work from home if they could in order to halt the spread of Covid-19.

Representativeness: The 83 baseline surveys were completed by new service users as part of their signing up process (Figure A1). All service users who joined Octavia during the months when this research was carried out completed a baseline survey. As there were no changes to the recruitment or signing up of service users during this time we assumed that this group would be representative of the wider cohort. However as expected, there was a drop out rate and only 58 people completed follow up surveys, therefore this potentially limits the representativeness of the sample (e.g. it does not include the views of the people that dropped out, which might differ from those who remained part of the programme).

Figure A1: Overview of demographics of respondents to the follow up survey

	Males	Females	Total
Total number of respondents for the follow up survey.	18	40	**58**
Age			
Aged 65 and under	4	4	**8**
Aged 66-75	6	7	**13**
Aged 76-85	4	17	**21**
Aged 86 and over	4	12	**16**
Long term conditions			
Respondents with long term physical health conditions	17	38	**55**
Respondents with long term mental health conditions	11	19	**30**
Respondents who experience difficulties attending GP/hospital appointments by themselves	7	20	**27**

Feedback survey

The feedback survey collected data about the level of satisfaction of service users and how likely they would be to recommend Octavia to a friend or family member (Appendix B: Survey templates). In total, 69 feedback surveys were completed between June 2019 and June 2020. The feedback survey was completed by new service users (e.g. those that that joined the service during the reporting period) and by existing service users (e.g. ones that were accessing Octavia services prior to the research). The same assumptions made about the representativeness of the baseline and follow up survey were also made for the feedback survey.

Semi-structured interviews

Semi-structured interviews were carried out to capture in-depth insights related to outcomes and feedback from new and existing service users:

- Ten interviews were undertaken with five new service users (five in June 2019, then a follow up five with the same service users in December 2019),

- Four with longer term service users (January 2020).

The interviewees were purposefully selected to represent the diversity of service users (age, ethnicity, gender) and also access to different Octavia services (outreach, activities and befriending). NPC carried out the interviews and data was collected through comprehensive notes and digital recordings (Appendix C: Topic guide).

Figure A2: Overview of baseline and follow up survey questions and Octavia's intended outcomes.

Outcome	Scale used	Baseline/ Follow up survey questions
Key social and emotional outcomes		
More confidence and motivation to do activities	*Improved confidence*: Octavia did not use any survey questions that could indicate improvements in service users' confidence. *Motivation to participate:* 5 questions related to motivation taken from the Older People's Quality of Life brief questionnaire (OPQoL-Brief)	*Improved confidence:* None *Motivation to participate:* Q6. - I look forward to things Q9. - I have social or leisure activities/hobbies that I enjoy doing Q10. -I try to keep active and involved in things Q11. - I can please myself in what I do Q12. - I take life as it comes and make the best of things
Increased self-esteem	Bespoke question	Q.14 - 'I have high self-esteem'

Reduced feelings of loneliness	*Indirect measures:* Three-item UCLA Loneliness scale (aggregated scale) [language adapted to children's version which uses simpler language] *Direct measure:* Community Life Survey	*Indirect measures:* Q1. - How often do you feel that you have no one to talk to? Q2. - How often do you feel left out? Q3. - How often do you feel alone? *Direct measure:* Q4. - How often do you feel lonely?
More socially connected	Questions on frequency of social contact taken from Community Life Survey (DCMS) Questions on social relationships and support taken from Community Life Survey (DCMS)	*Questions on frequency of social contact:* "On average, how often do you: Q22. - Meet up in person with family members or friends? (Not including people you live with) Q23. - Speak on the phone or video or audio call via the internet with family members or friends? Q24. - Email or write to family members or friends? Q25. - Take part in social activities outside of your home? *Questions on social relationships and support:* How much do you agree or disagree with the following statements? Q8. - My family, friends or neighbours help me if needed Q8. - My family, friends or neighbours help me if needed Q26. - If I needed help, there are people who would be there for me Q27. - If I wanted company or to socialise, there are people I can call on
Key health outcomes		
Access to essential services	Bespoke user data question about whether service users experienced difficulty attending GP/Hospital appointments (proxy change). Service users were also asked bespoke questions on how their access to services and activities changed in the past 6 months, and what services they were using.	Difficulties attending GP/hospital appointments by yourself? Q29. - How has your access to services and activities changed in the past 6 months? (open text)
Using the right services, adherence and self-care	One question from the Older People's Quality of Life brief questionnaire (OPQoL-Brief) (one of four health related questions used, others detailed below under related outcomes)	Q13. - My health restricts me looking after myself or my home *Bespoke question:* Q29. - How has your access to services and activities changed in the past 6 months? (open text)
Maintain / improve physical	Two questions taken from Older People's Quality of Life-35 questionnaire	Q7. - I am healthy enough to get out and about *Bespoke question:*

health & independence	Service users were also asked a bespoke question on how their physical health and independence changed in the past 6 months.	Q31. - How has your physical health and independence changed in the past 6 months? (open text)
Maintain / improve mental well-being & quality of life	*Overall life satisfaction:* Five questions taken from Older People's Quality of Life-35 questionnaire A bespoke question on quality of life. *Well-being:* Short Warwick Edinburgh Mental Well-being Scale (aggregated scale)	*Overall life satisfaction:* Older People's Quality of Life-35 questionnaire questions Q5. - I enjoy my life overall Q6. - I look forward to things Q9. - I have social or leisure activities/hobbies that I enjoy doing Q10. - I try to keep active and involved in things *Bespoke question:* Q32. - How has your quality of life changed in the past 6 months? *Well-being:* Short Warwick Edinburgh Mental Well-being Scale Q15. - I've been feeling optimistic about the future Q16. - I've been feeling useful Q17. - I've been feeling relaxed Q18. - I've been dealing with problems well Q19. - I've been thinking clearly Q20. - I've been feeling close to other people Q21. - I've been able to make up my own mind about things

Appendix B: Survey templates

Name: _____ *(please print clearly)*

Date: _____ *(DD/MM/YYYY)*

OCTAVIA OUTREACH, BEFRIENDING & ACTIVITIES – BASELINE SURVEY

Introduction

This is a brief survey to help Octavia understand how you are doing and how they might support you. It should take 15-20 minutes. Your participation is voluntary. Your responses will be confidential. Octavia may use your responses to learn about its service, but you will not be identified in any reporting.

The service/s you are receiving: Outreach ☐   Befriending ☐   Activities ☐

Section 1.

The next questions are about your relationships. For each one, please say how often you feel that way.

Please tick one for each of the following statements:	Hardly ever or never	Some of the time	Often
1. How often do you feel that you have no one to talk to?			
2. How often do you feel left out?			
3. How often do you feel alone?			

Please tick one for each of the following statements:	Never	Hardly ever	Occasion -ally	Some of the time	Often/ always
4. How often do you feel lonely?					

The next questions are about how you are feeling about different aspects of your life nowadays.

Please tick one for each of the following statements:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5. I enjoy my life overall					
6. I look forward to things					
7. I am healthy enough to get out and about					
8. My family, friends or neighbours would help me if needed					
9. I have social or leisure activities/hobbies that I enjoy doing					

10. I try to keep active and involved in things					
11. I can please myself in what I do					
12. I take life as it comes and make the best of things					
13. My health restricts me looking after myself or my home					

Please indicate to what extent the following statement applies to you:

	1 = not at all true of me	2 = rather not true of me	3 = some part true of me	4 = rather true of me	5 = very true of me
14. I have high self-esteem					

NEXT PAGE →

Octavia Outreach, Befriending & Activities – Baseline Survey

Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each *over the last 2 weeks.*

Please tick one for each of the following statements:	None of the time	Rarely	Some of the time	Often	All of the time
15. I've been feeling optimistic about the future					
16. I've been feeling useful					
17. I've been feeling relaxed					
18. I've been dealing with problems well					
19. I've been thinking clearly					
20. I've been feeling close to other people					
21. I've been able to make up my own mind about things					

Section 2.

The next questions are about your contact with family and friends and participation in social activities.

On average, how often do you:

Please tick one for each of the following statements:	Never	Less than once a month	About once a fortnight	About once a week	2-3 times per week	Once a day	More than once a day
22. Meet up in person with family members or friends? (*Not including people you live with*)							
23. Speak on the phone or video or audio call via the internet with family members or friends?							
24. Email or write to family members or friends?							
25. Take part in social activities outside of your home?							

*Please tick one for each of the following statements***:**	Definitely agree	Tend to agree	Tend to disagree	Definitely disagree
26. If I needed help, there are people who would be there for me				
27. If I wanted company or to socialise, there are people I can call on				

Section 3.

28. Is there anything else that you would like to add (eg, to help us understand your responses)?

END OF SURVEY

Today's date: _____ *(DD/MM/YYYY)*

OCTAVIA

Assessment date: _____ *(DD/MM/YYYY)*

FEEDBACK SURVEY: OUTREACH ONLY

Introduction

This is a brief survey to help Octavia get your feedback on its services. It should take 10-15 minutes. Your participation is voluntary. You can choose not to participate or skip questions. If you do not participate, it will not affect the service you receive. Your responses will be confidential. Octavia may use your responses to learn about its service, but you will not be identified in any reporting.

Do you wish to participate at this time? *Please circle your response below:*

Yes	No

Section 1. Overall Feedback

1a. Overall, how likely are you to recommend Octavia to a friend or family member?

Where 0 is 'not at all likely' and 10 is 'extremely likely'. Please circle your response below.

0	1	2	3	4	5	6	7	8	9	10

1b. Please can you explain your response to Question 1a below:

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
1c. Overall, how satisfied are you with the service you received from Octavia?					

1d. Please can you explain your response to Question 1c below:

NEXT PAGE →

Feedback Survey: Outreach only

Section 2. Outreach Feedback

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
2a. Overall, how satisfied are you with your experience of the Outreach service?					
2b. Overall, how satisfied are you with the service you receive from your support worker?					

2c. What has been most helpful about Octavia's Outreach service?

2d. Is there anything that could be improved about Octavia's Outreach service?

Thank you for your feedback!

END OF SURVEY

OCTAVIA SUPPORT

Today's date: _____ *(DD/MM/YYYY)*
Assessment date: _____ *(DD/MM/YYYY)*

FEEDBACK SURVEY: OUTREACH AND BEFRIENDING

Introduction

This is a brief survey to help Octavia get your feedback on its services. It should take 10-15 minutes. Your participation is voluntary. You can choose not to participate or skip questions. If you do not participate, it will <u>not</u> affect the service you receive. Your responses will be confidential. Octavia may use your responses to learn about its service, but you will not be identified in any reporting.

Do you wish to participate at this time? *Please circle your response below:*

Yes	No

Section 1. Overall Feedback

1a. Overall, how likely are you to recommend Octavia to a friend or family member?
Where 0 is 'not at all likely' and 10 is 'extremely likely'. Please circle your response below.

0	1	2	3	4	5	6	7	8	9	10

1b. Please can you explain your response to Question 1a below:

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
1c. Overall, how satisfied are you with the service you received from Octavia?					

1d. Please can you explain your response to Question 1c below:

NEXT PAGE →

Section 2. Outreach Feedback

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
2a. Overall, how satisfied are you with your experience of the Outreach service?					
2b. Overall, how satisfied are you with the service you receive from your support worker?					

2c. What has been most helpful about Octavia's Outreach service?

2d. Is there anything that could be improved about Octavia's Outreach service?

Section 3. Befriending Feedback

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
3a. Overall, how satisfied are you with your Befriending experience?					
3b. How satisfied are you with your Befriender?					

3c. What has been most helpful about your Befriending experience?

3d. Is there anything that could be improved about your Befriending experience?

Thank you for your feedback!

END OF SURVEY

Today's date: _____ *(DD/MM/YYYY)*
Assessment date: _____ *(DD/MM/YYYY)*

FEEDBACK SURVEY: BEFRIENDING ONLY

Introduction

This is a brief survey to help Octavia get your feedback on its services. It should take 10-15 minutes. Your participation is voluntary. You can choose not to participate or skip questions. If you do not participate, it will <u>not</u> affect the service you receive. Your responses will be confidential. Octavia may use your responses to learn about its service, but you will not be identified in any reporting.

Do you wish to participate at this time? *Please circle your response below:*

Yes	No

Section 1. Overall Feedback

1a. Overall, how likely are you to recommend Octavia to a friend or family member?

Where 0 is 'not at all likely' and 10 is 'extremely likely'. Please circle your response below.

0	1	2	3	4	5	6	7	8	9	10

1b. Please can you explain your response to Question 1a below:

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
1c. Overall, how satisfied are you with the service you received from Octavia?					

1d. Please can you explain your response to Question 1c below:

NEXT PAGE →

59

Section 2. Befriending Feedback

Please tick one for each of the following statements:	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
2a. Overall, how satisfied are you with your Befriending experience?					
2b. How satisfied are you with your Befriender?					

2c. What has been most helpful about your Befriending experience?

2d. Is there anything that could be improved about your Befriending experience?

Thank you for your feedback!

END OF SURVEY

Name: _____ *(please print clearly)*

OCTAVIA

Date: _____ *(DD/MM/YYYY)*

OCTAVIA OUTREACH, BEFRIENDING & ACTIVITIES – FOLLOW UP SURVEY

Introduction

This is a brief survey to help Octavia understand how you are doing and to understand how this has changed since you first met us. The survey should take 20-25 minutes. Your participation is voluntary. Your responses will be confidential. Octavia may use your responses to learn about its service, but you will not be identified in any reporting.

The service/s you are receiving: Outreach ☐   Befriending ☐   Activities ☐ ☐

Section 1.

The next questions are about your relationships. For each one, please say how often you feel that way.

Please tick one for each of the following statements:	Hardly ever or never	Some of the time	Often
1. How often do you feel that you have no one to talk to?			
2. How often do you feel left out?			
3. How often do you feel alone?			

Please tick one for each of the following statements:	Never	Hardly ever	Occasion-ally	Some of the time	Often/ always
4. How often do you feel lonely?					

The next questions are about how you are feeling about different aspects of your life nowadays.

Please tick one for each of the following statements:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
5. I enjoy my life overall					
6. I look forward to things					
7. I am healthy enough to get out and about					
8. My family, friends or neighbours would help me if needed					
9. I have social or leisure activities/hobbies that I enjoy doing					
10. I try to keep active and involved in things					
11. I can please myself in what I do					
12. I take life as it comes and make the best of things					
13. My health restricts me looking after myself or my home					

Please indicate to what extent the following statement applies to you:

	1 = not at all true of me	2 = rather not true of me	3 = some part true of me	4 = rather true of me	5 = very true of me
14. I have high self-esteem					

Octavia Outreach, Befriending & Activities – Follow Up Survey

Below are some statements about your feelings and thoughts. Please tick the box that best describes your experience of each *over the last 2 weeks.*

Please tick one for each of the following statements:	None of the time	Rarely	Some of the time	Often	All of the time
15. I've been feeling optimistic about the future					
16. I've been feeling useful					
17. I've been feeling relaxed					
18. I've been dealing with problems well					
19. I've been thinking clearly					
20. I've been feeling close to other people					
21. I've been able to make up my own mind about things					

Section 2.

The next questions are about your contact with family and friends and participation in social activities.

On average, how often do you:

Please tick one for each of the following statements:	Never	Less than once a month	About once a fortnight	About once a week	2-3 times per week	Once a day	More than once a day
22. Meet up in person with family members or friends? (*Not including people you live with*)							
23. Speak on the phone or video or audio call via the internet with family members or friends?							
24. Email or write to family members or friends?							
25. Take part in social activities outside of your home?							

Please tick one for each of the following statements:	Definitely agree	Tend to agree	Tend to disagree	Definitely disagree
26. If I needed help, there are people who would be there for me				
27. If I wanted company or to socialise, there are people I can call on				

Section 3.

28. Is there anything else that you would like to add (eg, to help us understand your responses)?

NEXT PAGE →

Octavia Outreach, Befriending & Activities – Follow Up Survey

Section 4.

The next questions are about your experience in the last six months.

29. How has your *access to services and activities* changed in the past six months, if at all (eg, have you connected to health or social care services, or started attending activities in the community)? If so, please briefly describe what brought about any changes.

30. How has your *mental well-being* changed in the past six months, if at all? If so, please briefly describe what you think has contributed to these changes.

31. How has your *physical health and independence* changed in the past six months, if at all? If so, please briefly describe what you think has contributed to these changes.

32. How has your *quality of life* changed in the past six months? If so, please briefly describe what you think has contributed to these changes.

END OF SURVEY

Appendix C: Topic guide

Service user qualitative interviews: Baseline

40-60 minutes

Introduction
- Who NPC is, and the objectives of our work with Octavia
- Purpose of these interviews: to help evaluate Octavia's Outreach and Befriending services, by gaining an in-depth understanding of how individuals use the services, and what works well and less well. We will speak with individuals twice: the first time (now) when they start contact with Octavia; and we will visit again in six months' time to hear about how it is going, and how it may be helping them in different ways.
- Confidentiality and anonymity: we won't share what you say with Octavia and it has no impact on the services you receive.
- Informed consent: Confirm individual is happy to participate. Explain participant can stop the interview at any time, ask questions at any time, or choose not to answer any questions they don't want to. There are no right and wrong answers, we are here to learn about their experience and perspective on the service and Octavia.
- Permission to record: check respondent is happy for the interview to be recorded (in order for researcher to listen through afterwards; it will not be shared with anyone else and will be destroyed at the end of the project).
- Any questions before we start.

Background
- About themselves:
  - how long they have lived in the area, what they like about it, where they like to go;
  - how they like to spend their time, any favourite hobbies or leisure activities.

Contact with Octavia
- Briefly: how they came into contact with (name of Octavia staff member).

Role for Octavia
The following section explores how the participant thinks Octavia may be able to support them to do what they want to do.
- Explore what they'd like support with through (name of Octavia staff member).
- Explore what they have discussed with (name of Octavia staff member) so far
  - Explore extent to which they've identified what they'd like some help with managing, or to do more/less of.
As far as possible, be led by the issues they've identified and/or that have been mentioned by Octavia staff:
- Where **company/ social interaction (loneliness)** mentioned/ alluded to:
  - explore how this affects what they do, or can do
  - the issues influencing/contributing to sense of having a lot of friends/ company vs feeling lonely.
- Where **self-esteem, confidence, self-worth** mentioned/ alluded to:
  - explore how this affects what they do, or can do;
  - what they think the causes are, or issues influencing/contributing to it.
- Where **activities, getting out and about** mentioned/ alluded to:
  - explore what level of socializing they're currently doing; who they see in a typical week, what activities are they involved in;
  - explore what's influencing how much activity they're able to undertake;
  - probe motivation to participate.
- Where **mental health** mentioned/ alluded to:
  - explore what the condition(s) are that affect them.
  - explore what support they get,
  - what the main issues are influencing it, i.e. when it's better/worse.

- Where **physical health** mentioned/ alluded to:
  - Explore what the condition(s) are that affect them.
  - Explore what health services they're currently using, how often they're seeing a GP or going into hospital.
  - Whether they feel they're looking after themselves, able to look after themselves, and what the main issues are influencing this.
- Check what other support they currently receive (informal and formal)
- Any other thoughts on

Closing off

Thank participant for their time. Recap explanation that we will be returning for another interview like this in six months.

Service user qualitative interviews: 6 month follow up

Introduction
- As in above interview, and:
- Remind them of when you last spoke.
- Explain this time we'll focus on what their experience of Octavia has been over the past six months, and any changes in their lives that it's contributed to.

Experience over the past 6 months: unpacking changes in outcomes
- Tell me about what services/ interaction you have with Octavia services/activities/ befriender.
  - Identify all the ways they interact with outreach worker or befriender or both
  - Which activities are they involved in, through Octavia
- How often do you see them/ do X activities
- How they would describe their relationship with their outreach worker/ befriender

For Outreach:
- What the interaction with the support worker involves: what sort of issues might they raise, how does the support worker help them with those
  - How easily accessible they are
  - Whether the process can be complex or simple
  - How this support relates to other sources of support they receive: what role this individual places, vis a vis others

ALL:
- Explore what (the service) helps them do, or achieve. For each: explore what it is about the activity/ interaction that is helpful to them

Probe on each specific areas/ issue identified in the baseline interview:
- **Company/ social interaction (loneliness)**:
  - How the (activities/ services) help with company/ social interaction – how it makes them feel, what it helps them do
  - Any ways this is affecting their wider lives
  - Whether there's been any change in how they feel about level of company/ friends, family around them since starting activities
    - Probe for examples
- **Self-esteem, confidence, self-worth**:
  - How the (activities/ services) help with this
  - Any ways this is affecting their wider lives
  - Whether there's been any change in how they feel about themselves, their confidence to do things, and own esteem
    - Probe for examples
- **Activities, getting out and about**:
  - explore what level of social activity they're involved in, how that compares with six months ago
    - probe motivation to participate, any changes to this
  - what effect this is having: how they feel about it
- **Mental health**:
  - How the (activities/ personal support received) are influencing this, if at all – if so, in what ways
    - Probe for examples
  - Accessing health/ mental health/ other services: any support here, how that worked
    - What difference the support in accessing services made – what would have happened without that support (eg, before starting with Octavia)
  - Any ways this is affecting other aspects of their lives
  - Whether they have noticed their MH has changed at all in the past six months

- Any changes in access to, use of, health services
- Any changes in medication or adherence to medication
- Probe for examples

- **Physical health**: *probes as with mental health above*

- **What's working well/ less well, and areas for improvement**
  - Which aspects of the service do they find most valuable, and why
    - Probe for examples, and link to mechanisms and outcomes
    - Any aspects of the service/befriending relationship that are unique, or play a unique role in their lives
  - What could be improved, in their view – any aspects of their use of services/activities, or the relationship with the outreach worker/befriender that they would like to change
    - Spontaneous views, and *researcher pick up on any issues that have been flagged in earlier discussion.* Probe:
      - Frequency of contact, accessibility and availability
      - Nature of contact: level of interaction, quality of relationship
      - Types of issues they receive support with
      - Types of activities available/ accessible to them

- Overall, how would they describe the way their use of Octavia (outreach/befriending) has been affecting their lives
- Explore their intentions for use of services over the next six months, and what they hope it will help them achieve
- Any other thoughts they would like to share on the services Octavia provides
- Thanks and close