**Social isolation in later life: the role of co-production with older people
A Report for the Ambition for Ageing Programme**

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Introduction

This report summarizes findings from focus groups with older people engaged with the Ambition for Ageing (AfA) programme, undertaken during October-January 2016/17, and Local Delivery Lead (LDL) staff approximately six months later (June 2017). The report draws out the main themes and makes recommendations for supporting LDLs through different stages of the programme.

The first wave of focus group interviews was conducted October-January 2016/17 with older participants who already had some engagement with the AfA programme during its first year. The aim of the focus groups was to provide insights into the development of the co-production process and the core principles and target areas of the programme.

The interviews with LDL staff were conducted approximately six months later than the interviews with older people. The aim was to provide an opportunity for staff to give feedback on preliminary findings, and, secondly, to gain their perceptions about the development of their projects.

Executive Findings

- Older people in the focus groups reported that they were still acquiring detailed knowledge of different experiences of social isolation. During the discussions, participants would move between recognising the difficulty involved in gaining confidence to become involved in activities within the community, and seeing the cause of social isolation as self-inflicted. LDL leads saw their role as providing scientific knowledge about social isolation and drawing upon participants' own lived experience as a way of moving forward. At the follow-up interviews, LDL staff noted that participants had deepened their knowledge about the causes of social isolation. Staff also commented that older people actively involved in the AfA programme were often themselves experiencing social isolation. LDL staff stressed that they felt the most effective way of developing knowledge and understanding of different experiences of social isolation was through continual conversations with older people and representative groups.

- LDL staff felt that that they were working on a regular basis with participants to ensure that more socially isolated participants were being reached. Wigan LDL staff noted they met several times with groups thinking of submitting applications for funding before submission to ensure that proposals met AfA criteria. Tameside reported how they had focused on organising events where social interaction was an integral part of the experience.

- Participants saw the focus group as a useful opportunity to network and learn from each other. This view can feed into the co-production process on a more formal basis as the project progresses.

- There were strengths and weaknesses associated with using *Asset Based Community Development* (ABCD) methods. LDL staff felt the approach provided knowledge and understanding of specific localities, which enabled a tailor-made approach when designing context-specific programmes of work. However, there was awareness that using this method can create a situation where everything in a neighbourhood is viewed as an 'asset'. Comments were made about the dangers of an uncritical approach. LDL staff noted the extent of staff involvement and

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time needed to facilitate older people conducting ABCD research of their area.

- LDL staff reported that successful partnerships had been established with a range of statutory and non-statutory organisations. Relationships with Clinical Commissioning Groups (CCGs) have the potential for introducing new approaches to tackling social isolation - *social prescribing* was one example highlighted. Manchester LDL noted that discussions with the health and social care sector had been useful in terms of highlighting the value of qualitative in addition to quantitative data. Relationships with housing associations were viewed as similarly productive. Links with the private sector were proving mutually beneficial, with examples of co-research into age-friendly shopping, and in the provision of free meeting rooms.

- *New Economy's* Baseline Report supported a high level of age-friendly neighbourhoods, with 30% of respondents reporting their areas as 'very' age friendly and 51% as 'somewhat' age friendly. The survey found geographic variations in responses, with variations also appearing by gender and disability. Participants in the focus groups were asked about the extent to which the areas they lived in were 'age friendly' with a variety of opinions expressed on this issue. Transport was commonly cited as a barrier to inclusion and participation. Older people in Bolton, Oldham, Bury and Rochdale stressed the need for a physical place for people to be able to meet and socialise, with the impact of the closure of branch libraries an important theme in discussions in Bury. Participants in Bolton were sensitive to getting a balance between establishing activities and needing a safe place without placing pressure on participants to necessarily do anything beyond socialising.

- Opinions about respect and social inclusion in the community varied. On the one hand participants felt older people were listened to; on the other hand, they felt that this only happened as part of collective action in which older people had a central role. The New Economy report supported a greater sense of agency, with 84% of the sample agreeing that people could change things in their local area if they worked together. Another aspect raised by participants from Oldham and Manchester was whether different ethnicities were integrated into their local community and how relationships may have changed, for example, according to when migrant populations settled in the area. By the time of follow-up interviews, LDL staff felt that participants had shifted views on this

subject, with White British participants now actively engaged in projects with BAME participants.

- Strategies for recruiting those experiencing severe social isolation were at an early stage of development. To date, participants are using traditional methods such as leafleting and newsletters. They are also using referrals from health professionals and individuals in the community. Participants and LDL staff recognize the importance of one-to-one support in encouraging socially isolated people to try new activities. The report acknowledges that engaging socially isolated people is a considerable challenge. Developing successful strategies to reach more socially isolated people requires considerable resources in terms of staff/volunteer time, and tailored assistance.

- At the time of the first set of interviews, the older people involved were still acquiring knowledge about the various groups living in their wards and the extent to which the experience of social isolation varied within different communities. Participants from Manchester and Bolton expressed a wish for more engagement with BAME communities and were eager to work across cultures, ethnicities and faiths. In interviews, White British participants tended to use the 'Asian' descriptor to group together the range of nationalities and ethnicities represented. In follow-up interviews held six months later, White British participants who had little experience of working with people from different ethnicities, were actively working to develop projects with BAME participants. LDL staff commented that continual conversations, together with training, had helped change perceptions and develop knowledge and understanding of different communities. *This report suggests a workshop should be organised led by MICRA to look at BAME populations and experiences of social isolation involving sharing academic research findings and linking organisations working with BAME participants across Greater Manchester with LDLs.*

REPORT ON THE CO-PRODUCTION PROCESS IN AIDING SOCIAL ISOLATION

1. Introduction

1.1 This report compiles findings from focus groups with older people who were new to the AfA programme (October-January 2016/17), and interviews with Local Delivery Lead (LDL) staff approximately six months later (June 2017). The report draws out the main themes from the interviews and makes recommendations for supporting LDLs through the duration of the programme.

1.2 Older people participants – Co-researchers

The first wave of focus group interviews was conducted with older participants who had begun to engage with the AfA programme in its first year of operation. The aim of the groups was to review the development of the co-production process and progress with developing projects and reaching out to vulnerable groups.

In this report, older participants are referred to as 'co-researchers'. At the time of the interviews they were conducting asset mapping of their local area to assess the extent to which their localities could be described as 'age-friendly'. Focus group participants were therefore considered 'actively engaged', and were not the severely socially-isolated participants who will be contacted/recruited as the AfA programme develops.

The interview framework captured baseline data from older people around:

- **Participants' experience of the co-production process**
- **Participants' perceptions of the age-friendliness of their local area and how this could be developed through AfA**
- **Participants' understanding of social isolation, what this might mean for different populations, and strategies to engage those who are socially-isolated.**

It is anticipated that the same participants will be interviewed annually to provide data around the development of the programme over a period of four years.

1.3 Local Delivery Lead staff

The interviews conducted with Local Delivery Lead (LDL) staff were conducted approximately six months later than the interviews with older people in their role as co-researchers. The aim of the interviews was to provide an opportunity for

LDL staff to provide feedback on preliminary findings, and to record their perceptions of how their projects were developing.

The interview frameworks for LDL staff captured data around the:

- development of programme aims and approaches
- co-production processes
- development of knowledge and understanding around the reduction of social isolation
- different groups being targeted (for example, BAME, LGBT, those from lower socio-economic class, those with a limiting disability, those experiencing cognitive and physical decline, those in mid-life who may be at risk of social isolation as they age)
- methods of accessing groups/individuals
- Assessment of using an Asset Based Community Development (ABCD) method
- different roles of older people within the programme
- relationships with statutory and non-statutory bodies in relationship to sustainability of projects
- shared learning across the different LDLs

1.4 The report synthesizes data from both older people co-researchers and LDL staff. The report is arranged according to the following themes:

Experience of the co-production process:

- Aims for the programme – networking and information sharing
- Transparency of the programme
- Payment of volunteers
- Devolved funding through small investments
- Attendance
- Development of a successful project and peer learning
- Strengths and weaknesses of using Asset Based Community Development (ABCD) methodology

Statutory and non-statutory relationships/partnerships

Perceptions of age-friendliness of wards

Perceptions of Social isolation:

- Perceptions of social isolation;
- Strategies to engage more socially isolated people.

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Progress working with targeted groups:

- BAME and social isolation;
- Limiting disability and social isolation;
- LGBT and social isolation;
- Working with those in mid-life.

At the time of interviews, LDLs were at different stages in the delivery of their project and the implementation of small investments to groups of older people. The report makes recommendations for aspects that might need further support from MICRA as the project develops. The different focus groups had contrasting themes, interests, or foci, which have been highlighted as opportunities for further development. Examining experiences of social isolation across different LDL areas provided a comparison of the contexts that support or hinder the development of age friendly communities. In most focus groups, when discussing the age-friendliness of areas, participants noted transport as being a barrier to social inclusion. As a result, this report has not highlighted this issue in depth for each LDL area.

Table 1: Focus Group Characteristics

LDL	Numbers	Ages	Characteristics
Bolton	9 (8f, 1m)	61-78	2 BAME
Tameside	6 female	Mixed – included paid staff working age	
Oldham	4 (2m, 2f)	65-73	
Wigan	10 (7f, 3m)	66-85	
Rochdale	4 (2f,2m)	51-76	2 BAME, 1 deaf, 1 blind
Manchester	8 (6f, 2m)	50-68	2 BAME
Salford	7 (6f, 1m)	67-80	
Bury	6 (3f, 3m)	51-76	Included couple, one of whom was non-verbal after suffering from a stroke and the other of whom was her carer.

See Appendix A for Research Aims and Methods

See Appendix B for copy of interview framework for older people participants.

See Appendix C for copy of interview frameworks for LDL staff

2. Experience of co-production

The focus groups with older people (co-researchers) asked about the extent to which they had been involved in decision-making processes before the AfA programme. They were asked if they had experience of civic engagement, playing an advocacy role, or campaigning for causes relating to older people or similar groups. They were also asked if they had taken an active role in shaping decisions that affect older people at a national or local level. If participants had been involved, questions were asked about the extent of their input, for example, did they feel as though they were merely consulted or felt that they had been on an equal standing with funding or professional bodies.

2.1 Aims for the programme – networking and information sharing

An important reason for participants wanting to take part in the programme was to make the most of networking opportunities and to share learning. Co-researchers in Bolton commented:

> *For me, you're helping older people with mental and social isolation. It's very good we're…we get…the grants are coming in, then we can see how it's doing with all the other groups. What all the other groups are doing as well… And we network very well I think, really. Networking with all our groups here.*

> *I would hope at the end of four or five years that networking is much easier, more fluid and more creative.*

> *To me, what's happened in recent years is that everybody's become so isolated. I think it's partly to do with funding for groups and this sort of thing and you're keeping information close to yourself. And what's been so good about this [AfA Programme] has been that people have been willing to share information.*

The networking opportunities provided by AfA were viewed as a valuable way of developing and sharing good practice:

> *It's produced an opportunity… we are beginning now to talk freely amongst ourselves. To have a forum, I think …it would be wonderful … People who are learning to look after elderly relatives with dementia. They're coming up locally with wonderful ideas about how to do that and what works… So… if you can take those good practices and share them, as well as bringing your needs and concerns, it's a really good idea.*

The co-researchers felt meetings coordinated by the LDL offered a safe place for sharing information. Participants from Tameside commented that they wanted different groups across the area to work together to pool resources and expertise:

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> *[The problem is] that one doesn't know what that [the other] one [is doing], you know? And it's literally…you've probably got a church group across the road, they're like this, but you're not getting involved…you're not seeing what we're doing, rather than pooling resources and going, do you know what, if we came together, we could actually bring together our different expertise.*

> *Well, this is what we were trying to do at the centre, make it more community- based. We want people to come, we want people to join in with us…*

Co-researchers in Wigan stressed that it was too early to say what the outcomes of their work would be, but they were interested in increasing the potential for networking, noting that once people became involved in one group, they would hear about further opportunities:

> *I run Aspects of Care and people that we have coming here have all had loneliness issues and social isolation…and they just like coming out…it also gives respite for families and we want to keep people within the community so it's nice to get other people visiting and they know what's going on around themselves.*

In Rochdale, a visually impaired participant living in sheltered accommodation was keen on getting different neighbourhoods communicating and working together. She felt there was lack of dialogue between organisations:

> *What would be successful for me is…We live in sheltered accommodation and we've got people that won't come out but people can't socialize like they did when we were kids… if something was organized like a street party or a games night or a trip to the theatre. I think people used to do things together but they'd come from one end of…one part of Rochdale and other parts and all come and join in together. Whereas now it seems to be one area will do this and one area will do that.*

> *When you realise just how much lack of communication and that's all I can put it down to. Sorry, but I keep going on, it's the lack of communication between different organisations [and groups]..*

Co-researchers in Bury wanted information about activities and groups to become more accessible and expressed a hope that AfA would lead to an improvement in information sharing:

> *I think for me it's the information sharing, knowing where to go and where to access. We were just talking about the internet and the age profile with people accessing information, and I actually went to the library and what I call the traditional way to get some information to find things out.*

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There has to be some way of making that information available in a source that meets the age profile of people that they're trying to target.

Participants used the focus group as a networking opportunity:

I mean if we could talk, or just sort of leave phone numbers and you could always ring me and if it's available we can arrange between ourselves, we won't charge you…we want to give something back.

Co-researchers in Salford were keen to make the most of networking opportunities to develop the group:

We've got links with other clubs, like Bright Street Church, in Eccles. If they have a trip out, we'll go on their trips with them. If we go out, they'll come and have a trip with us, so that kind of thing. So we're networking with another group.

However, participants note that information sharing across different groups and neighbourhoods remains inadequate. Members want to use the scoping exercise to find out about all the existing clubs in the area. They note the frustration when groups have not responded to calls for information advertised in the local press:

Another thing what happens is… there's not enough passing of information. You know, that is one of the things, like I said before, when we were at that group, there was three different groups there, and we then made arrangements for other people to come and visit us. But we don't know what is going on.

There is that many clubs in Salford that we don't know about, and yet, they don't contact one another. But when I put it [information about an activity] out in a newspaper, and also put it out at a meeting, and I left my phone number and everything, nobody responded.

In Manchester, one participant had been working in isolation and had not been networked into a larger group before:

I've done stuff by myself of which nobody else is aware, and sure, other people get set up and I sort of help them to make decisions or whatever, or signpost them onto other places, but that's by myself. I've not sort of been involved in a group, if you like, that's how I work. I do things by myself, so no-one knows what I'm doing, but I have been…

In summary, the co-researchers used the focus groups as a networking opportunity and were keen to join up areas of expertise or specialist groups within the community. Frustration was expressed at available mechanisms for sharing information. Participants welcomed the

opportunity provided by AfA for networking and see this as a crucial element behind the potential success of the programme.

2.2 Transparency of the programme

Co-researchers from the focus group in Wigan noted that previous projects in which they had participated had not involved what they viewed as genuine co-production. They felt that a regeneration project funded by the Council had not been sufficiently explained, and that they had had limited influence on spending decisions. In respect of AfA they appreciated the transparency behind how funding decisions were made and felt that the aims of these had been made explicit:

> *The [regeneration project] had £8 million pounds but because you were naïve you didn't really grasp [the scope of] it. They were more or less telling you what to do…but if it had been a group like this you probably would have learned a lot more before you'd actually gone to these funding meetings.*

The series of informal meetings facilitated and led by the LDL were felt to have been effective in explaining the aims and objectives of AfA. One co-researcher went on to acknowledge how much support LDL staff had provided:

> *…And…nothing's too much trouble for you to explain anything… which is really good because not everybody can grasp [what] they want. So I think that is good and they're [LDL staff] so nice when you ring up and they can't do enough for you which you don't tend to get that a lot with groups.*

Focus group participants from Bolton noted how the lead-up to making decisions and the democratic process had seemed excessive. However, now their project was running, they felt it had been an effective process:

> *Well, complete involvement really…We had about three or four meetings about designing each little aspect and I was thinking this is democracy over the top, just get on with it. But, now we're up and running, I think it's quite a good way of doing it.*

Participants appreciated the transparency behind AfA funding processes and the fact that staff had the patience to explain details about the how the programme was organized. Although in some cases the number of meetings it took for groups to come to decisions seemed onerous, participants valued the way democratic principles were being put into practice.

2.3 Payment of volunteers

Participants from the Wigan focus group suggested that paid co-ordinators were required for projects which developed from AfA. This would ensure a degree of sustainability and contribute to long-term benefits for participants. They noted that to make their area age-friendly, the LDL staff should be employed permanently, reflecting the support they had given. Participants also stressed that it was important for people providing support for older people to be paid. They noted the assumption made about retired people acting as volunteers, that financial remuneration was neither expected or necessary:

> *Especially for people providing the services and that… they do need to be paid now.*

> *They always assume now because you're retired that they want you to do everything voluntary.*

In Rochdale, one co-researcher wanted to create opportunities for paid employment for older people:

> *I think as a growing population older people should be given opportunity to be employed but it would need to be tailor made, short hours…and compatible with their age and abilities...*

She also felt that getting older people to volunteer was difficult:

> *To get older people to volunteer for anything is very, very difficult. They're set in their ways.*

Deciding how to reward volunteers is difficult yet necessary if their work is to be valued and skills fully utilized. The voluntary sector can increasingly be seen to be filling the gaps of statutory services, especially given pressures on health and social care services. What emerges from the focus groups is that financial remuneration would be welcomed both as an incentive, but also as a way of recognizing the contribution of volunteers.

2.4 Devolvement of funding decisions

Participants in Bolton felt that AfA's flexible approach to funding small investments, and the networking opportunities provided by the programme, were proving successful in developing and sharing good practice:

> *… Traditional social supports are eroding… some of us don't have the networks the way that we used to have. So that's eroded…. [Also] suitable housing for people who are finding it more difficult to manage a house and garden. So we're always talking about not being able to get gardeners. Now we need DIY jobs. The provision isn't adequate to meet that need. So you've got nobody to change the lightbulb and it's going to cost you a fortune if you get, you*

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know…So that creates a need and the need to talk to each other about these problems and work out creative ways for overcoming them.

In Wigan, co-researchers welcomed AfA's flexible and innovative approach to funding a variety of projects. One of the largest and most unusual investments was made by Wigan who gave around £10k for a machine for people suffering from multiple sclerosis. The LDL lead described the specialized nature of this equipment and how they had to decide whether it met funding criteria. It was felt that it did as most of those using the facility were over-50; they also lived in the area, and it was seen as a sustainable asset for the community. Importantly, after making this investment, Wigan Council match-funded a similar piece of equipment.

Two participants in Bury who already had experience of obtaining grants for their work saw involvement with AfA as a potential source of funding. One participant, the chairman of a community organisation, had approached the AfA programme as he saw it as an opportunity to get funding for projects that he already had in mind. He saw it as important that 'active' participants are encouraged to develop projects in line with the specific aims of AfA, and not to use AfA funding to run projects already in existence that support people who are already benefitting. He welcomed the opportunity to apply for small investments:

Because there's very little funding about for projects that we want to do, especially in the area that we live. So that was why we approached AfA because it's very rare that that opportunity comes up.

This respondent wanted an operational change in charitable funding streams to enable small projects to have longer-term funding, with the result that they might become more sustainable:

There needs to be some long-term commitment, and the Big Lottery needs to be looking at that, because small, small, groups can apply for 'Awards for All' – £10,000 is a lot of money. But, to have to reapply every year it's a tedious, arduous task, for people who are volunteers, and we need a funding stream that will deliver funding over a long period of time.

This participant also wanted to make projects more visible through AfA so that other people interested in setting up projects could learn about funding sources:

How do they know that actually there is a source of funding, what it can access, how it can do, what can develop? One of the outputs I think would be really good is to actually have some way of celebrating the successes and that doesn't have to wait till 2020, it can almost be an annual [event], this is what was funded, this is what we think [happened]. That growth from word of mouth then in 2018 someone who hadn't actually heard that there was funding will look at that and think, 'that's what we do, why can't we access this?'... Because the

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> *diversity of the funding that we have got here it's amazing with the projects, but actually it's sort of a diversity that sits within this group that people don't know about.*

One of the co-researchers from Bury intends setting up a dementia/depression café and wants her project to be self-funding by the end of the project:

> *...the actual set up of my project will take three years…I hope I will be self-funding by then, because I would take...if I needed anything specific, I would take so much from what I got from fundraising, take so much out of that and then split it in half.*

In follow-up interviews with LDL staff, they reported that they were working to give as much support as possible to this project. They highlighted the necessity of paid staff to be able to provide strong guidance during the process of co-production, especially on projects involving vulnerable clients.

In summary, co-researchers welcomed the ability to bid for small investments as a valuable feature of AfA. Results from the focus groups suggested that older people wanted longer-term funding to be available to help make projects more sustainable; they were also keen that their projects ran beyond the length of the AfA programme. Participants are also interested in celebrating and showcasing their projects as a way of advertising the possibility of funding to groups yet to be involved in AfA.

2.5 Attendance

At the time of the focus groups, co-researchers were in the middle of conducting asset-mapping within their communities. They expressed frustration at the poor attendance at events they had initiated. One participant was a paid member of staff for a not-for-profit arts organisation and she discussed struggling to recruit participants for events. Another participant, from a sheltered accommodation scheme, had asked men what sort of activities they would like. She subsequently hosted a darts and dominoes evening but found that this was poorly attended:

> *That's the problem I've found when I started there was, like you said before, you know, trying to get activities, because it's predominantly women, so your activities tend to be, like you say, your craft projects, your knitting, your sewing and this, that and the other, and I'm saying most men, most men don't knit or don't sew. Some do, but I actually said to my guys, because at the time I had quite a few men, and I just said, right, let's have a lads' night then, if that's what you want? You can have darts, dominoes, snooker, cards, whatever. So they're at it, oh, yes, sorted, so we organised it. Not one of them turned up. They'd all banged on and bleated on about there's nothing, it's all for bloody women, and then as soon as I organised something that was specifically men only and I said it's your night, Tuesday nights in the*

> *lounge is your night, ladies barred, and not one of them turned up. It's frustrating.*

In the next section, one participant describes the strategies used to recruit volunteers, this acting as an inspirational example to encourage other groups.

2.6 Development of a successful project and peer learning

The following extract leads on from the previous section and focuses on how one project's development helped other participants in the focus group think about how to attract more participants. It came after others had described their frustration with failing to recruit participants at risk of isolation. On the strength of this conversation, the focus group decided to visit other groups to learn from their experience. In the quotation below, a community-based food growing organisation described how they had used an inventive approach to overcome funding problems:

> *We had an autumn calendar but it was very limiting due to funding being cut …so we went to people's houses where they didn't want their apples that they'd grown, so we collected some… then we pressed the fruit and… we were able to give the juice back to people. Then we went to a big event organised by others…[around] 5,000 people attended, so we were able to use it as a way of getting more volunteers to come and either work on our allotment or our orchard, and again there was interest off people, a woman with her dad and she was saying 'this is just what you want, Dad, to go and work'... So I was able to gather a good mailing list together, and then…we brought everybody together who'd been involved in that project…at a celebration event.*

Reciprocity was an important part of the process described in the above comment. The participant describes giving the apple juice back to the people who had donated fruit from their gardens and then using a large event to recruit further volunteers. The organisation developed a mailing list and brought groups together in a celebration event. She describes the 'snowballing' that produced further activities arising from the project. Following the event, they asked people what they would like to do in the future:

> *We had 50 people turn up and we offer free food, and we got about five people aged over 50 working with the same number of children, so they buddied up and made a lemon cake and then they served it to people, then we did a round robin and said what do you want to see us doing next year? And it was anything from being more social media savvy…we got a good presence on social media, we've got a website, Twitter and Facebook pages so…*

She was asked what factors had aided the success of the project:

> *I think sometimes the product that we do, the service, is a bit sexy to some, you know? It's interesting, isn't it, for some, gardening and*

cooking, and that connection, and that we open up to any age and ability, so we've worked with young kids to older people to those in vulnerable groups, and all the people that are on our committee are good with different areas, like with kids or people with learning disabilities and so on, and then we're all good at one skill, like I'm the cook and we've got a gardener...

This respondent puts their success down to their media presence and the attractive nature of the product. Also, they work with a range of groups and make sure the committee is composed of people with diverse skills. The LDL staff member notes how the organisation works with people of all abilities:

You're [food growing org]… very good at just drawing people, me, anybody in, because you do bespoke recipes, don't you, and give people the few bits of veg that you might need and a recipe and have you thought of doing this, and it's just very…it draws you in, cooking, from whatever level any of us were at?

Although none of these strategies are themselves novel, it was useful for other participants to hear how they were being mobilized. After this conversation, the group agreed that it would be beneficial if the different groups involved with the programme visited each other. Hearing about a successful venture enthused other participants and provided further encouragement. The food growing organisation received one set of funding through AfA but did not continue to be involved any further. This is a useful example of the flexibility contained within the programme – a variety of different projects are funded with different lifespans and remits.

In the follow-up interviews, LDL staff noted that the participant from the arts charity struggling to recruit participants for AfA was now heavily involved in running one of their successful projects, '*chatty cafes'*. They also noted that they had moved older people co-researchers away from the idea of simply organising trips. They felt as though trips could be isolating experiences unless collective activities were integral and built into the day. Staff were satisfied that the participants cited above were now more immersed in the development process.

2.7 Strengths and Weaknesses of using Asset-Based Community Development methodology

The interviews with LDL staff asked about the strengths and weaknesses of using As*set- Based Community Development* (ABCD) methods. Wigan felt that having a physical map was an important tool which allowed residents to situate their experiences of living in an area. Staff had found insights gained from such ABCD workshops invaluable:

The real information is what we got from our residents, that's the real information.

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Similarly, Bolton felt that using ABCD provided more in-depth knowledge of people's lived experiences than other methods, such as survey data or interviews. However, they noted that when building-up and developing social relationships identified as assets, there was a strong reliance on LDL staff to continue to provide the link between participants and organisations. Oldham noted that when using this method, people tended to start off by identifying the negative aspects of areas. Staff felt that then you could effectively 'drill down' to get more in-depth knowledge about potential assets. Both Oldham and Tameside felt that ABCD provided knowledge and understanding of specific localities, which enabled a tailored approach when designing programmes of work. However, an associated challenge was the *support* needed to undertake such work.

Manchester adopted a more critical perspective, noting that as a method, ABCD can force people to be relentlessly *positive* and consider everything as an asset. Oldham offered a contrasting view, noting that traditional community development work in the voluntary sector had become 'diluted' over time due to funding restrictions and that using ABCD was a way of bringing back this approach and moving away from a deficit model. Oldham raised the fact that there was the perception that using the ABCD methodology was seen by the health sector as a 'panacea' – as though using a method to highlight assets then takes away the need to provide support to people. There is a danger, therefore, that focusing on the assets in a community can negate the role of the *local state* in providing necessary services.

Tameside noted the complicated process of utilizing and developing such assets as Alexandra Park as there was the expectation by park wardens that people should be able to come into the park, as opposed to conducting outreach work to draw groups in.

2.8 Follow-up update on co-production

Wigan LDLs felt that they had embedded co-production throughout their programme, from developing investment forms with older people, to delivering projects. At the stage of the interviews, discussions were ongoing about how to reduce the level of support that was being provided. Due to the numbers of people involved with the forum and panel meetings, they felt a paid co-ordinator was necessary. They also saw the importance of their facilitation in ensuring people who were not confident about speaking in meetings were given an opportunity to voice opinions, noting that at a practical level they did this by ensuring people could come up to them after meetings to give one-to-one feedback. Additionally, they argued that professional staff brought a certain neutrality when developing projects, helping to ensure projects were socially inclusive. Manchester LDL also described how they had given an equal voice to those who were less vocal and felt that an effective way of getting participants to run their programmes was to ensure they met regularly to develop their own programmes. Salford noted the efforts they made to ensure dominating characters did not take over meetings.

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Manchester LDL was also negotiating stepping back and working out how to share information they had gained with all participants. They attributed successful project development to providing feedback to residents on the progress of the work. Two of the successful examples of co-production working cited by Manchester were, first, older people writing dementia- friendly material; second, in Miles Platting, where a previously socially excluded group felt involved in decision-making for the first time. Additionally, through the community investment fund they had trained a group of eight residents to work with a community artist/town planner to conduct a piece of research.

Manchester LDL staff described successful co-production with a variety of organisations. A housing provider with whom they were working had noted that involvement with the AfA programme had led them to conduct more community development work. In recent years, the provider had moved away from such activity to focus on anti-social behavior management. Working with older residents was felt by the provider to represent a more positive approach which could provide sustainable development to age-friendly neighbourhoods.

In Bolton, LDL staff noted a level of dependency as people wanted paid staff to do the organizing: "*they think that's your job, I just want to tell you what I want to happen*". They noted the importance of working with an interpreter with BAME groups. LDL staff noted how co-production threw up interesting tensions, for example, glossy publications produced to a professional standard were not what older people wanted. Instead, they wanted simple leaflets describing activities being organized in the neighbourhood. One of the projects they were involved in was co-producing, with ASDA supermarkets, to deliver training about how to make stores more age-friendly.

In Oldham, LDL staff worked to get the balance right between groups in terms of composition between professionals and older people. With some local authority co-produced projects, older people felt that they were merely consulted after decisions had been made. Staff had initially underestimated the time genuine co-production takes and noted that they worked extensively with older people to ensure that they understood the aims of the programme.

2.9 Working with statutory and non-statutory organisations

Developing relationships with statutory and non-statutory organisations and service providers was felt important for the sustainability of AfA projects. Wigan had developed a strong relationship with the local authority but felt this was still in the early stages of development. Salford was working with a joint venture between Salford City Council, Capita and Galliford Try, called 'Urban Vision' (http://www.urbanvision.org.uk/about-us/). The partnership draws upon skills from the public and private sectors and was involved in various regeneration and property development projects.

LDLs have started to develop various links with the private sector. Wigan has negotiated free rooms from Sports Village, a music college, and a Sainsbury's supermarket. Bolton has been conducting research around the 'age friendly'

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shopping experience with ASDA supermarkets. One of Bolton's other small investment project's is a tailored version of 'meals on wheels' provided by a local butcher. The project involves the butcher going out into the community to interview older people about what meals they would like. As part of this service, care is necessary to ensure that people are not encouraged older people to use the service if they are able to visit the shop themselves, as it is felt that shopping can be a useful form of social participation.

Manchester is now working more closely with strategic partners. Initially, they found working with higher level institutional partners like Clinical Commissioning Groups (CCGs) and police challenging. LDL staff noted that when they presented their findings to GP groups, they were skeptical of the qualitative data used as evidence. In fact, the GPs disagreed with findings, arguing that there were ample services in ward areas, but that the problem was one of disseminating information so that older people could find out what was going on. The LDL is now working with Buzz https://buzzmanchester.co.uk (Health and Wellbeing service for people and communities in Manchester) to try and make information more available. Manchester is also developing relationships with the Age Friendly Manchester group together with various churches.

Both Bolton and Salford are developing relationships with the health sector: Bolton with CCGs and health centres; Salford is hoping to develop a project with medical practices. LDLs such as Bolton, Salford, and Oldham are also working closely with Housing Associations to make residential areas more age friendly or to develop gardening projects in sheltered accommodation.

3. Perceptions of the age-friendliness of wards

Co-researchers were also asked about their perception of the age-friendliness of their neighbourhoods. They were asked about opportunities for social and civic participation and employment opportunities; to what extent they felt respected and included; their perception of community support and health services; and outdoor spaces, building and transport. They were also asked how they envision AfA might develop more age-friendly communities. The following section focuses on the issues felt to be of importance to participants.

All groups discussed the importance of physical places for people to meet. In Bolton, the main problem was seen to be the *absence of places* for people to meet and socialise, a particular issue for people with dementia given the closure of day centres. However, UCAN centres, which offer training courses, advice, and signposting to social activities, were viewed as an important resource (http://www.boltonathome.org.uk/ucan).

In helping Bolton become more age-friendly through the AfA programme, participants noted the importance of getting the balance right between having an activity as a focus and places to meet. They felt that more socially-isolated people do not necessarily have the confidence to, or specific interest in, taking part in an activity. The issue here was seen to be having a physical place to

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meet where people can socialise without the pressure to be actively engaged in a specific activity:

> *I worry about it all being activity-based. Because one of the things that happens with isolation and the decimation of all the support as we've been talking about, is that people lose their ability to socialise. And the thing about having the Age UK place next to the market, next to the bus [station], you didn't have to sign up for anything. You didn't have to belong to a group. You could just go there.*

However, another participant counters this viewpoint, noting that for her the focus around an activity helped to make her feel comfortable in social situations:

> *Providing activities are at that person's level, so each individual can work at her own level. I think activities are useful in…I mean, I've done a lot of work with…in mental health where I've actually just run a little drop-in. But I think…the fact that there is a little bit of knitting that one can do or whatever, I think that's helped with making one feel comfortable in that context with other people. So if you suddenly feel self-conscious or whatever, you can pick up your knitting…you don't have to make eye contact…*

In Rochdale, co-researchers felt there was a need for community centres or spaces for older people to meet and socialise. The participant from the local community centre specifically wanted to use AfA to develop a public space such as a café in a park or an area of a mosque for older people to meet and chat or read:

> *If…we have got some parks around in Rochdale, but nowadays we can't see people of all ages are going there and enjoying. So we will have to find out how to make more people come into the park… enjoying, spending time, if it is possible if some way we can make them adaptable for the older people. In every park we can set up small café, even occasionally, I think it will attract some people to spend some time and if there… we can take older people off from mixed background come there, spend some time, there people can speak loudly. If they are in a place we can make allow them to like reading books. People are not…older people are not interested in sitting in front of the computer. They're still interested in reading books, yeah?*
>
> *…yeah, books… and at the same time they can, once they sit down, talk, chatting with different way, yeah, and lots of activities should be there. So, that means that every community centre…or in the available community centre, will try to make it more interactive place for people from all walks of life too, especially the older people to, you know, join and take part.*

In Rochdale, the closure of libraries meant there were fewer places for older people to meet:

> *The mobile library in Rochdale is ceasing to exist. So, they won't be able to get books. They'll have to go to a library near to them because there's no mobile library. They don't care in Rochdale. It's just taken £8 million of cuts again in this next financial year…It's hit every single time. Every time the adult care is hit. They're getting less and less places where they're looked after. Day care centres are closing. Community centres are being closed…We have just got in Rochdale sheltered housing with extra care but we had to fight and fight and fight for that.*

Similarly, in Bury the imminent closure of a number of branch libraries was viewed as a significant threat to social inclusion and mental wellbeing amongst older populations:

> *I think that is just going to disappear if they do what they're going to do, the council. I don't think they think about the impact it's going to have on social isolation.*

> *People are going to be stuck in the home, there will be more demand on mental health services, social services…short sightedness within society and within the authorities. Even in the documents, the report that they brought out it said, the people who are going to be worse off with closing the libraries are going to be the older people, 65-plus. They are the ones, out of all the groups in society who will suffer the most, yet they're not considering an option for them. They're just saying, 'oh the local community will have to start doing something for them'. In other words, it's 'help yourselves'.*

In summary, participants were concerned about the closure of branch libraries and community centres as they were key venues for groups to meet and socialize. Through involvement with AfA, participants aimed to develop places such as community centres, cafes and parks as places for older people to socialize. This was felt particularly important for severely socially-isolated people who do not necessarily have the confidence to, or specific interest in, taking part in an activity.

4. Participants' perceptions of social isolation

Participants' perceptions of social isolation amongst different populations varied. Likewise, participants attributed the cause of social isolation to different contextual and individual factors. Opinions varied on the degree to which the onus or responsibility is on the individual and to what extent society is responsible. Participants were open about their lack of knowledge of different experiences of social isolation amongst different populations in the area. Oldham and Wigan co-researchers highlighted issues in relation to contacting people at risk of isolation, as in the following comment:

I don't know any people that feel isolated, and that was one of my problems about how do you find out about people who might be isolated?

Co-researchers from Manchester described having personal knowledge about people who were struggling with social isolation. They were committed to reaching those people and convincing them that there are activities in the community that they would benefit from taking part in:

But I know a lot of people that…friends and family that are really isolated and having a really bad time with it, and there's just no need. There's just so much out there, but it's reaching them and convincing them that there is something there in the community for them, that's really hard, so…

In Bolton, co-researchers were sensitive to contrasting experiences of social isolation in different communities, for example, recognising that the traditional stereotype of older people from British South Asian communities having more support from children is not necessarily being borne out. They felt language barriers were important in preventing social inclusion. However, such comments were not necessarily drawn from first-hand experience, which suggests the need for greater engagement with BAME communities as a way of developing knowledge and understanding of different experiences of growing older:

You…might think Asian culture they have no isolation, but no, it's changing… There are so many older people now live on their own. They don't see family, day out, day in. And sometimes they can't speak. It's a language barrier, yeah. Even the neighbour who's living next door and they can't communicate. That's why they like to live in a close network, so…

Participants frequently bought their personal experience of social isolation to bear and in some cases, this was their reason for their involvement in AfA. One participant's experience of increasing social isolation due to friends moving out of the area had provided the motivation to help reduce social isolation in their community: becoming a volunteer itself provided a sense of community:

…what I hope is for less isolation in the community. I feel that the communities here in Bolton have undergone a lot of change in a very short time…I mean I look at myself…an awful lot of people, my friends in particular, have moved out. They've followed their children south or they've moved out…for economic reasons, house prices. And I think some people also object to a multi-cultural environment. It's such a great pity 'cause we can learn from each other such a lot and I feel it enriches my life. And so perhaps because I've felt the isolation. And… of course we're losing friends, family, with death as well, and partners through divorce. And so there's a colossal amount of change. So I feel that my work, anyway, for me, gives me more of a sense of community, that I belong more. It's a great joy to

> *go out to go to the local charity shops and meet people and feel that I belong.*

In Wigan, one participant who lived in a sheltered accommodation scheme had become involved with AfA because she felt lonely; her participation was encouraged and heavily supported by the LDL lead. She has become the unit's event organiser and is finding that the role is helping develop her confidence as she is meeting new people:

> *I'm getting my confidence. It's not completely there. My confidence is to go out of Wigan on a bus on my own. I can't do that. I'm organising this big raffle now.*

Also in Wigan, other participants described their own experiences of social isolation as they had grown older:

> *Well, when your partner dies or your family move away and then you're left on your own basically and that's…unless you do know of a group or in other words you belong to a church and…but there again, if you're scattered, people lose touch with one another.*

Another issue raised by the co-researchers concerned the extent to which health problems can lead to social isolation:

> *There are other problems associated with it. Health problems, mobility problems, whatever it may be but the older you get those increase very often; not all the time but very often. So that is an effect as well. They can be isolated because you can't get out. Both my neighbours are 87. One lady is brilliant. Up to 85 she was fine. She was out on the bus and everything, now she can't walk hardly. So all of a sudden she's become socially isolated.*

Co-researchers discussed feelings of loneliness and the need for confidants who are not necessarily related:

> *Unless you can find people to talk to although I've got a partner I still feel lonely.*

> *You do because…I have sisters that I go to but sometimes you want to go to someone else and not your sisters…I do have loads of friends …but sometimes you want to talk to somebody else who is not…Sometimes you just want someone else.*

> *I just want another lady to talk about women things.*

In terms of acquaintances, the Salford focus group raised the issue of no longer having close contact with neighbours. In Wigan participants discussed how difficult it was encouraging socially-isolated people to participate. Co-researchers were sympathetic to people becoming set in their routines and using them as an excuse to not try new activities. They noted the difficulty for

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older people who have become socially withdrawn in taking the first step and trying something new:

> *It's taking that first step…because they get very set in their ways, you know? They've retired from work, they've retired with their husband or wife, whatever, and then gradually one or the other has passed away but they've got a routine, they'll go to Tesco's on a Monday, they'll go and get their pensions on a whatever, and then you throw something in like 'come down to us, we're doing this'. 'No, no, that's not for me. I go to thingy on a Tuesday, I've got a doctor's appointment on'… 'I've got a list in my place, just work your doctor's appointments around them'… But that's what it is and a lot of the times you find it's an excuse.*

The following quotation relates to the confidence required to become involved in something new, the respondent noting that this is particularly difficult for older women who were used to being accompanied:

> *It does mask the fact that nobody wants to be that person that steps into that room and everybody goes like that, and that's the fear that they have because they're from that generation where ladies never went anyway unescorted and that's another barrier you've got up against as well.*

This participants' comment contradicts research findings around men being more at risk from social isolation, which shows the influence of people's immediate experiences on their knowledge and understanding of wider population trends. Another participant quoted above, noted the difficulty is developing appropriate activities to engage men. The focus group discussion was functioning to help participants refine their thinking around some of the key issues around social isolation:

> *Like it's really interesting what you're all saying about the intimidation and the fear of going…because now I'm sat here and I'm trying to put myself in the mindset of somebody that has got a routine, that's in their set ways, the thought of going out, even if you see a poster, it's a huge thing, isn't it?*

The focus group was asked about the opportunities for social participation and discussed the difficulty of involving socially-isolated people:

> *I'm in sheltered accommodation and half of the people where I live don't…they stop in their rooms and don't want to come and mix. I've done a bingo Monday afternoon. I do a coffee morning. I have a lady who does bacon sandwiches and none of them…will come down and support.*

Moreover, the participant noted that they had failed to get people living outside the sheltered accommodation to participate with a bingo afternoon:

> *I've had posters all the way round and we don't get the people from outside…the community don't come in and join in.*

It is important to note that participants are keen to bring members of the community into their homes.

Participants also noted that the older people they knew were reluctant to go to certain areas, partly due to distance; partly also to the area's reputation:

> *Sometimes these things can be very localised. People from Pemberton may not go to Norley Hall, although it's literally…[close-by].*
>
> *No, they don't.*
>
> *Or they may not go to Orrell and we're literally talking a mile or whatever. Oh, well, you know, it's at Norley Hall or it's at Orrell or whatever it may be and I think that's another factor sometimes.*
>
> *Sometimes it's the area as well. They don't tend to…because when you mention [X area] it's a nightmare.*
>
> *It gets a bad name…*

During the discussion, one participant was very clear in the need to try and establish ways of encouraging socially isolated people to get involved, rather than attributing blame:

> *Encouragement will mean bringing someone; not telling them about it, actually bringing them [to a group or event].*

Another participant agreed, noting the level of support needed to encourage social participation:

> *If I had a bus I could fill our premises but they don't want to come out and get a bus. They want you to go and pick them up…I agree that they're old and it is difficult but that's three parts of the problem why people don't go because they've nobody to go to their door and pick them up.*

Co-researchers went on to describe the issue of getting the balance right between support for people and creating dependency:

> *Sometimes…you shouldn't have to go and pick them up. They should maybe once pick them up to take them to the place but then perhaps some of them don't go again because they think you should have to pick them up every time you go…*

In Rochdale, one co-researcher from the sheltered accommodation unit saw social isolation as self-inflicted. She described her experience of trying to motivate people where she lived to come on outings or to take part in activities:

> *Social isolation is self-inflicted. They just give up on themselves and trying to get to know her personally to that more is so difficult. I mean some you can…just trying to get them interested. A lot of it is depression and to motivate somebody that's suffering from depression it's hard to get them out of bed. Once you've got them out of bed you've got to get them to get dressed. Once you've got them to get dressed you want them to get them through the front door, even if it's only for a walk.*
>
> *I mean we've even tried it with the new tenants, the new older people, our youngest, you know,*

Similarly, in Bury participants placed an onus or responsibility onto the individual:

> *A lot of people are socially isolated as well, because they say, when you talk to them and say why don't you come here, why don't you come here? They go, oh, that's not for me, that's not for me.*
>
> *Yes, but they haven't tried it.*
>
> *Yes, that's it they have not tried it and...*
>
> *You can't say you don't like something unless you've tried it.*
>
> *When you're just volunteers it's very, very, hard to put a lot of effort into get just get one or two people to come and try something when you've got other people turning up all the time who want that. I think that's the important thing about having somebody, a professional, who you can then say, can you go and talk to that person, can you bring that person to our group, you know, because we think they'd benefit. I think there's a lot of talk about social isolation but sometimes it's because the people themselves they might know these things, but there's something within them won't...*

In Salford, participants noted the challenge of joining in sociable activities for socially isolated people. They noted the erosion of confidence associated with being alone and how the group members acted as a support for each other. They have formalised their support network by ensuring that they telephone each other regularly and check that people are okay:

> *I think for somebody who's recently come on their own, it would be very frightening to walk into a place like this, full of people. It's getting past that door. Once you've passed that door, you've cracked it.*

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If you feel isolated, your confidence leaves you. And I think that takes more effort to go out and join groups, or see what availability there is. And I think that is lack of confidence, lack of contact. I think we help each other, but I think we're all aware how easy it is to become socially isolated. There's our X. X lives over the road from me, but I'm aware that her daughter doesn't live near her. If there was something wrong X, and I didn't see her today or tomorrow, I'd be on the phone to her daughter saying, your mum might be poorly, go and see her. So that is a precaution against isolation, and I think when we all live so far apart, we need that system.

Considering the challenge of joining new groups for socially isolated people, they noted that people were not expected to actively participate in the craft group they had set up:

The other thing is, you're not forced to do anything. Because some people like to come, join in the company, and people watch, and we've got a few people like that.

Participants were sensitive to different levels of confidence and were mindful of creating spaces where people did not feel pressurized to actively take part.

5.1 Summary

In summary, the co-researchers were still exploring social isolation within their communities. Many participants joined an organization which then led to them becoming involved with AfA as a way of becoming less socially isolated themselves. However, because they have shown levels of agency, there is perhaps a perception that others need to take responsibility and do the same. This is not to say participants are not sympathetic to the lack of confidence socially isolated participants display. They are realistic about the amount of one-to-one support needed to encourage people to participate in activities. The tension this creates in creating a dependency is acknowledged by many of the co-researchers.

In follow-up interviews conducted with LDL leads, Rochdale noted how they were continually working with participants to develop their knowledge and understanding of social isolation. Staff felt that the informal discussions and training they were holding was helping to enrich participants' own experiences with scientific knowledge. Wigan described the different definitions of social isolation used by one of the organisations with whom they work. They felt that the most effective approach of developing understanding around social isolation was to discuss contrasting perceptions of the issue with their older volunteers. For example, the difference between people who are devoid of social contact and those who have family but only connect electronically. They

also considered whether shopping should be considered a social activity. Moving forward, they intended to use the peer research exercise to target individual participants and use their definition of social isolation. Co-researchers were also planning to ask more severely socially isolated participants whether they would like to go out more and draw from their life histories to see what forms of social participation may be appealing.

5.2 Strategies to engage more socially isolated people

Bolton, Tameside and Bury noted frustration at so far being unable to recruit more socially isolated people. A typical response is quoted below:

> *We've put leaflets out. We've delivered them to doors, door-to-door. We've done allsorts and we're just not getting people in, are we? No matter what we do.*

There is a sense that the conventional routes to advertising forms of social participation are sufficient. At this stage in the project there do not seem to be any different approaches felt to be more suitable to engage more severely socially isolated people. Participants were open about their lack of knowledge of groups of socially isolated people in their areas and one participant from Bolton highlighted the need to understand more through the asset mapping exercise.

In Tameside, the following extract shows the development of a project and how the LDL staff were facilitating conversations with group developing projects to ensure more socially isolated participants were reached. The member of a church-led friendship group quoted below is suggesting putting on visits for the existing group:

> *The thing is that having been involved in the club for many, many years, we all know what they like to do and what they don't like to do.*

However, the LDL staff are making efforts to counter fixed attitudes, offering support and emphasising the need for groups to reach more socially isolated participants. Another participant from a sheltered accommodation unit described how she had taken part in some 'engagement conversations' (as part of the asset based community mapping) which had led to becoming linked to the local community forum. Following on from this, information sharing across wards had been facilitated by the programme:

> *I'm in a sheltered housing scheme which is for 55s and over, …I was contacted by [the LDL leads] and we've got one project up and running and another one in the pipeline….We did do some engagement conversations, around what did people like about the area and what would they like to see improved, and one of the ones was to use the centre more, so it's a sort of coming together of what people wanted and showed they were very keen to do it within the*

complex but trying to get more people in from outside as well, wasn't it?

Slowly but surely it's working.

That's right, yes, so you've linked in with the local community forum as well, haven't you? So we find that a good link as well so that we're sharing information about what's going on in Alexander or Waterloo.

Considerable effort was being made by LDL staff to encourage groups to reach more socially isolated participants, ensuring that groups are not just putting on activities for *existing* members:

I find that the club that we've got, being a small area, everybody seems to know one another that's at the club, they're either sisters, sisters-in-law, cousins, they all seem to be related, you know? But as they're passing away, they're being replaced by people who are not related, you know? But it is difficult to get them to come through the door, and in our case, it's only word of mouth at the moment, and I spoke to [LDL staff] about getting us out there to other people, and she spoke about this newsletter that she's doing that will go out to other groups…

In Wigan, Salford, Tameside and Bury, focus group participants felt that 'word of mouth' was the most effective way of reaching those more socially isolated. Similarly, participants from Tameside noted that it took a long time for people to get to know them as gatekeepers and become involved. A participant from Bury noted why word of mouth was particularly important for preventing social isolation in older people:

I think that's where it's lost with older people, that communication link, it's word of mouth or on the bus, especially like the 98 here it's you get on at one stop and you meet somebody, they get on at the next stop. It's all the neighbours going down and they are all chitter-chatting about what's going on.

Developing on from the importance of word of mouth, participants felt that individual one-to-one support was required to encourage people to initially take part. Participants from Wigan noted the level of support people needed, including the importance of the role played by volunteers:

If I had a bus I could fill our premises but they don't want to come out and get a bus. They want you to go and pick them up and it's very difficult. I agree that they're old and it is difficult but that's three parts of the problem why people don't go because they've nobody to go to their door and pick them up.

Once again, the importance of avoiding dependency was highlighted:

Sometimes like you say you shouldn't have to go and pick them up. They should maybe once pick them up to take them to the place but then perhaps some of them don't go again because they think you should have to pick them up every time you go…

Newsletters and letters were suggested by Bury, Tameside and Bolton. Bury noted the need for printed information, as opposed to information being posted online, to be made available in libraries:

There's leaflets in for everything that's going on in the community. So, as people are coming in to change their book or whatever it's there as they walk in. So, written information, not having to weave through the internet to try and find stuff….

When electronic forms of communication were raised, participants tended to make generic suggestions. Salford co-researchers noted that they were starting to learn how to use computers. Reaching people by posting events on Facebook or by sending emails was acknowledged as raising difficulties for those lacking confidence in using computers. However, they felt that they were still learning and that at least it was another form of contact.

Some form of social prescribing by medical professionals or occupational therapists was suggested by Tameside and Oldham. This is interesting in light of AfA's role in influencing and changing service delivery.

One participant from Bolton was realistic about the challenge of reaching more socially isolated people so suggests seeking professional advice:

Just by the nature of the group, we've got people with mobility issues and mental health issues, you know, they're not going to go leafleting or questionnaire-ing, you know, so I think we need to be inventive, so we could do with a professional really to...

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5.3 Summary

Participants are using traditional methods to attract new participants such as leafleting or newsletters. However, frustration is expressed at problems with recruitment. Participants describe the one-to-one support needed to encourage people to take part in activities and highlight the tension in getting the balance right between scaffolding support for people and creating dependency. LDL staff providing guidance and support to ensure projects keep attempting to reach more severely socially isolated people.

5.4 Follow-up interviews

All LDLs feel as though the older co-researchers are deepening their knowledge and understanding of different experiences of social isolation. Across all LDL areas older people are reported to be using broad definitions and to have widened their categories of social isolation. Oldham, Tameside and Rochdale LDLs describe encouraging co-researchers to look at the multiple causes of social isolation, both through informal conversations and formal training. For example, in Manchester participants are learning about the experience of grief through a bereavement group; a psychologist contributed a talk as part of a drop-in session on this subject.

In terms of developing strategies to reach more socially-isolated people, LDLs are using tailored approaches with every group. Most are using referrals from agencies or individuals of people thought to be socially isolated. Bolton and Oldham both made the point that the co-researchers considered as 'active' due to their involvement can also be socially-isolated. Staff observed that in some cases their engagement with AfA-related programmes is their main source of social contact and that they consider themselves as isolated.

Tameside describe how co-researchers reach more socially isolated people by thinking about the practical details: for example, incorporating people's travel expenses to reduce barriers to engagement.

Groups at risk of social isolation are being targeted, for example, men or people who have experienced a stroke. In Bolton and Oldham, the LDLs have decided to work with organisations which have experience of working with targeted groups. LDL staff are also sensitive to the fact that events they are staging may be exclusionary. For example, they felt that a dating event they held could have been viewed as overly heteronormative, an issue they are building into in terms of future events.

In Bolton, the LDL is taking special care with their induction programme for volunteers. They are developing a training package for volunteers that have additional barriers to volunteering. In terms of successful strategies for engaging more severely isolated participants, volunteers are going on Door-to-door knocks and speaking to people at supermarkets or bus stations/stops. The volunteers take out the '*What's on Guides*' produced by the programme as a way of initiating conversation around different forms of social participation

available. Bolton LDL notes that they learnt from putting on events in new venues which were not being used – because venues were not frequented, staff felt this was too much of a barrier. They have also taken care to make links with existing programmes, for example, rather than staging new coffee mornings, to make them part of an established group.

In Oldham LDL, staff have worked carefully with older people participants developing programmes to make sure they reach more isolated people by making events more accessible. They have held training on deaf and dementia awareness and are ensuring that steps are taken to make sure all events are accessible.

6. LGBT and social isolation

Across all focus groups, only one participant from Oldham raised inequalities associated with sexual orientation. She wanted to more attention to improving services for older LGBT people:

> *I want better services particularly in old age, for older LGBT people. I worked at the same place for 25 years or so, where it was absolutely impossible to be out, so when I eventually decided to take early retirement, and also take them to an industrial tribunal, when I did get out, I met X from Age UK at the first Oldham Pride, so with that I got involved with the OLG...or we formed a new OLGBT group, older. So why that transfers to Ambition for Ageing is that I want better services particularly in old age, for older LGBT people. I got involved with the equalities board really through that.*

This was the only time LGBT participation was mentioned across all the focus groups. MICRA has organized a seminar led by Dr Jane Traies, whose research specifically looked at the lives and experiences of lesbians who were born before 1950. At the time of follow-up interviews Bolton LDL was developing a relationship with a LGBT board which works across age groups. The LDL have approached the board and have asked if they would like to work together setting up some projects with the older LGBT community. They have also volunteered to help conducting research with the board if they are interested in pursuing this further.

In terms of other social inequalities which can exacerbate social isolation, it should be noted that social class was not raised as an issue during the focus groups.

6.1 BAME and social isolation

Central to the AfA programme is addressing lifelong inequalities associated with class, gender, ethnicity, and sexual orientation, and the impact of these on quality of life in old age. MICRA is keen to support LDLs engage with BAME

participants and understand what social isolation means to different ethnic populations. The report considers the experience of BAME populations within the different areas.

In Bolton, participants from white British and British Asian backgrounds were keen to learn from other ethnic groups. They expressed a desire to share knowledge and understanding across cultures through engagement with the programme. A participant involved with a church group noted:

> *And our members are all white members. We don't have any of the Asian community at all. So… it's good for me to come here and listen to other people and be involved in other cultures. You tend to think down a straight, narrow path and it's nice to diversify and listen to other…and find out what you're doing as well. And I wish we could integrate more. And we have tried to but…*

A volunteer from a Hindu Temple expressed a similar view to the above concerning greater engagement with different communities:

> *There's a need in the community as well…Because there is a community that we don't see…It's like a hiding place, isn't it? And we know there are other people…with different disability or their needs as well…And that's why I'm going along…I think it brings us together.*

Participants wanted to diversify membership of their community groups and learn from other ethnic or faith groups:

> *I think there is a platform called Bolton Hindu Forum and they have a Facebook and their own media as well. And if you just join them then you will find out there's lots of stuff going on around in Bolton... And it's open to the public.*

An interesting observation was from a Christian participant who feels as though her faith is not considered when people debate integration and exclusion:

> *One of the problems is that with such different religious groups…I'm a strong Christian and that seems to be almost looked down on now as though somehow… we're not…we're somehow not acceptable because…Whenever anybody's trying to talk about integration…and have all the people from the different faiths including, you know, Muslim, Christian, Hindu, together, as though somehow they don't… People don't accept that we who have a Christian faith, that affects our culture as well. It's not just a separate thing. It's a, sort of, the way hopefully we should behave.*

Participants note the extensive range of people's interests represented by the Equalities Board, for example, groups particularly at risk of social inclusion or isolation in older age such as asylum seekers or those from BAME groups.

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They see the diverse composition of project participants as providing an inclusive and representative forum:

> *They have got a wide group of people on the Equalities Board, asylum seekers, people with hearing loss, you've got the Chinese community, Asian community, so it is good to meet people from different communities as well.*

In Oldham, there was a debate between participants about integration between different ethnicities. The first participant, who is white British, feels that if you are native to the UK, unless you belong to a church or another group, there is only a limited sense of community. She perceives stronger bonding ties within (unspecified) 'immigrant' communities, but sees cultural differences which make it difficult to integrate incoming populations with settled populations. She notes unspecified council-led initiatives to try and facilitate social cohesion:

> *I'm aware that, for example, immigrants, especially recent immigrants have a definite community, you know, they kind of have to survive. Whereas we that are born here, unless you're attached to a church or some particular thing you're not really part of a community. A lot of people talk about the need to get more communities back. But, it's tricky of course, you know, cultural, and the council have tried quite hard to get people to integrate where they live, rather than have Pakistani area, or whatever it is area there, and it's almost impossible to engineer.*

The following participant picks up on this comment and notes that white British settled populations tend to group multiple ethnicities (for example Bangladeshi, Pakistani, Kashmiri) under one over-arching title or category of 'Asian'. She blames a culture of ignorance partly perpetuated by the local press. She notes that there is a lack of understanding about why different ethnic populations remain located in ethnically homogenous areas. She also observes that the local authority leads a number of initiatives around integration:

> *...we're fixated on the Asian community not having the culture, and to me it's not a problem. I think there's an education definitely needed in all communities. If you read the Chronical, people are so ignorant about the stuff that's going on in Oldham, they think that Pakistani group or the Asian group is one group, it's not, Bangladeshi, Pakistani, Kashmiri, they know nought about that. They don't know about all the stuff that the council does and why a lot of the estates are single cultures. There's a lot of politics around it and I just think we need a general education.*

This is an aspect the programme could address as it develops. Going back to interview LDL leads six months after these initial interviews, staff noted that the participant cited above was now involved in developing projects involving BME populations, a member of the older people's network and had joined in with a Pakistani group at a recent event. She has also challenged White British groups who perceive ethnic minorities to be getting an unfair proportion of investments.

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Staff felt that through engagement with the programme, this participant had shifted her knowledge and understanding and had become less fearful of mixing with people from different backgrounds. LDL staff noted the importance of community conversations about ethnicity as a way of developing mutual tolerance and understandings.

In Rochdale, the two Muslim focus group participants felt respected by the community due to belonging to, or being associated with, the mosque:

> *You have respect in the community because of the mosque.*

One of the participants goes on to describe respect in his Bangladeshi community for elders being instilled by the family:

> *Actually, I think as a whole this…in terms of the respect and old people or the Asian people it is actually social value, family value…for example, you know, still in the bus if the others…elder people standing and I am sitting down I try to get…I try to leave my seat and give it to elderly people. It is not a legal matter or nothing is…it's the social value. That's why I will be getting old, I will be respected from that younger.*

The discussion continued and the participant with visual impairment, who is White British, describes earning respect in the street in which she formerly lived which was multi-cultural:

> *But to me respect is earned. I mean all right, I'm a pensioner, and, yes, I lived on a multi-cultural street. If I was going on with my shopping the kiddies would run out and you'd get two young kiddies, seven/eight year old, 'let me carry your bag, Missus', and they'd have a handle each, you know?*

Participants were commented upon their interest in multi-faith activities:

> *We had a very nice time, all this age group, people younger, older, middle age and mostly Christian, Hindu, Jews, everybody came that day.*

In Manchester, one member of a church group noted that many activities for older people were church-led, which meant attracting new people was difficult. She notes that church activities can serve to isolate or exclude. Related to this, she perceives social interaction between different ethnic minorities to have declined:

> *If you're not wanting to go down that religious…yeah, like that church groups, it isolates…and the other thing about Moss Side, it's the demographics and how Moss Side has changed, and we've got communities that aren't mixing, which is a real shame, but that's what's happening in Moss Side, you've got isolated [communities]…*

She illustrated her point with a recent example of a clash between a Somali and an African Caribbean group, where the African Caribbean group were unfairly territorial over a space in their local community centre:

> *It was a Somali group that was running the centre, and the people that went to the Zumba group were predominantly African Caribbean, and it was like, 'well, that's not fair, this is our centre' – this is from the African Caribbean – and I said, 'well, it's not your centre, because that group has got their act together, they've applied for funding, they've got themselves'…*

She described how she had tried to negotiate:

> *'You can't be having those conversations, because you've got to remember that when we came here in the fifties and sixties and that's what people were saying about us, 'it's not fair, they're taking our community centres'. I said, 'you can't be having those conversations, and it's about joining together. There's no reason why you can't be in that…share that space together', so they're the type of things you've got going on in Moss Side.*

Participants want to increase BAME participation and engagement from other marginalised groups:

> *I would like hopefully at the end that I find that the marginalised or whatever or ones who are not able to, or are isolated, that something's put in place, hopefully, that will enable them to join in as well, and don't feel as left out, because at the moment that's what I'm coming across, those who are isolated and there's also the cultural side of that, those from other minority groups sometimes, they are not involved in the main, do you understand me? They have little groups out there, but they're not uniting.*

6.2 Follow-up interview update

Bolton LDL shared suggestions for good practice regarding engaging with BAME communities. In the initial stages of their project they conducted extensive preliminary outreach work and realized the extent to which language was a barrier to social engagement. They noted the importance of employing an interpreter. Staff felt that pride could be a reason different faith groups did not want to accept financial support and noted the importance of being conscious of religious holidays when timetabling events. They also attributed community ambassadors, particularly those who were religious figures, as being the gatekeepers to certain communities in wards. In making suggestions for good practice, they felt that food brings people together and aim to use the '*Great Get Together*' weekend to bring together different cultures and religious groups. They also have a project led by a mosque which will be opened to the wider community.

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By the time of follow-up interviews a number of LDLs had developed projects connected to English as Second or Other Language (ESOL) groups. Bolton were working with group to focus on topics they can use in everyday life such as ordering medical prescriptions or using public transport. Similarly, Oldham are developing an ESOL project with a Caribbean group.

There have been other successful developments with programmes, for example, Oldham has widened out their steering group composition in terms of ethnicity. They are also developing projects with the Pakistani community centre, the Fatima women's group, and a Caribbean group. In Tameside a post has been created with the specific remit of targeting groups, including those from BAME backgrounds. Tameside are also aiming to target older South Asian women through working with younger South Asian women. They are aiming to put on events where younger women will hopefully bring along their mothers and grandmothers.

In terms of working with a Pakistani group, Tameside LDL staff noted that participants had a different experience of co-production compared to other groups and therefore the LDL was mindful of developing levels of confidence and expectations. Similarly, Rochdale noted that in a ward with high numbers of BAME participants, the group had no experience of co-production and had little experience of actively directing decisions affecting them. Manchester LDL were aware that they were not reaching the Nigerian community so they were conducting some research around local perceptions of a barbers shop and restaurant of which residents from other ethnic backgrounds were suspicious. Finding out the windows were blacked out because people do not like being seen eating in public or that barbers were open late at night because people came after work, as opposed to criminal activities being conducted, helped to educate local populations and alleviate fear or disapproval. These were active steps taken by the programme which aim towards encouraging integration and developing social cohesion through education.

In terms of challenges, despite working with different groups to help develop proposals for small investments, at the time of interviews, Bury LDL was still struggling to get BME groups to submit bids. Salford noted that when working with charities and organisations representing BME populations, one of the difficulties is that they work across Greater Manchester and not in separate ward areas.

6.3 Summary

In summary, at the time of initial interviews with older people there was a lack of engagement with BAME communities, which the development of AfA projects should continue to address. Participants from the Bolton, Rochdale and Manchester LDLs were particularly keen to establish multi-cultural projects. Through developing activities and encouraging participation across ethnicities, participants will learn more about people's experiences – this should develop knowledge and understanding about BME populations which is currently lacking. Already this is happening, for example, the participant who expressed comments

about the differences between incoming and settled populations is now engaged in developing multicultural projects. Another suggestion for the programme is a workshop led by MICRA looking at BAME populations and experiences of social isolation.

By the time of follow-up interviews with staff, many projects were being developed with BAME participants. ESOL projects developing language skills to help people negotiate everyday conversations around catching buses or ordering medical prescriptions were felt to be useful. Organising intergenerational events around food were felt to be an attractive way of encouraging initial engagement from BAME communities. LDL staff noted that with some BAME groups, where they have less experience of working, they need more support in terms of facilitating the co-production process.

7. Limiting disability and social isolation

In terms of the relationship between having a limiting disability and social isolation, in the Rochdale focus group one participant had a visual impairment and one substantial hearing loss. Asked if participants felt respected by their community, the former responded:

> *We're not understood by the community. Like, for instance, I'm blind, I've got a white stick. Ask any teenager, what's the white stick for? No idea. I've tried to get it into schools to educate the children in schools so they can go home and educate their parents because there're lot of middle aged people that don't know. As I'm walking down the road people are just bumping into me and knocking me all over the place.*

She also responded on behalf of her deaf friend (also a member of the focus group):

> *X is deaf. So, somebody walking up behind her, she can't hear them and it's a frightening situation when somebody comes up and shouts because she hasn't heard them coming up.*

The participant feels a lack of understanding from other people about the difficulties associated with, and the experience of, being blind and deaf. MICRA organised a seminar led by Dr Piers Dawes, Senior Lecturer in Audiology at the Manchester Centre for Audiology and Deafness, University of Manchester, on "Eyes, ears and mind: sensory impairment and mental well-being". Dr. Dawes addressed how hearing and vision impairments are markers of increased risk of cognitive decline. The talk provided in-depth knowledge about hearing and cognition and the relationship to social isolation. The statistical data elucidated the relationship between hearing and vision impairments and cognitive decline, how hearing/cognition varies between geographical locations and how it is highly variable between individuals. The talk helped identify people who may need intervention to help prevent decline.

The data also suggested that hearing/cognition decline is at least partly due to factors that are modifiable. Dr. Dawes discussed preventative measures such as aerobic exercise, healthy diet (low fat Mediterranean), non-smoking and moderate alcohol consumption. In terms of impacts on lifestyle, hearing/vision impairment leads to falls, lower physical exercise, less social engagement and depression.

Richard Jones from the Manchester Deaf Centre also contributed to the seminar, educating participants to become more aware of issues relating to deafness. The seminar aimed to help LDLs think about how to engage with deaf and blind participants by highlighting the barriers to engagement and offering practical guidance such as checking whether deaf participants have understood a question. Jones also raised the cost interpreters as a barrier.

8. Working with people in mid-life

One of the aims of AfA is to consider people who are approaching retirement age (although not all participants will have worked). The programme is looking to prevent or reduce the risk of social isolation for people as they move towards older age. It is also important to acknowledge that in certain wards, due to health inequalities, people will have shorter life expectancy. Therefore, chronological age does not necessarily predict quality of life. However, developing programmes of work for people who are not yet considered old comes with challenges. Wigan notes the problem of engaging those still in work during the daytime as they have limited availabilty. They are concentrating on working with people who have fallen into unemployment and upskilling them through courses in furniture upholstery and restoration and glass engraving. They see supporting the development of skills as both building confidence and giving people the potential to gain an income.

Similarly, Bolton are setting up a 'job club' to try and engage with those in their early 50s. They also see the potential for intergenerational engagement through 'The Great Get Together weekend' and a social event they are staging which is being held at a primary school. Oldham has focused on the fact that people with learning disabilities do not necessarily reach their 50s and are targeting their work with those groups. LDL staff are working with a large age range and are cautious of not putting all age groups together.

Summary of findings

LDL participants at the time of interview were not fully aware of the varied populations living in their wards and how the experience of social isolation may differ for different groups. Co-researchers from Manchester and Bolton explicitly expressed wanting more engagement with BAME communities and were eager to work across cultures, ethnicities and faiths. Participants were interested in learning across different cultures. In interviews white British participants tended to use the 'Asian'

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descriptor to group together the range of nationalities and ethnicities represented.

Perceptions of different experiences of social isolation within different ethnic groups tended to confirm to stereotypes, for example, the perception that there is more support for older Asian people from the younger members of their families. Such generalized perceptions did not seem to be related to White British participants' direct experience. However, it should be noted that in follow-up interviews held six months later, participants were now members of groups which involved participants from BAME populations and it was felt that this direct experience was the most effective form of education. The report suggests MICRA holding a BAME workshop with organisations working with BAME populations across Greater Manchester. Academic speakers can review research findings on BAME populations and social isolation.

Participants were open about their lack of knowledge of social isolation and people experiencing social isolation. During discussion participants would swing between recognising the difficulty for socially isolated people in taking steps and gaining the confidence to become involved in forms of social participation, and attributing social isolation as being self-inflicted. Participants from Wigan noted how social isolation was related to deterioration in physical health. Because focus groups participants were not socially isolated themselves, or had been active in seeking community involvement either post-retirement or to rebuild their networks after life events such as later life divorce, it could be argued that at this stage in the project here is a lack of empathy or understanding of social isolation. LDL leads (Rochdale) saw their role as getting the balance right between providing scientific/empirical knowledge about social isolation and drawing from participants' own lived experience as a way of facilitating developments in understanding.

Some LDLs at the time of interviews were at the stage of funding existing groups which were not necessarily reaching more socially isolated people. However, LDL staff are continually working with participants to ensure that as projects develop, more socially isolated participants are reached. For example, Wigan LDL staff noted how they met several times with groups thinking of submitting applications for funding before submission to ensure that their proposals met AfA criteria.

Participants saw the focus group as an opportunity to network and learn from each other – Bury LDL lead highlighted how useful the focus group had been for putting participants in touch with each other. This can feed into the co-production process more formally as the project progresses.

Perceptions of whether areas are age-friendly or not varied. Transport, with bus routes in particular, was commonly cited as a barrier to inclusion and participation. Participants in Bolton, Oldham, Bury and Rochdale stressed the need for a physical place for people to be able to meet and socialise, with the closure of branch libraries dominating the discussion

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in Bury. Participants in Bolton were sensitive to getting the balance right between establishing activities and needing a safe place without placing pressure on participants to necessarily do anything beyond socialising. Opinions about respect and social inclusion in the community varied. On one hand participants felt older people were listened to, but on the other hand, they felt that this only happened as part of collective action. Participants from Oldham and Manchester discussed perceptions of whether different ethnicities were integrated into their local community and how relationships may have changed, for example, according to when migrant populations settled in the area.

At this stage in the project, it is to be expected that participants may not have strategies in place for recruiting more socially isolated participants. Currently suggestions are around using traditional methods such as leafleting and newsletters. Also, participants recognize the importance of one-to-one support in encouraging socially isolated people to try new activities. Getting the tension right between supporting and creating a dependency was raised. However, some of the responses did reveal a lack of engagement with BME participants or knowledge and understanding of what social isolation might mean for different groups of people. Bolton has made the decision to look at larger investments going to charities and organisations who work with specific groups so that they can target socially isolated people within those demographic characteristics. The report acknowledges that engaging socially isolated people is a considerable challenge. Developing successful strategies to reach more socially isolated people requires resource in terms of staff/volunteer time, and tailored assistance.

Appendix A
Research Aims

What is the principal research question?
In what ways and to what extent do older people and statutory and non-statutory bodies working together (co-production) help contribute to the reduction of social isolation amongst older people? What are the advantages and disadvantages of co-producing service delivery and policy with older people and statutory and non-statutory stakeholders with the aim of reducing social isolation.

The sub-research questions are:
  a) To what extent does using principles of co-production contribute towards the development of age-friendly communities?

  b) What is the knowledge and understanding of social isolation amongst older people and statutory and non-statutory organisations' and do these perceptions shift through the process of participating in the *Ambition for Ageing* programme?

c) To what extent does the context of place, social inequality, policy and service infrastructure impact on the effectiveness of co-production?

d) In what ways does using principles of co-production overcome social inequalities associated with with social class, ethnicity, gender and sexual orientation in terms of reducing social isolation for those populations?

e) What strategies are required to understand what social isolation means for different older populations and what approaches are needed to *connect different communities and people?*

f) What forms/models of interventions/service provision are effective for developing social participation?

g) How do social inequalities associated with class, ethnicity, gender, sexual orientation impact on social isolation amongst older people?

h) To what extent can interventions/service delivery/policy for people in their mid-life help prepare for older age in terms of developing social relationships?

Academic justification for the research

Research shows that older people are particularly vulnerable to social isolation, owing to loss of friends and family, mobility or income (Windle et al., 2014; Barnes et al., 2006). Increasing social participation and social connectedness has been shown to contribute to the wellbeing of older adults (Buffel et al., 2015). People with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships (ibid). Moreover, belonging to a social network makes people feel cared for, loved, esteemed and valued, and this can have a powerful protective effect on health, and a decreased use of health and social care services (ibid).

In response to the issues described above, *Ambition for Ageing* developed as a cross-sector partnership, led by Greater Manchester Community Voluntary Organisation and funded by the Big Lottery. The Manchester Institute for Collaborative Research on Ageing is the main academic partner. The five-year programme aims to develop a Greater Manchester approach to building age friendly communities, principally by placing older people at its centre as co-producers of programmes of work to help develop social relationships.

Co-production has emerged as a potential solution to a criticism that work conducted in communities often fails to meaningfully include communities in its design and undertaking (Durose et al., 2015). Advocates for co-production argue that programmes of work are enhanced through including 'experiential expertise' (Collins and Evans, 2007) which can highlight questions that may be otherwise neglected by 'experts' (Fisher, 2000). The reason older people have

been placed central to the planning, design and implementation of the programme of work is because they are the best placed group for recognising issues that affect them and identifying solutions (Buffel, 2015). However, there are few examples of co-production with communities (as opposed to mere consultation) which has resulted in the development of policy and services; hence research on the associated processes and outcomes of working in this way is required.

Interventions or programmes of work to tackle social isolation are underpinned by the Greater Manchester vision of enabling older people to age better and to play a central role in the cultural, economic and social life of the region. The research will explore the direct involvement of older people in the co-production of projects/interventions/schemes over a five-year period with statutory and non-statutory stakeholders to help reduce social isolation. The project recognises that older people are a heterogeneous group, with gender, social class, ethnicity, age, disability, sexuality and location all impacting on the experience of ageing (Futurage, 2011). Crucially, to gain multiple perspectives on social isolation and the development of relationships in older age, research needs to be carried out on interventions that include different groups of older people, in terms of gender, ethnicity, sexual orientation and socio-economic backgrounds.

Introduction to structure of project

Eight Local Delivery Leads (LDL) contracted by the Greater Manchester Community Voluntary Organisation (GMCVO) are responsible for delivering the programme. The LDLs are located across the Greater Manchester areas of Wigan, Bolton, Bury, Rochdale, Oldham, Tameside, Salford and Manchester. Detail about the different professional composition of the LDLs is as follows:

Bolton – Bolton CVS in partnership with Age UK Bolton and Bolton at Home
Manchester – Manchester Metropolitan University in partnership with Southway Housing
Oldham – Age UK Oldham in partnership with Voluntary Action Oldham
Tameside – Age UK Tameside in partnership with Voluntary and Community Action Tameside
Wigan – Age UK Wigan Borough
Salford – Age UK Salford
Rochdale – Council for Voluntary Service, Rochdale
Bury – Groundwork

Work package 1: Researching the co-production process

Objective: In what ways and to what extent do older people and statutory and non-statutory bodies working together (co-production) help contribute to the reduction of social isolation amongst older people? What are the advantages and disadvantages of co-producing service delivery and policy with older people and statutory and non-statutory stakeholders with the aim of reducing social isolation.

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Methodology:

One face-to-face focus group will be conducted with eight to twelve participants from each LDL area annually over the five-year programme (eight focus groups consisting of approximately eight-twelve participants). One focus group per year will be conducted with 8-16 staff (two staff from each of the LDLs).

a) Focus groups with older people co-researchers

Older people participants will be recruited by each of the eight Local Delivery Lead (LDL) organisations via the LDL's networks. Approximately 8 older people per area will be recruited.

The aim of the work package is to track the development of the co-production process over the course of the five-year programme - therefore the older participants selected will already be involved with the programme at time of recruitment in the following ways: a) they may have fed into the bid development process, b) they may be taking an active role in terms of helping recruit more socially isolated older people to take part in the programme, c) they may be co-researchers in the project which will involve interviewing other older participants about emerging issues connected to participation in the programme. Older participants with signs of cognitive impairment will not be recruited as research participants.

The researcher will contact LDL staff. LDL staff will invite older people participants to take part in the study. Interpreters will be provided for participants who do not speak English as their main language. All written materials will be translated. The researcher will then meet the participants in a group context at the LDL main organisation's offices or another community setting. The purpose of the research, benefits and risks of taking part alongside the interview topics of social isolation and co-production will be explained. The researcher will emphasise the extent of the commitment over the five years (one focus group lasting approximately 60-90 minutes annually) and that leaving the study will result in no adverse effects. Confidentiality will also be explained. Participants will be given a paper copy consent form (Appendix A) and an information sheet (Appendix B) to take away. They will be given the researcher's work contact details if they have any further questions. After approximately fourteen days any participants who are interested in taking part in the study will be assembled again and will sign two consent forms, one to be kept in confidential locked files at the University of Manchester and one for their own records. Once a participant has consented to be involved, basic information (name, age, contact details) will be recorded and stored separately from the data collected on University computers.

Participants will be contacted by LDL staff or the researcher once a year to take part in a face-to-face focus group interview. Recruiting eight to twelve participants is aimed to minimise the effect of attrition. Where attrition occurs,

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individuals will be replaced with people of similar demographic characteristics. Participants will be interviewed by the researcher. Interviews will last between 60 and 90 minutes. A translator will be provided for participants without English as their main language. Interviews will be digitally recorded. Please see interview schedule (Appendix J).

Interviews will be transcribed verbatim by a professional transcription service. Transcribers will not have access to participants' personal details or any information that could be used to identify participants.

The consent process will be reviewed annually – informed consent will be sought each year, capacity will be assessed and consent forms will be signed before each focus group.

Travel to and from interview venue will be provided free of charge for participants. Refreshments will be provided.

After completion of the project (and during the project) participants will be invited to dissemination events connected to the research.

Focus groups with Local Delivery Lead Staff

Two members of staff from each of the LDLs will be invited by the researcher to take part in annual focus groups to explore the development of the programme aims, peer leaning, challenges and advantages and perceptions of using a co-produced approach. The same procedure will be followed as above i.e. staff will be invited to be part of the study, the purpose of the study will be explained, a cooling off period will be given, consent forms and information sheets will be obtained. Participants will then meet annually in an agreed location for a focus group lasting approximately 60-90 minutes. Transcription and data storage will be as above.

Appendix B

Co-researcher interview framework

NB: * marks priority questions if short of time.

- **Co-production/involvement in programme**

*Why did you volunteer to take part in the Ambition for Ageing Programme?
How did you hear about it? (personal contact/friend/professional contact)
How do you see your role within the project?
*What would you like the outcome of the project to be/What would you like to get out of the project?

What would you personally hope to have gained/achieved by the end of the project? What skills would you like to develop?

How do you see the project developing? For example, relationships with partners/the partners you will be working with/the structure of the project/how the funding decisions will work/ the way you are intending to work?

*Have you been involved in working together to produce projects to the same extent before?

*Do you feel as though older people have a central role in directing decisions that affect them? Do you feel that you can influence decisions that affect your local area?

- **Local area context**

What do you think about X in your area:

Opportunities for social participation? (are social and leisure activities affordable? Accessible? Frequent? Convenient times? Offer choices? Interesting? Tell me about your participation in other activities, like education, recreation, or religious activities? Are these activities easy to participate in? Is there anything that isn't currently offered in the area which you would like to attend? To what extent are there cultural activities?

Respect and social inclusion? (do you feel part of a community in x? What are your relationships like with your neighbours? Are there any tensions in the neighbourhood? To what extent and in what ways does your community show respect to you as an older person? As a volunteer are your duties valued in the community? Do you feel excluded from participating in any activities? Why?)

Civic participation and employment?

Communication and information? (How easy is it to find out about events and services in x? How could the process be made easier? In what format do you like to receive information?)

Community support and health services

Outdoor spaces and buildings

Transportation.

Or use short version (if limited time):

What do you think about:

- The range of services available in the area being tailored to the needs of older people

- The recognition made of older people's contribution to the community
- Whether/to what extent there are cultural and other activities which bring people of different age groups together
- Whether/to what extent people working in shops and in public services respond helpfully to older people.
- If there was one thing you would like to change about the area to make it easier for you to live in, what would it be?
- Do you feel part of a community in x?

Social isolation
How would you define social isolation? What does social isolation mean to you? Does it differ from or is it the same as loneliness? In what ways?
As you have aged have you expected to see changes in your social relationships? Do you see social isolation as being related to age? Is it an age-related issue? **In what ways does social isolation relate to/change with age?**
Are seeds sown earlier on/how does a person's situation and experiences in mid-life impact on social isolation in later life?
Do you ever feel isolated where you live e.g. you don't get to see friends or family to go to community events as often as you would like?
Have you felt socially isolated at any time in your life? Did you do anything to change your situation? Were you helped to develop different kinds of social relationships? How was this support provided? Through relatives? Friends? Other contacts? Your doctor? Another health professional?
Do you know of people who you think are socially-isolated?
Do you think social isolation relates to health? In what ways?
What do you know about the different groups of people living in your area? Are some groups more vulnerable to social exclusion?
Do you think different strategies are needed for targeting socially-isolated people in your area?
What strategies would you use to engage with someone who was socially-isolated? What are the challenges of engaging with people who are socially-isolated?

Appendix C Semi-structured interview frameworks for LDL staff

Could you describe the development of your programme's aims.

How is the co-production process developing? What are the challenges and advantages using this approach?

How are you defining social isolation? Is this shifting?

Could you describe any developments in knowledge and understanding of issues leading to social isolation amongst older populations? The development of knowledge and understanding around the reduction of social isolation?

Are particular groups being targeted and are different strategies needed for working with particular groups? How are you developing knowledge and understanding about local context and constituent populations?

Are you reviewing methods of accessing groups/individuals detached from existing community/neighbourhood groups?

What are the strengths and weaknesses of using ABCD method?

What are your plans for engaging with people in mid-life?

Could you describe your contacts with and strategies for developing action with BME groups?

Could you describe the role of different participants within the programme? How is this working?

Could you describe the relationships with statutory and non-statutory bodies and how their input is being developed to support the sustainability of each programme?

Are you developing methodologies for engaging with severely isolated older people?

Could you describe any shared learning across the different LDLs?