An Evaluation of the Torbay and South Devon Wellbeing Programme

Final Report

April 2023

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Final Report

1. Purpose of Report

This report outlines the findings from an evaluation of the Torbay and South Devon Wellbeing Programme during the Covid and Post-Covid period from 2020 to 2022.

Summary of Key Findings

- Average mental health and wellbeing increased by 2.31 (12.5%) in Torbay and 3.29 (18.9%) in South Devon during the evaluation period for the 215 clients where complete Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) data was available. 80% of these participants reported a positive change and nearly half (42.8%) reported an increase equal to or in excess of 3-points on the SWEMWBS scale.
- The estimated Average Net Per Person Social Impact of the programme on the 215 clients for which complete SWEMWBS data was available, after accounting for deadweight and attribution, was between £2,595 and £3,018 amounting to £4.27 and £4.80 of social value for every £1 spent.
- Comparisons of the 174 South Devon clients who had complete long WEMWBS data with both the interim evaluation as well as figures for the year prior to the pandemic (2019) suggest wellbeing levels of clients at programme entry is on average lower than before the pandemic, a finding which was also supported by some of the Torbay data. However, the average improvement in wellbeing during the programme intervention was similar if not slightly higher.
- An analysis of case study data suggests that most clients face a range of multiple physical, social and emotional problems. The complexity of the cases involved together with the challenges coordinators faced in providing support highlight the importance of being able to invest time to develop trust between the coordinator, the client, and other key parties.
- The Covid pandemic was particularly challenging to Wellbeing Coordinators due to the reduction in face-to-face visits and the pressure it placed on clients. Feedback from the staff reflections highlighted the flexibility of the programme in responding to these changes (e.g. systems for regular telephone calls and the development of specialist mental health support) as well as the importance of peer support and supervision in maintaining staff wellbeing.

2. Introduction and Approach

2.1 Background

The Torbay and South Devon Wellbeing Test and Learn Programme commenced in July 2016 and is scheduled to conclude in June 2023. The programme, which has had

to evolve and adapt to changing service demands, not least the Covid-19 pandemic and associated lockdown, initially aimed to:

- Enable patients to direct and manage their own wellbeing.
- Improve the experience of care and support.
- Reduce the cost of care and support.

In rural South Devon the project is led by Teignbridge CVS and involves delivery by five key providers of voluntary sector health and social care[1]. AgeUK Torbay lead and deliver the project in Torbay, with delivery partner Brixham Does Care.

The project pursues a 'guided conversation' approach to working with clients, offering paid staff time to enable clients to draw up their plan based on the goals that are most important to them and volunteer time to support the client in achieving their goals, connecting them to community-based assets (delivered by both partners and local communities). The aim is to help them manage their social, emotional, physical and practical needs and thereby improve their health and wellbeing. Average engagement was expected to be 12 weeks but even from the start there was a recognition that the programme needs to be flexible, and this has been further underlined by the impact of the Covid pandemic.

The evaluation aims to assess the performance of the programme with respect to the aims above and to consider:

- How has the programme adapted to address external challenges, principally the Covid-19 pandemic? What added value did the programme bring to addressing these challenges?
- What are the key lessons for future delivery, should the project be extended?

2.2 Methods and Sources

The evaluation consisted of the collation and analysis of existing data collected by the Wellbeing Programme teams. The main methods and sources were as follows:

- Quantitative analysis of quarterly reporting data collated by Teignbridge CVS & AgeUK Torbay from March 2020 to September 2022 including wellbeing scores and other metrics (like Outcomes Star) at entry and exit.
- Qualitative analysis of 53 case studies randomly chosen from a selection provided by the project leads. 35 case studies were selected and analysed from a total of 70 provided by Teignbridge CVS (for a period from July 2021 to September 2022), while 18 were selected and analysed from a total of 37 provided by AgeUK Torbay (covering a period from April 2020 to March 2022).
- Qualitative analysis of 19 pieces written by staff (mainly Wellbeing Coordinators (WBCs)) reflecting upon their experiences with delivering the

1. Totnes Caring, Dartmouth Caring, Moorlands Community Care Group, Kingscare League of Friends, Volunteering in Health
2. Including 8 written at the end of 2020, 5 written at the end of 2021 and one written by a manager

project during Covid. Fourteen of these reflections were provided by staff delivering in Torbay[2] and five were provided by staff in South Devon.

This report was also informed by comments received during a dissemination workshop on the 8th March 2023, where the interim findings of the evaluation were shared with the area managers of the programme and the WBCs.

2.3 Limitations

The findings that follow should be caveated with the following limitations:

- **Absence of primary research**. The client data analysed (both quantitative and case study data) had all been previously collected by project staff with limited research training. Usually an evaluation of this kind would also have included primary data collection by the evaluators such as staff and client interviews. However due to the need to produce the evaluation within a short timeframe it was not possible to include any primary data collection.
- **Uncertain counterfactual.** In the absence of a control group, it is difficult to gauge how the clients' wellbeing scores may have changed in the absence of the programme. However, the case study data does provide details of specific activities and mechanisms that the programme providers introduced to support clients thus providing some confidence that changes in wellbeing scores can be attributed to the project.
- **Missing data.** While it was estimated a total of at least 1,049 people had been supported by the project during this period, complete entry and exit questionnaire data was not available for many participants for a number of reasons. Firstly, the psychological state that some clients were in when they joined the project meant it would have been emotionally insensitive of the WBCs to run through the questionnaire with them at the time, meaning that baseline data was never collected. Secondly, there may have been some resistance to completing questionnaires due to "research fatigue" particularly in Torbay where some of the longer-term clients had already been extensively surveyed as part of the Ageing Well Torbay Evaluation (SERIO, 2021). Thirdly, and most significantly, the Covid lockdown during 2020 severely disrupted the ability of the providers to collect wellbeing data during that time.
- **Inconsistent use of outcome measures.** Because of this issue the findings from any one dataset will only reflect a sample of the total beneficiaries. Table 1A in the Annex shows the different outcome measures used and the total number of participants they relate to. The most significant issue relates to the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). For most of the programme Torbay used the short 7-question version of the WEMWBS (SWEMWBS) while rural South Devon used the long 14-question version. This meant combining data for both areas was not possible[3]. However, from January 2021 rural South Devon started to use SWEMWBS, albeit this was not

[3]It should be noted that the evaluators did not have access to the scores for each individual question for rural South Devon data, so it was not possible to convert the long WEMWBS scores to the short version.

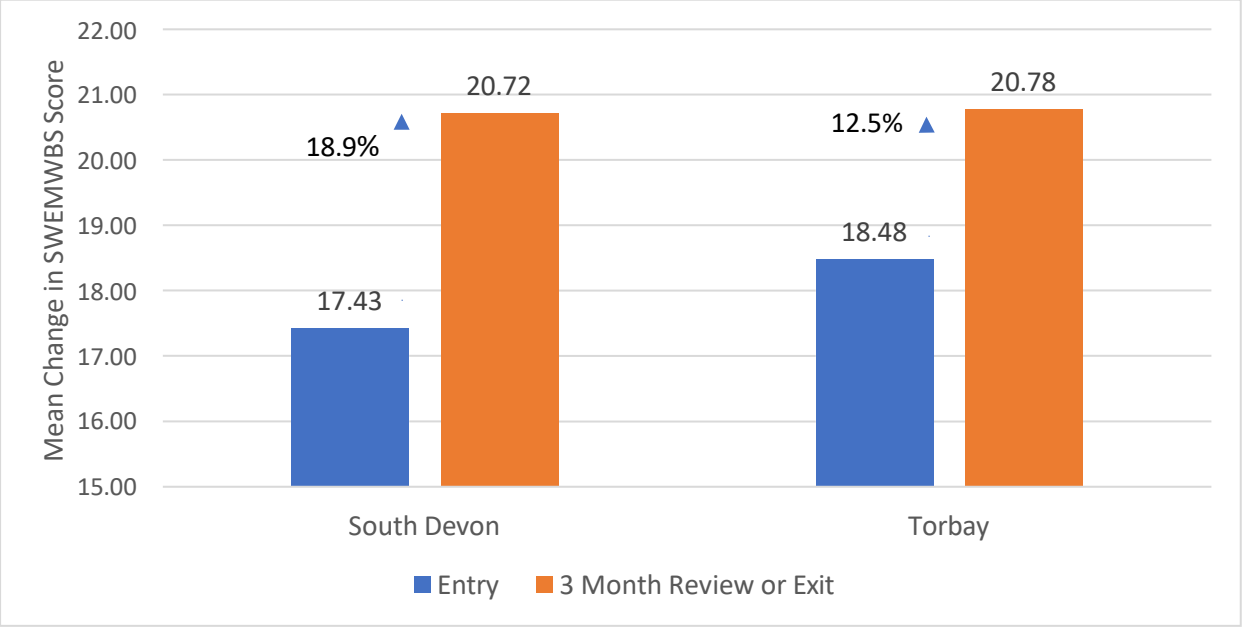
universally adopted by all providers. This means that for South Devon only some of the data could be combined with Torbay and where this was the case comparisons with previous submissions for South Devon (which used the long-version of WEMWBS) were not possible. For most of the analysis only the data using the SWEMWBS has been used, but the long WEMWBS has been utilised for drawing comparisons over time for the rural South Devon data.

3. Evaluation Findings

3.1 Impact on Wellbeing

Chart 1 shows the change in wellbeing scores for the 215 participants for which we have SWEMWBS data for both South Devon and Torbay. On average wellbeing increased in Torbay by 2.31 (12.5%) and by 3.29 (18.9%) in South Devon (albeit from a lower base)[4]. This picture of clearly improved wellbeing in both locations was confirmed by applying the Wilcoxon signed-rank test which found a statistically significant difference between the scores at the entry and 3-months/exit ($p<0.05$)[5].

Chart 1: Change in Wellbeing Scores for Participants



Base: All Covid/post-Covid participants with complete SWEMWB scores (n=215 (South Devon=136; Torbay= 79). Source: Data reporting from Teignbridge CVS and AgeUK Torbay

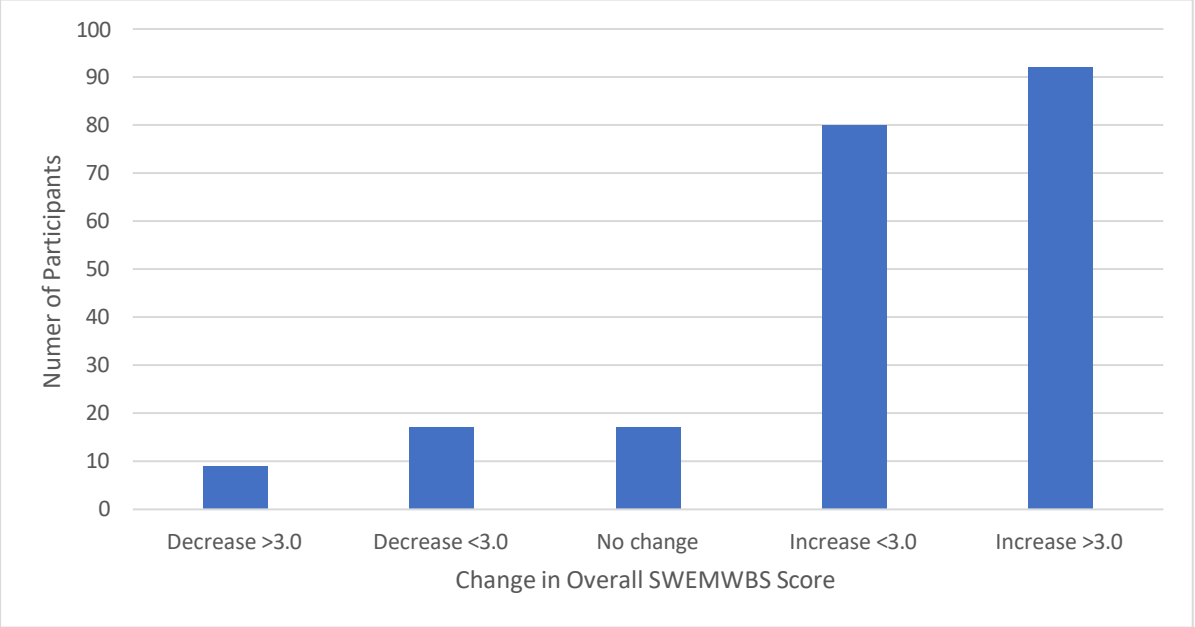
[4] Some caution needs to be made in comparing figures between the two areas given that South Devon only gradually, and somewhat inconsistently, started to switch to the SWEMWBS from January 2021 onwards (see limitations above) while Torbay used it throughout the study period (March 2020 to September 2022).

[5] The Wilcoxon Signed Rank test was used because the overall sampling distribution was found to be significantly different to a normal distribution (according to the Kolmogorov-Smirnov and Shapiro-Wilk tests). The Wilcoxon Signed Rank test was also applied to the individual samples for each location and also reported a statistically significant change ($p<0.05$). In this process of looking at the sample for each area the Torbay data was found to be sufficiently close to the normal distribution and the dependent T-Test also reported a significant change ($p<0.05$).

It should also be noted that the mean scores at three-month review/exit were within one standard deviation (n=3.903) of the mean SWEMWBS score in the 2011 Health Survey for England (23.61) suggesting that following the intervention the average participant's wellbeing came within the bounds of what would be expected amongst the general population.

While the mean change provides an overall sense of the impact of the project there were considerable variations in impact by participant (Chart 2). A large majority (80.0%) reported a positive change in their wellbeing score and well over a third (42.8%) reported a change of above 3-points (considered a statistically meaningful marker for clinical change at an individual level – see Shah et al (2018)). However, 12.1% (26 participants) did report a decline in wellbeing during the time they were on the programme.

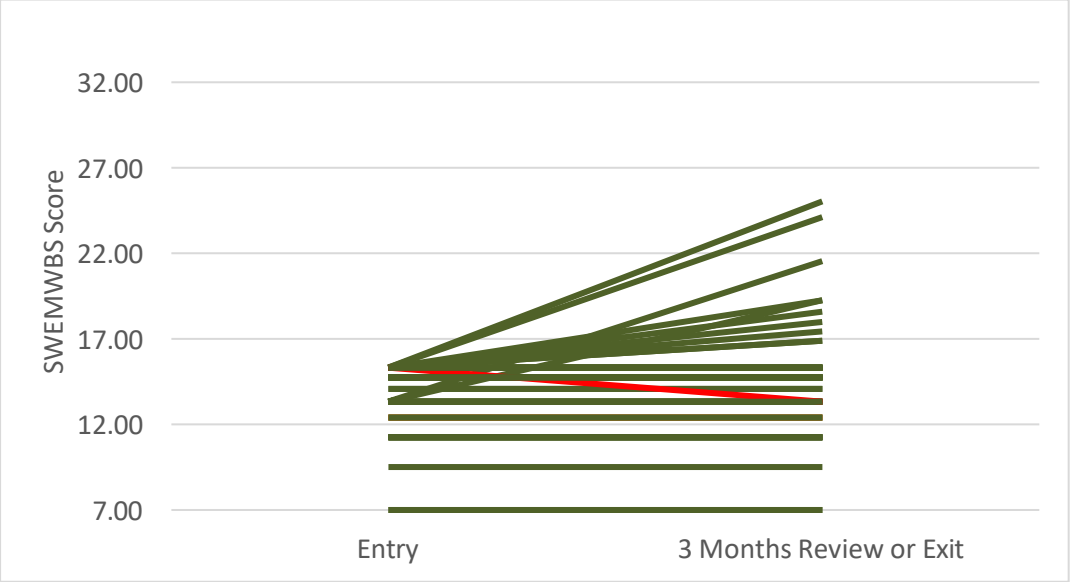
Chart 2: Change in SWEMWBS by No. of Participants



Base: All Covid/post-Covid participants with complete SWEMWB scores (n=215 (South Devon=136; Torbay= 79). Source: Data reporting from Teignbridge CVS and AgeUK Torbay

Chart 3 shows how things have changed for clients with the lowest SWEMWBS scores (i.e. the bottom quartile) at entry to the project. Some caution is needed when interpreting the data because of the statistical tendency for regression to the mean. Nevertheless it is notable that all clients reported an increase in scores with only two exceptions. A clear majority (35 of 53) reported a statistically meaningful change of above 3 scores.

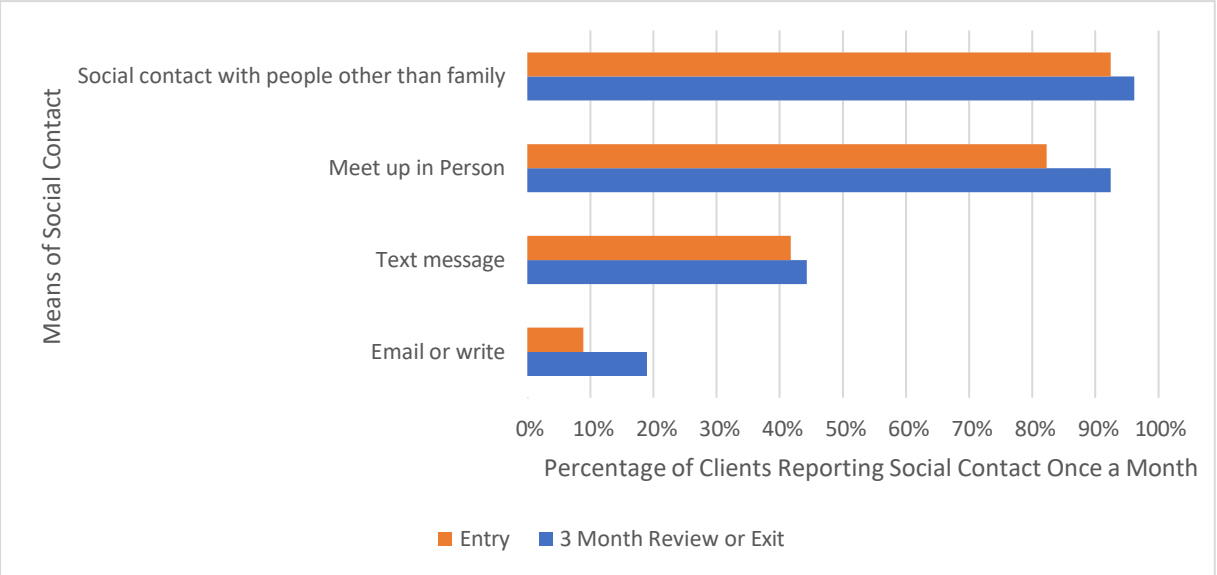
Chart 3: Change in Score for those with Lowest Initial Wellbeing Scores



Base: Covid/post-Covid participants SWEMWB scores at start in the bottom of quartile (n=53)
Source: Data reporting from Teignbridge CVS and AgeUK Torbay

Data from other outcome measures also point to an increase in wellbeing. Outcomes Star data for the South Devon participants (a seven-point scale with a maximum score of 70) showed a mean increase of 11.87 (33.3%) a change that was also found to be statistically significant according to the Wilcoxon Signed Rank test ($p<0.05$). The Outcomes Star was not used in Torbay, but the Social Contact Scale was used to asses how the project may have changed peoples' social contact. As Chart 4 shows monthly contact was increased in all areas of the scale.

Chart 4: Percentage of Torbay Clients Undertaking Selected Social Contact at Once a Month



Base: Torbay participants (n=79) Source: Data reporting from AgeUK Torbay

3.2 Value for Money

A key part of the evaluation is the Cost Benefit Analysis (CBA) which measures the benefits of an intervention against the costs of providing the intervention. Providing a monetary value to benefits in peoples' wellbeing is of-course a major challenge but there are some existing studies and tools which can help with the process. This evaluation has made use of a pilot study by SIMETRICA and HACT (Fujiwara et al, 2020) which provides estimates of the value to society of changes in mental health and wellbeing as measured by SWEMWBS. This assesses how much additional money or income would be required to have the same impact on wellbeing as a change in the SWEMWBS score (the compensating or equivalent surplus measure of value approach). A limitation of this approach is it can only be applied to those participants (n=215) for whom we have complete SWEMWBS data.

(Gross) Per Person Social Impact

The first step was to estimate the average Per Person Social Impact for the 215 participants. This was done by converting their SWEMWBS scores at entry and exit into the monetary figures provided in Fujiwara et al, 2020. The monetary value of each of the 215 participants' wellbeing at entry was then deducted from the monetary value at exit resulting in an average monetary increase of £5,802 per person. This figure was then deducted for deadweight estimated at 27% and an attribution rate of 80%[6] was applied on the remainder to provide an **average (gross) per person social impact of £3,388.44 (lower estimate).**

While the attribution rate of 80% was consistent with the approach taken in the SERIO (2021) Evaluation of Ageing Well Torbay (with regards to SWEMWBS data) feedback received from the dissemination workshop suggests that it may be an over-estimate for two reasons. Firstly, there were not as many projects and initiatives within the rural South Devon area as there had been in Torbay for WBCs to interlink with and draw beneficiaries into. Secondly, even in Torbay the extent to which the coordinators could draw on other support declined considerably due to Covid. Consequently there is a case for applying a higher estimate for attribution of 90%. This yields an **upper estimate of average (gross) per person social impact of £3,812.00.**

Cost per Participant

The next step was to work out the cost per participant. Total costs for the period under study (April 2020 to October 2022), provided by Teignbridge CVS, were as follows:

[6] The application of deadweight and attribution rates is a widely accepted methodological approach to CBA. Deadweight attempts to account for the improvements that would have happened anyway without the programme. Attribution attempts to estimate what occurred as a consequence of the programme support as opposed to other programmes beneficiaries may access. There are potential overlaps between both concepts and the SIMETRICA/HACT study only recommends applying deadweight (at 27%). However, because the programme facilitates engagement with other support services other costs besides those incurred by the programme will have contributed to wellbeing increases and the attribution rate helps account for this. Furthermore the SERIO (2021) Ageing Well Torbay Evaluation applied both deadweight (27%) and attribution (80%) estimates and it is useful to be consistent with this evaluation where possible.

Financial Year	Cost
2020/21	£336,500
2021/22	£331,000
2022/23 (Mar – Oct only)*	£165,000
Total	**£832,500**

*Based on the 2022/23 cost divided by two as SWEMWBS data only ran until September 2022.

This was divided by the estimated number of participants on the project during the time period (1,049) to provide an average per person cost of £793.61. It should be noted that no SWEMWBS data is available for the majority of participants (n=834) for reasons outlined in the section on limitations above, however all participants need to be included in order to work out the per-person cost. This method assumes that there is no significant difference between the cost to the project of the 215 SWEMWBS respondents and the remaining participants.

Net Per Person Social Impact

The average cost per participant was then deducted from the average (gross) per person social impact to provide an average **net per person social impact of between £2,594.83 (assuming 80% attribution) and £3,018.39 (assuming 90%)** for the 215 participants for whom there is data. This also amounts to a total net social impact of between £557,889 and £648,953 for these participants. Another way of putting this is that for every £1 spent on the 215 participants and estimate of between £4.27 (80% attribution) and £4.80 (90% attribution) was created.

Even if only the lower estimate is used this compares very favourably to the £1,454 estimated from the Ageing Well Torbay evaluation, although while the assumptions for deadweight and attribution are the same the estimates used to convert wellbeing figures to monetary values, as well as the calculation of costs may have been different.

In contrast to the Ageing Well Torbay evaluation, the estimates above do not factor in the monetary impact on third parties, particularly health services, which may have occurred as a consequence of the project. It is possible that higher levels of wellbeing and individual agency due to participating in the project may have resulted in a reduction in the use of primary and acute healthcare services, as was the case overall with the Ageing Well Torbay Evaluation. However, there is also the possibility that the programme, quite justifiably, may have increased the usage of health and other social support services amongst some participants who will have needed these services anyway but required support and motivation to access them. A larger study involving the use of NHS records, would be required to explore this in more detail.

3.3 Comparison with the Pre-Covid Situation

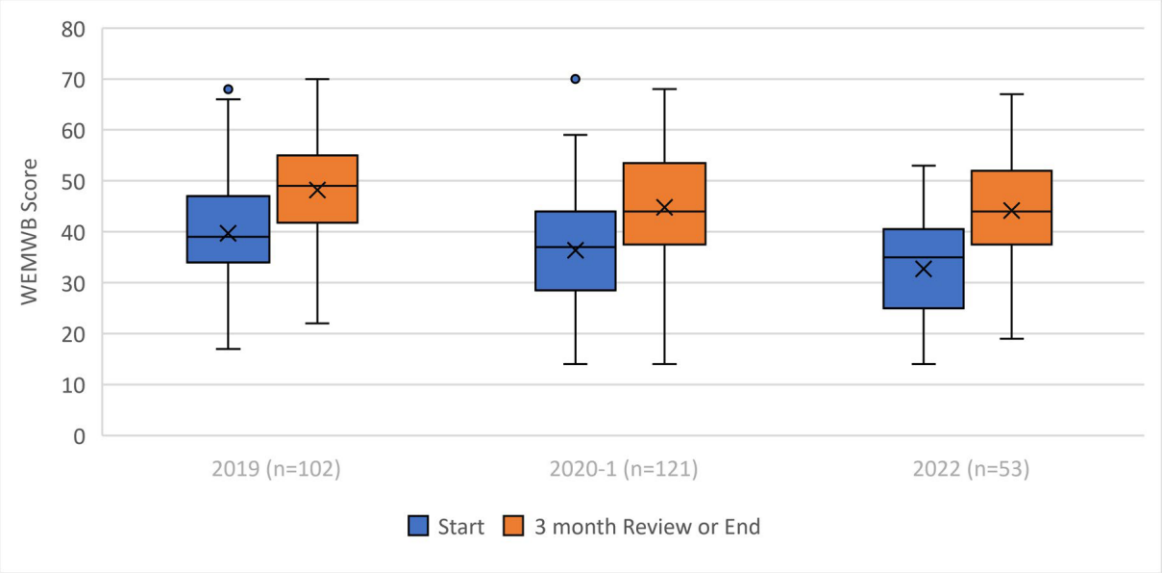
While changes in the wellbeing indicators being used (see Table 1A in the Appendix) make it difficult to draw comparisons between improvements in wellbeing before and after the pandemic, the continued use of the long version of WEMWBS in South Devon (applied to 174 clients) does enable some comparisons to be made. The interim evaluation of the Wellbeing Programme reported an average long WEMWBS score of 38.9 on entry and 47.4 on exit in South Devon (an increase of 8.5 or 21.9%). In contrast

the average wellbeing score for the 174 post-Covid clients on entry was considerably lower at 35.3. While the average score on exit (44.6) was also lower than in the interim evaluation the increase was slightly larger at 9.1 (25.8%).

To explore this issue further the post-Covid data was split between 2020-1 (the main period of the pandemic) and 2022, and a comparison was also made with data for 102 clients reported in 2019 (the year immediately before the pandemic). Chart 5 below displays a box plot for each of the three sets of data with the mean scores indicated by an X, the boxes indicating where the middle 50% of scores fall and the lines and whiskers indicating the remaining scores (with the exception of outliers). The mean scores at entry and exit for 2019 (39.7 and 48.2 respectively) were similar to that of the interim evaluation but these fell to 36.4 and 44.8 for 2020-1[7].

More interestingly they fell further in 2022, to 32.7 and 44.2 respectively despite the lifting of Covid restrictions. While this may relate to the cost-of-living crisis, another suggestion, mentioned at the dissemination meeting, was that, in contrast to the "we're all in this together" mentality which accompanied the initial lockdown, many older and more vulnerable people feel "left-behind" now that restrictions have been lifted and people can socialise more, given they often still need to shield. It should also be noted, however that by 2022 all the long WEMWBS returns came from the coastal locality which had lower entry scores than the other areas in previous years. At 11.5 (35.2%) the change in mean scores in 2022 was the highest among the three groups suggesting at the very least both the continued need for and effectiveness of the programme.

Chart 5: Box Plot Comparing Wellbeing Scores 2019 – 2022



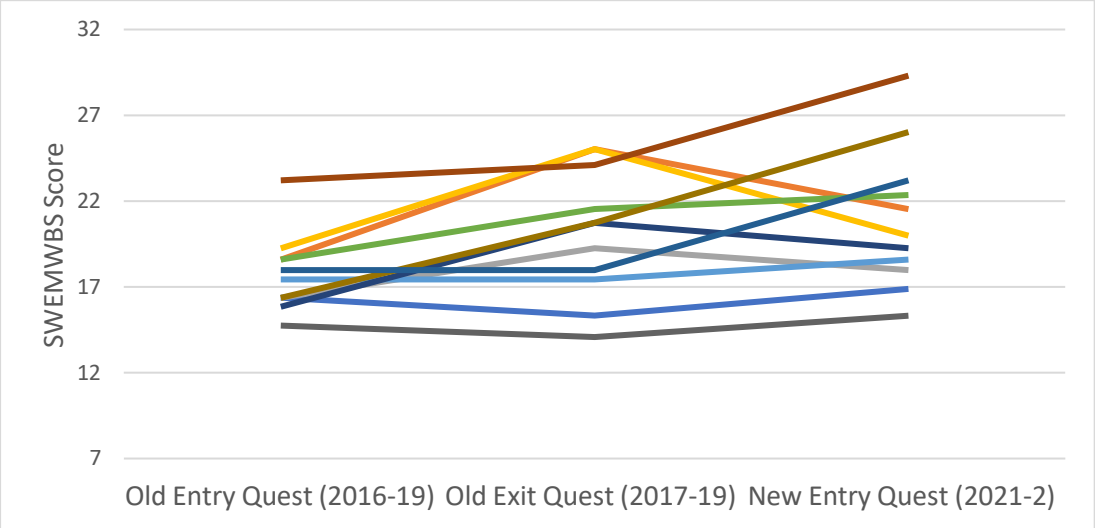
Base: see numbers next to dates. Source: Data reporting from Teignbridge CVS

[7] An analysis of the Outcome Star data showed a similar picture. The average entry level score for 2019 was 35.6 while for 2020-22 it was 30.82. The average increase in scores in both periods was similar at 11.87 for 2019 and 11.79 for 2020-22.

Unlike in South Devon, comparisons can be made between the pre- and post-Covid SWEMWBS scores in Torbay. According to the interim evaluation the average SWEMWBS score for Torbay at entry was only 18.8 and 21.4 at exit (+2.6), which are only slightly higher than comparable post-Covid figures (18.5 and 20.8 (+2.3) – see Chart 1). However the Ageing Well Torbay evaluation, which collected data throughout the whole period of the project before Covid reported an average score at entry for the Wellbeing Coordination programme of 20.5 and 22.9 at exit (+2.4)[8]. This suggests, similarly to South Devon that wellbeing at entry fell due to Covid but that there was a similar increase in scores following programme participation.

A total of 24 participants on the Torbay part of the programme had been receiving support from the project over the long-term (some since as far back as 2016) and so had completed multiple questionnaires using SWEMWBS data. Unfortunately, the number who have completed all four questionnaires (the pre-Covid entry and three month review/exit questionnaire and the post-Covid equivalents) was only three so the potential of getting a picture over time is very limited. However, Chart 6 provides SWEMWBS data for those 11 participants who had completed two pre-Covid questionnaires and one post-Covid one. As the chart shows all long-term participants had better wellbeing scores when they were surveyed again during the pandemic than when they first joined the programme although some (n=4) had experienced a decline since completing the old exit questionnaire. It should be noted that none of the questionnaires were dated for 2020 so it is not clear from this data what happened with their wellbeing at this time. The earliest New Entry Questionnaire was dated to May 2021 by which time the vaccine rollout was well advanced.

Chart 6: Changes in Wellbeing for Longer-Term Torbay Clients



Base: Torbay long-term participants (n=11). Source: Data reporting from AgeUK Torbay

[8] SERIO (2020) Ageing Well Torbay: Overall Findings 2015-2020 Technical Report p18, table 19. As noted on page 1 of the report collection of data through the evaluation's Common Measurement Surveys ceased in March 2020 due to the pandemic so there should not be any overlap between this data and that reported on in Chart 1 of this report.

3.4 Case Study Analysis

As noted above 53 case studies were also analysed. This exercise sought to uncover the issues affecting clients, the challenges faced by WBCs in supporting them, the interventions or mechanisms used to achieve change and the outcomes that resulted

Client Issues

Unsurprisingly a wide range of issues were uncovered which were categorised as follows:

- Physical health or mobility (including physical health conditions, low mobility and inability to leave the home, poor state of home and need for physical support in the home) (37 of 53 case studies).
- Mental health (particularly Alzheimer's, depression or anxiety, hoarding and alcohol or substance abuse) (26).
- Social (including low social contact (n=7) and financial anxiety (n=8)) (25).
- Family, carer or bereavement related (including carer fatigue and domestic abuse) (24).
- End of life (e.g. due to terminal illness) (3).

These categories follow the sub-groups identified in the interim evaluation (Gradinger et al, 2019) although it should be noted that 42 of the 53 clients had support needs in at least two of these areas indicating a high number of clients with complex and multiple needs. Furthermore the extent of the issues above could sometimes be extremely severe. Three of the cases concerning mental health issues involved suicidal thoughts or actual attempts while one involved another form of self-harming.

The impact of the pandemic and lockdown was only cited in six of the case studies, due perhaps to the fact many of them were written after the main period of lockdowns (early 2020 to mid-2021) had passed. The main effect of the pandemic in these cases was to exacerbate issues with mobility and social contact, including for those who had previously been making progress.

> "XX is a widow and also lost her beloved dog last year, she then found herself stuck at home for long periods due to COVID so her mobility is now poor. The location of her house also makes it very difficult for her to leave home independently." [Case Study]

> "Client was making progress with this prior to lockdown and had been successful in building confidence and independence in using local buses to travel into town to have haircuts and/or visit Charity Shops. Once lockdown hit these outings were not possible due to Covid restrictions." [Case Study]

It should be noted that some of the case studies from Torbay were of long-term clients who had been involved in the programme (usually on an "on-and-off" basis) prior to Covid. While the project was initially conceived on the idea most of the support would be temporary, this is not always possible given the potential for external shocks to disrupt any progress a client has made since joining the programme. Aside from the pandemic other external shocks which led long-term clients to re-engage with the

programme included sudden problems with anti-social behaviour from neighbours or receiving a notice of eviction from their home. This should also be considered an indicator of the project's success as the continuity of care provided will have helped many clients to maintain their wellbeing before a more expensive crisis point would have been reached.

Challenges to Providing Support

For some case studies aside from the issues that clients needed help with there were also challenges that the WBCs needed to navigate in order to provide support including:

- Abuse from client.
- Difficulty contacting client.
- Highly emotional so difficult to speak to.
- Resistance to help.
- Services unable or unwilling to help (e.g. don't meet criteria).
- Spouse opposition meaning difficulty communicating.
- Suspicion from client or client's family or friends.
- Want things the project can't provide.

> "Referred the men to Care Direct who said…they had no avenues of support for hoarding." [Case Study]

> "The co-ordinator was not really welcomed by the sister, who said, "I don't know why you're here." It took some serious navigation and listening skills to gain her confidence and to finally explain why I was there." [Case Study]

Mechanisms to Facilitate Support

Given the complexity of the issues outlined above as well as the challenges coordinators face actually engaging with clients it was not surprising that several of the case studies revealed the importance of spending time with the client to build a relationship and earn their trust. This requires a certain amount of patience and is a major area of VCSE added value, which statutory services would struggle to fulfil. At an individual level it involves focusing on the client's needs, interests and passions as well as undertaking activity alongside the client and "hand-holding" them to do things they were not previously confident or able to do. A total of 19 case studies in some way referenced the role of building a relationship with the client. The vignettes below show two examples of where coordinators worked with clients who were either initially suspicious of support or lacked the motivation and confidence to engage.

> "The initial plan was for me to build a therapeutic relationship with [Client] and by doing this open the gateway to introducing her to other long-term help. Before my first visit, [Client's partner] emailed to inform me that their elderly dog who [Client] doted upon had passed away and they had buried him in the wood's opposite. I arranged with [Client's partner] that I would bring seedlings to plant in the woods in memory of the dog. [Client] loves gardening and walks in the wood so it seemed like a good plan. It worked perfectly. We planted the seedlings together, said a prayer as

> [Client] is religious. [Client] chatted about her dog and happy memories as well as her grief. We got on very well together. Over 3 meetups, I built a good relationship with [Client]." [Case Study]
>
> "I suggested walking as a good start, XX was initially reluctant and made excuses about the weather but with much encouragement I arranged for him to meet me at the Lighthouse in Teignmouth. We walked very slowly, and XX began to reminisce about his childhood, family trips to Devon and weekends away with his own children. Before we knew it, we had walked just over 2 miles! This really boosted XXs confidence and we began to meet regularly to walk and talk." [Case Study]

This approach of building client trust was more challenging when Covid restrictions meant the main contact with clients was over the telephone and in certain cases provisions had to be made for face-to-face contact as shown in following case study:

> "During lockdown, XX has had moments of serious depression in which he had attempted to take all of his medication in the hope that he would die…I visited with XX twice during this time with consent from my team leader and socially distanced in XX's garden in order that he could talk to me about how he was currently feeling. XX said that he appreciated having someone face to face to talk to and assured me he was going to call someone if he felt suicidal again." [Case Study]

Interventions to Improve Wellbeing

A wide variety of interventions were initiated following the guided conversations and the four main themes identified were as follows:

- Support with accessing services (e.g. completing application forms, contacting and negotiating with services on behalf of client) (34 of 53).
- Caring and physical help (e.g. provision of wheelchairs, help with cleaning and shopping) (20).
- Help improving social life (e.g. going with the client to attend social groups and pursue hobbies, arranging from a befriender) (20).
- Advice and signposting (14).

In general clients with financial problems were supported through the completion of application forms and other engagement with statutory support (e.g. for Universal Credit or Attendance Allowance) but four case studies mentioned specific financial support (usually in kind) from the programme organisation itself.

Its notable that support with accessing services was the most common theme raised, which included accessing statutory services that the clients should have had eligibility for. Similarly many case studies mentioned another form of unmet demand - the need to provide caring and physical help, in part due to issues with carer fatigue. Unsurprisingly given the complexity of client issues a holistic multidisciplinary intervention approach was required for many of the clients as illustrated in the quote below.

> "We introduced client to private help with meals, shopping and laundry and introduced her to local meal service. Due to her extreme anxiety, we gave her additional financial support from home help service and this provided an interim solution whilst X sourced a new care package. We have also placed a befriender to make social visits and do small jobs for the client." [Case Study]

Outcomes of the Support Provided

Similarly, the case studies report a range of outcome types:

- Psychological (e.g. reduced anxiety, feeling of being understood, reduced loneliness, improved agency, confidence & optimism) (27 of 53).
- Support from services (e.g. increased awareness of support options, statutory services support & understand client) (22).
- Social (e.g. getting out more, improved social life, making friends) (17).
- Physical (e.g. healthier routine, improved awareness of how to improve health, move to better home) (13).
- Carer Support (e.g. respite, space) (8).
- Improved finances (5).

The most common outcomes mentioned were psychological which underlies the important emotional support that the WBCs deliver and helps provide a narrative for how the project has improved clients' wellbeing scores. Among these case studies, 11 reported improved happiness amongst the clients, 9 improved optimism, and the same number recorded a feeling by the clients of being supported. The importance of listening to and understanding the client, and even the value of a specific conversation, was emphasised as being critical in several cases, including one involving a previous suicide attempt.

> "Built a relationship very easily and quickly. The lady responded well to the feeling that someone was not just listening, but supporting her in making some positive step." [Case Study]

> "He was very tearful that someone had valued him and bought him some food and a gift to enjoy over the festive period." [Case Study]

> "XX said that he appreciated having someone face to face to talk to and assured me he was going to call someone if he felt suicidal again." [Case Study]

In 23 of the case studies it was explicit that some form of continued support was expected, often because the issues had not been completely resolved at the time the case study was produced. In 17 of these cases the intervention involved service engagement and often the need for continued support from the WBC was due to the wait for this to materialise. Six of the case studies where support is continuing did not mention achieving any specific positive outcomes. In all but two of these cases this appeared to be because the case study had been written before there was time for the outcomes to be made known. Two of the cases however involved supporting clients with moving home and the inability to achieve a suitable outcome so far was

due to the demand for social housing exceeding supply. In such a situation all the coordinators can do is continue to encourage the client as best they can, whilst they try to progress things.

> "I have liaised with her Housing Officer to see if there is a way in which she could be swapped with another Sanctuary tenant. Due to the high demand for social housing, this is not an option. XX feels much trapped by her circumstances and the only thing I can continue to be is an emotional support on the end of the phone." [Case Study]

3.5 Analysis of Staff Reflections

An analysis of 19 reflections written by staff (mainly WBCs) was also undertaken. In these pieces staff looked back at their experiences providing the services during the Covid pandemic. As such they provide a useful record of how the programme has had to develop in this difficult context.

Changes to Delivery During the Pandemic

Unsurprisingly the onset of the pandemic in early 2020 and the associated lockdown had a major impact in both the way in which the programme was delivered and the nature of the support provided. The main change, noted in both areas was the move to providing telephone as opposed to face-to-face support. Coordinators described how they set up systems to call clients either personally or through volunteers.

> "…in addition to the check in and chat, we developed phone groups so people could have a laugh and feel more part of something. One of my proudest achievements was organising support for one elderly man living with early dementia. He had gone out looking for company and fallen in the street. To help keep him safe, I asked a rota of volunteers to call him twice a day, plus arranged for the careful delivery of meals by his neighbours." [Staff Reflection – South Devon]

In Torbay this included the creation, with other local partners, of the Torbay Community Coronavirus Helpline which the WBCs were involved in running.

> "My job role changed completely from being able to go out, visit people, and help introduce them to groups and socialise, to, helping man the helpline. I went through all the list of people, I had been helping and that I had helped in the past and phoned everyone to see if they were ok and set up a priority phone call list of my most vulnerable clients. I then put them into daily, weekly and monthly call list." [Staff Reflection – Torbay]

The success of the helpline (which has since been commissioned as the access point for social care), and more generally the coming together of local organisations, was noted as a major achievement by some of the Torbay staff.

> "What I have found to be most endearing is the sense of community in Torbay and the coming together of charities and organisations to help in times of need." [Staff Reflection – Torbay]

Aside from the helpline one of the other changes, noted in one of the reflections, and supported by anecdotal feedback from Coordinators at the dissemination event, was the need for the service, at least in Torbay, to 'specialise in mental health support'. This included the development of a 'dedicated telephone support team, a Registered Mental Health Nurse who leads on the referrals and support, and a dedicated team of volunteers with experience in mental health supporting some of our most vulnerable clients.'

In the short-term at least there was also a change in the type of support delivered to clients, with the need for the programme to step in to meet basic physical needs. For example four of the staff described their involvement in organising and/or delivering food parcels and three mentioned prescriptions.

> "In the first few months, the phone lines were extremely busy…A lot of elderly people just not understanding that they had to stay in and isolate, then there were people that needed food and couldn`t get a food delivery, that needed prescriptions delivered, not being able to get an appointment at their doctors' surgery, worried about getting money out of the post office etc." [Staff Reflection – Torbay]

While most of these comments came from Torbay staff, data provided by Teignbridge CVS shows the WBCs in South Devon were involved in a similar effort to ensure the basic needs of older people in their area were met. For example, during the period April 2020 to March 2021 175 shopping visits were undertaken and 664 hot meals were delivered, while 340 comfort calls were undertaken.

Impact on Clients of the Pandemic

In light of the efforts to ensure clients had access to physical necessities as well as the fear induced by, and restrictions implemented to address, the pandemic its perhaps not surprising that the main impact on clients was increased social isolation and worsening mental health. While regular phone calls did help with mitigating the effect of isolation coordinators generally felt that it couldn't full make up for the loss of previous face-to-face support.

> "Before lockdown I was able to visit my clients and their families, take clients to groups, lunches and coffee mornings but sadly during COVID19 lockdown this has all changed. Clients who had previously greatly benefited from this social inclusion were now becoming isolated again. This began to impact on their mental health along with the fear around COVID19." [Staff Reflection – Torbay]

> "The restrictions meant no face-to-face contact and this caused a serious decline in mental health. My clients and other members of the local community looked forward to hearing my voice on the other end of the phone each week. I was trying to reassure them that life would eventually get back to some form of normality, not actually knowing or believing it myself at the time." [Staff Reflection – Torbay]

More worryingly still the pandemic appears to have had a longer-term impact on the mental health and confidence of some clients which WBCs are still in the process of

tackling. This is likely to remain a problem for some time given that while all pandemic related restrictions have been lifted for about a year at the time of writing, many older people remain particularly vulnerable to Covid.

> "Prior to COVID this lady had been active, regularly walking her dog, she had met regularly with friends and didn't think twice about hopping onto a bus to get to the shops or have a coffee and a catch up. All of that confidence had to be rebuilt though the work I did with her during our wellbeing sessions. I continue to work with clients who two years on are still hugely impacted by the after effects of COVID." [Staff Reflection – South Devon]

It was also noted how the pandemic has brought changes in terms of how complex the issues facing the clients are.

> "…our wellbeing service is now practically back to normal, however, our service has become more than we could have ever foreseen, we are now working with people with fairly complex issues, from housing needs to mental health, and our role has become pivotal to co-ordinating support from all aspects of our communities. [Staff Reflection – Torbay]

Impact on Coordinators of the Pandemic

As well as being a difficult adjustment for the clients the move to telephone-based support was also challenging for the coordinators themselves. Seven of the staff members providing reflections cited this as a major issue they had with working over the pandemic and for some it even impacted on their own wellbeing and mental health.

> "I have gone from supporting my clients in a face-to-face way to not seeing any of my clients for over 7 months… this has been so hard, I am a people person, I like people, I like to see people face to face but due to COVID-19 life has changed in a way I could never imagine. At times I have struggled to motivate myself…" [Staff Reflection – Torbay]

> "I found that I got an enormous amount of fulfilment listening to people's stories, problem solving and enjoying peoples company. To have this reduced to phone calls I found very difficult. [Staff Reflection – Torbay]

While WBCs did appreciate the ability to use Zoom or telephone to engage with clients it was very much seen as less effective than face-to-face contact. This was also highlighted by a coordinator who joined at a later stage and also cited the complexity of the cases they needed to deal with.

> "I have also had many clients disclose traumas to me…such as experiencing domestic abuse, sexual assault & eating disorders. I am not sure if those close connections would have been made had it not been for my ability to sit with them in the comfort of their own home and give them an opportunity to open up. This is also true of safeguarding concerns; clients can often portray a very different reality to the one they are living over the phone." [Staff Reflection – South Devon]

One coordinator also reported the emotional impact of two of their clients dying during this period, something which they found particularly difficult to adjust to as, due to the restrictions on contact, they did not get an opportunity to prepare themselves emotionally for their loss. Meanwhile another coordinator described the difficulty of staying positive with clients when they were worried about their own loved ones[9].

Help from peers and/or the management team was cited in seven of the staff reflections as key to helping them cope with the pressures imposed during the pandemic. Interestingly for some staff members the need for such support only became apparent at a later stage of the pandemic, as those coordinators who had responded initially quite well started to struggle. Often the support was spontaneous and informal, but one staff member also described how specific policies were implemented to help staff in one organisation.

> "Then we came into the 4th month, the cracks were showing, others and myself were starting to break…we started meeting as half a team face to face, I put back in group supervision virtually, we put a buddy system is so people had someone they could call when needed. This has helped me and I am sure it has helped the team." [Staff Reflection – Torbay]

> "…I began [the pandemic] strong, full of determination to keep calm and carry on, while a close colleague struggled with not being able to leave home and visit clients as well as personal concerns.. I was a strength to her for some weeks. I sent cards, easter eggs and generally became a prop for her…I began to struggle as my colleague found her feet...In the end, she started to support me and the role reversal was something that I was…very thankful for. [Staff Reflection – South Devon]

Five of the coordinators also described how the sense of having a purpose had helped them through these difficulties.

> "I feel the one thing that has stood out for me is having a purpose. Yes, I might feel all the things I describe above, BUT each week I have had something to do, something to focus on, something to organise, something to keep my mind active." [Staff Reflection – Torbay]

> "I felt that through all the uncertainty I had a purpose and was doing something useful, however small, for the elderly and vulnerable that were having to shield." [Staff Reflection – South Devon]

[9] The difficulties created for both practitioners and clients was also something highlighted in previous work undertaken by University of Plymouth researchers with regards to frontline Social Prescribers. See Westlake et al (2022). A summary of the survey findings used in the paper can also be found at: https://www.plymouth.ac.uk/uploads/production/document/path/16/16832/Findings_from_a_Rapid_Evaluation_Survey_of_Front_Line_Social_prescribers_.DW.JE_21.05.20__01_w_notes.pdf

4. Conclusion

The cost-of-living crisis, the legacy of Covid, the financial and workforce pressures currently facing health and social care, and the long-term trend of an ageing population all point to the increasing need for VCSE run wellbeing and social prescribing programmes which can help address unmet need and demand. This report provides an overview of how one such project has attempted to address the health and wellbeing issues affecting older people in its area and has had to adapt to the Covid pandemic in the process, while still yielding a considerable return on investment. This final section outlines the main findings and implications with reference to the evaluation objectives.

Performance of the Programme Against Objectives

As noted above the Wellbeing programme appears to have had considerable success in improving overall wellbeing. Average SWEMWBS scores increased by 2.31 (12.5%) in Torbay and 3.29 (18.9%) in South Devon during the evaluation period for the 215 clients where complete SWEMWBS data was available. As Chart 2 shows, a large majority of clients reported positive increases in their scores, and this trend is even greater for those with the lowest wellbeing levels at the start (Chart 3). While the absence of a control means we cannot say what would have happened in the absence of the project, the case studies provide a powerful narrative suggesting the programme was responsible for much of this change. Again, while the lack of primary data from the clients is a potential limitation, the improvements to a client's feeling of being supported, suggest the programme has also improved their experience of care.

The estimated Average Net Per Person Social Impact of the programme on the 215 clients for which complete SWEMWBS data was available, after accounting for deadweight and attribution, was between £2,595 and £3,018, a figure which was considerably higher than that in the Ageing Well Torbay Evaluation. While an analysis of the impact of the project on health and social care costs was outside the scope of the project, these figures highlight the amount of spending which would normally have been required to obtain a corresponding increase in wellbeing. When taken alongside previous findings in the earlier pre-Covid evaluation work (see Elston et al, 2019 and Gradinger et al, 2019), which showed some cost savings to the wider health and care system, they suggest the programme (at least for those 215 participants) was very good value for money.

Adaptation to Covid-19

As the staff reflections make clear the Covid pandemic imposed major logistical and emotional challenges on the programme staff, as well as serious impacts on the clients. However the programme showed considerable flexibility in adapting to this new reality. This included being in the forefront of efforts to ensure older people had access to basic necessities, something the WBCs would not usually have previously been involved in before, as well as providing additional and more intense emotional support, even if that often needed to be over the telephone. While an analysis of the South Devon WEMWBS data (Chart 5), as well as a comparison of pre- and post-Covid

SWEMWBS data in Torbay suggests that client wellbeing at programme entry during and after the pandemic was lower than before the pandemic, the average improvement after programme participation was at similar levels to before Covid.

Implications for Future Delivery

Of more concern for the future is how the project is adapting to the post-pandemic situation. The case studies and staff reflections give considerable weight to the anecdotal feedback that client issues have become more complex since the pandemic began. In addition, feedback in the dissemination meeting suggests that the level of statutory support is at best patchy, with social services in some areas continuing to deliver only remote support rather than home visits and with long waiting times for the delivery of professional care assessments. Anecdotal feedback at the dissemination event also highlighted that WBCs are often being asked to step in at short notice to deal with very serious issues including adverse child experiences, domestic violence and potential suicides. Some coordinators have received training in dealing with such issues, but not all. **Consequently a review of training needs, particularly in relation to dealing with complex cases, and the provision of an appropriate budget for this in the new contract, would be timely.**

The complex nature of the cases also highlights the needs for stronger partnership working, both between programmes and organisations. In one of the areas the NHS Link Workers, Home from Hospital Coordinators, and WBCs all meet regularly to provide peer support and exchange ideas on a challenging case. **It would be useful if regular meetings like this could take place in all areas covered by the programme and there is further and closer integration with Trust and Primary Care Network community teams.**

On a related note **both formal and informal buddying systems have proved a useful means of supporting staff during the pandemic and should be retained in the long-term** given the highly troubling nature of some of the cases coordinators have to deal with as well as the danger of fatigue amongst even the most resilient members of staff.

While the original intention was for the individual interventions to last 3 months before the client would move on out of the programme **it should be explicitly recognised in future contracts that this is not always possible for reasons outside of the programme's control.** These include not only external shocks, such as adverse individual life experiences or more general crises like the pandemic, but also delays in the response of publicly funded services (e.g. social housing). In such circumstances the flexibility of the programme in being able to continue to support clients, both emotionally, as well as more practically, should be welcomed. This should be undertaken while still recognising the importance of the service seeking to develop more independence in service users.

Annex

Table 1A: Summary of Indicators Used

Indicator	Area where Indicator was Used	No. of Participants for whom we have complete data
SWEMWBS	Torbay (whole period) South Devon (intermittently from Jan 2021)	215
Long WEMWBS	South Devon Only (gradually replaced by SWEMWBS from Jan 20210	174 post-Covid (102 records from 2019 were also used for comparison)
Outcome Star	South Devon Only	145 post-Covid (83 records from 2019 were also used for comparison)
Social Contact Scale	Torbay Only	79

Note: Outcome Star was used in combination with (Long or Short) WEMWBS in South Devon as the Social Contact Scale was used in Torbay.

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