CONNECTING COMMUNITIES PROGRAMME EVALUATION

Small Grants Fund

JULY 2023

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Connecting Communities Small Grants Fund

Executive Summary

This is a report on the evaluation of the Connecting Communities Small Grants Fund, one of five pilot projects developed by Age UK Bristol (AUKB) for the Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS) Ageing Well programme, which ran from April 2022 to March 2023.

A total of £60,000 was allocated to distribute in microgrants of up to £2,000 to 38 community groups and activities for older people across all six Locality Partnerships within the BNSSG ICS.

The aim of our evaluation was to assess the impact of the Small Grants Fund in empowering local older people to improve their health and wellbeing using a mixed methods approach.

Key findings

A paired-samples t-test for the matched-pairs cohort found that there was a statistically significant **improvement in life satisfaction** (M = 7.50, SD = 1.52) compared to baseline (M = 7.14, SD = 1.79); [t(95) = -1.990, p = 0.05]. There were no statistically significant changes for other ONS personal wellbeing measures concerned with happiness, worthwhile activities, and anxiety.

The matched-pair cohort reported **exercising or engaging in physical activity less frequently** at follow-up (M = 1.67, SD = 0.93) than at baseline (M = 1.45, SD = 0.75). A paired-samples t-test showed that this reduction in frequency was statistically significant (p = 0.026).

Respondents stated that they felt there were **more activities in their local area** to get involved with at follow-up (M = 1.63, SD = 0.84) than at baseline (M = 1.85, SD = 0.89); [t(87) = 2.386, p = 0.019]. The **most common barriers to joining activities in their local area** reported at baseline were respondents' own health or disability, not knowing what was on offer, and being busy with caring responsibilities.

A total of 92 (92.9%) matched-pair respondents reported at least one benefit from being part of the group/activity, with most of them (n=82, 89.1%) reporting multiple benefits. The **top three self-reported benefits:** meeting new friends (n=85, 85.9%), improved personal wellbeing (n=67, 67.7%), and feeling more connected to their local community (n=64, 64.6%). Respondents who reported **higher levels of personal wellbeing** also reported **more benefits from being a part of the group/activity**.

Top three motivations for joining the group/activity: to meet (like-minded) people and make new friends, they enjoy the activity itself (e.g., crafting, arts, singing etc.), and to learn something new or to develop/maintain an interest. The first two motivations were also **what respondents enjoyed most about being involved** in the group/activity, followed by reducing loneliness and social isolation, feeling like they were making a difference to or helping others, and being part of a community.

Case studies demonstrate that volunteer-led groups/activities can be successful but also highlight the **need for funding beyond the initial microgrant** to ensure security, sustainability and to achieve future ambitions. Further funding is important to put the necessary infrastructure in place, help keep the groups/activities free to attend, and would enable groups to experiment with and learn from new and innovative ways to engage with a diverse community. The case studies also demonstrate how crucial microgrants are to get groups/activities off the ground, which then causes a **ripple effect** for participants.

Main learnings

1. Microgrants:
    a. were a good way to **get groups and activities off the ground** and a useful tool for **building confidence** amongst applicants and participants.
    b. allow communities to **capitalise on existing assets**, giving local people the opportunity to establish new groups/activities at a minimal cost.
    c. work best when they are **aligned to the existing interests** of those living within the local community.
    d. have the benefit of supporting groups/activities to become **self-sustaining** once established.
    e. allow funding to be **targeted** in a specific area; as groups/activities are often led by those living locally and know the area well, they can work in the best interests of residents, therefore directly benefitting **the local community**.

2. **Advertising opportunities** to obtain microgrants was crucial to their success, as was **providing support** for groups or individuals to successfully apply for them.

3. Facilitating access to microgrants and **offering clear guidance** to applicants was a way to ensure that the money would achieve the intended health and wellbeing outcomes.

Main challenges of or barriers to applying for microgrants

1. Although generally seen as positive, there is a danger that microgrants could also be seen as a way of getting the voluntary sector to **provide services for less money**.

2. Microgrant applications can be **difficult to navigate for applicants**.

3. Small grants are often **very short-term**, and difficult to keep going past the initial funding period.

4. Applying for grants can feel **overwhelming**, so offering small pots of funding were seen as a good way of mitigating that.

5. It was felt that microgrants should not be **too prescriptive** in their scope, to allow for a greater range of activities to be funded.

6. The impact of groups/activities funded through microgrants and supported by the voluntary sector is often measured in terms of reduced hospital stays or GP appointments - this **overlooks many other key health and wellbeing outcomes** that may be improved for participants of these groups/activities.

Conclusions and recommendations

This evaluation provides evidence that the Small Grants Fund has helped to connect communities through older people's social participation. However, these efforts to connect communities and positively impact participants' wellbeing can be undermined by issues like reduced local public bus services, which can be a significant barrier for older people to attend groups/activities. Therefore, it is crucial to find ways to maintain local public bus services, as well as explore opportunities to expand alternative travel options like Community Transport services.

This evaluation produced an in-depth account of the impact of the Small Grants Fund in empowering local older people to improve their health and wellbeing through the perspectives of participants of microgrant-funded groups/activities, volunteers and stakeholders. However, findings of self-perceived benefits need to be interpreted with caution, as should how meaningful the statistical results are given the small sample size for the statistical analysis.

1. Introduction

The Connecting Communities Small Grants Fund was one of five pilot projects extended through the Age UK Bristol (AUKB) Connecting Communities programme. The Fund built on the same model as the Community Kick-Start Fund (CKSF) delivered under the Bristol Ageing Better (BAB) programme from 2016-2019; a case study of the CKSF was recently published by Chivers *et al.* (2023). A total of £60,000 was allocated to distribute in microgrants of up to £2,000 to community groups and activities for older people across all six Locality Partnerships within the Bristol, North Somerset and South Gloucestershire Integrated Care System (BNSSG ICS). Any individual, group or organisation were welcome to apply, and efforts were made to ensure the application and monitoring process was as accessible as possible to grassroots groups and those who face barriers to existing funding opportunities.

The application form and assessment criteria were co-created with a group of older residents (with representation from each of the local authorities), who also scored the applications. The criteria for funded activities were based on:

- **The difference they will make to the people they reach**: Applications had to mention how participants' wellbeing (physical, mental or social) may improve as a result of taking part.
- **Whom they will reach**: Demonstrating the active steps they will take to include people from marginalised groups and/or who are not currently active in their communities.
- **Value for money**: The panel assessed whether the cost was proportionate to the benefit the activity would offer, and whether it would be sustainable in the long-term.
- **Asset-based**: Projects which make the most of the skills, interests, spaces, and community spirit already present in the location or group the application has come from, with awareness of what is already happening in the area and how this will serve an unmet need.

The Small Grants Fund opened for applications in early February 2022, with the first deadline in mid-March. Further deadlines were in April and May, with panels held within two weeks of each deadline and all monies distributed by June.

Thirty-eight groups/activities across BNSSG were in receipt of these microgrants. Figure 1 shows the geographical spread of these activities, as listed below:

- **South Gloucestershire**: 4 activities (£6,800)
- **North and West Bristol**: 5 activities (£7,357)
- **Inner City and East Bristol**: 10 activities (£17,039)
- **South Bristol**: 6 activities (£10,472)
- **Woodspring**: 8 activities (£10,337)
- **Weston, Worle and Villages**: 5 activities (£6,919)

The activities, which ranged from 'in-depth' to 'light touch', started from April 2022, with all of them up and running by November 2022.

Figure 1: Map showing the locations of the groups/activities funded by the Small Grants Fund
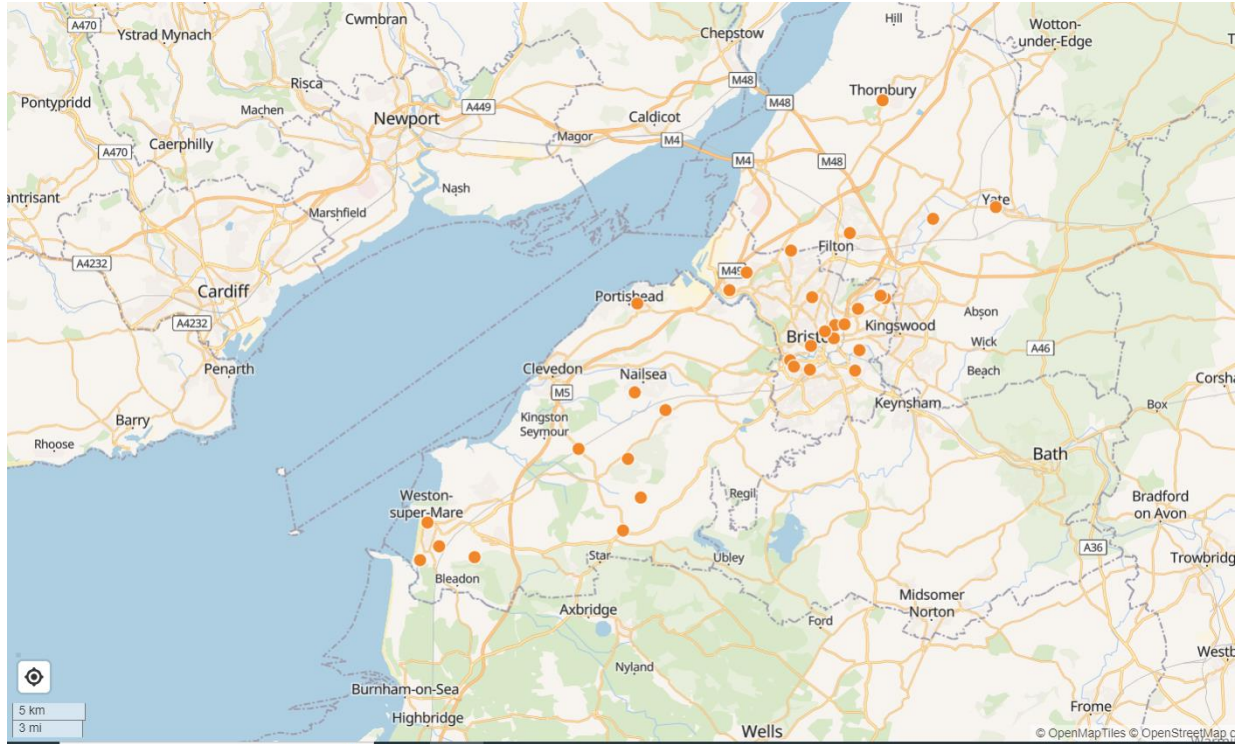
Twenty organisations and groups made unsuccessful applications to the Fund, with many passing on all criteria, which would have been funded had the budget allowed.

2. Evaluation methods

The aim of our evaluation was to assess the impact of the Small Grants Fund in empowering local older people to improve their health and wellbeing. The evaluation adopted a mixed methods approach that involved the use of both quantitative and qualitative data. Participants were asked to complete a questionnaire at two timepoints – once at baseline and again after at least 3 months of taking part in the group/activity (follow-up). Stakeholders with insight about the Small Grants Fund were contacted for interviews to learn about their perspectives on the initiative. We also worked with a small team of Community Researchers who put together case studies in support of this evaluation.

3. Findings from questionnaire data

Baseline data were collected from 259 respondents across 24 different groups/activities, while matched pairs of baseline and follow-up data were available for 99 (38.2%) respondents across 14 (58.3%) groups/activities. The absence of follow-up data from ten groups/activities may be because insufficient time had lapsed between when they started and when follow-up data had to be collected i.e., 3 months later. The lack of follow-up data from groups/activities that had been running for at least 3 months may be due to lack of resources – time and staffing – at AUKB and not enough pressure applied on groups/activities to respond to or return the follow-up questionnaire.

3.1 Socio-demographic profile

Table 1 shows that 74.2% (n=72) of matched-pair respondents were female, which is similar to the wider group. There was slightly more ethnic diversity in the wider group, whereas only 12.1% (n=12) of matched-pair respondents identified as being from a Bangladeshi, Pakistani or Chinese ethnic background.

Table 1: Proportion and number of respondents by socio-demographic characteristics

Characteristics	Matched pairs		Whole cohort	
	Proportion (%)	Number	Proportion (%)	Number
Gender		*Base = 97*		*Base = 241*
Female	74.2	72	68.9	166
Male	24.7	24	30.7	74
Prefer not to say	1.0	1	0.4	1
Ethnic background		*Base = 99*		*Base = 255*
English, Scottish, Welsh, Northern Irish, Irish, British	87.9	87	78.0	199
Bangladeshi	8.1	8	14.5	37
Pakistani	2.0	2	1.2	3
Chinese	2.0	2	2.7	7
Other Asian background	-	-	1.2	3
Other White background	-	-	0.4	1
Caribbean	-	-	0.4	1
Indian	-	-	0.4	1
Other ethnic group	-	-	0.4	1
Prefer not to say	-	-	0.8	2

Approximately 90% of matched-pair and baseline respondents identified as being heterosexual. Figure 2 shows that the modal age range of respondents in both cohorts was 70-79 years; the youngest matched-pair-respondent was 43-years-old and the oldest was 94-years-old. The distribution of postcode Index of Multiple Deprivation (IMD) deciles in Figure 3 shows that there were respondents from a range of areas, with less than a third of respondents (matched pairs: 23.2%, n=22; baseline: 30.1%, n=72) living in areas of higher deprivation (IMD deciles 1-5).

Figure 2: Age distribution of respondents

Figure 3: Deprivation profile of respondents' postcodes
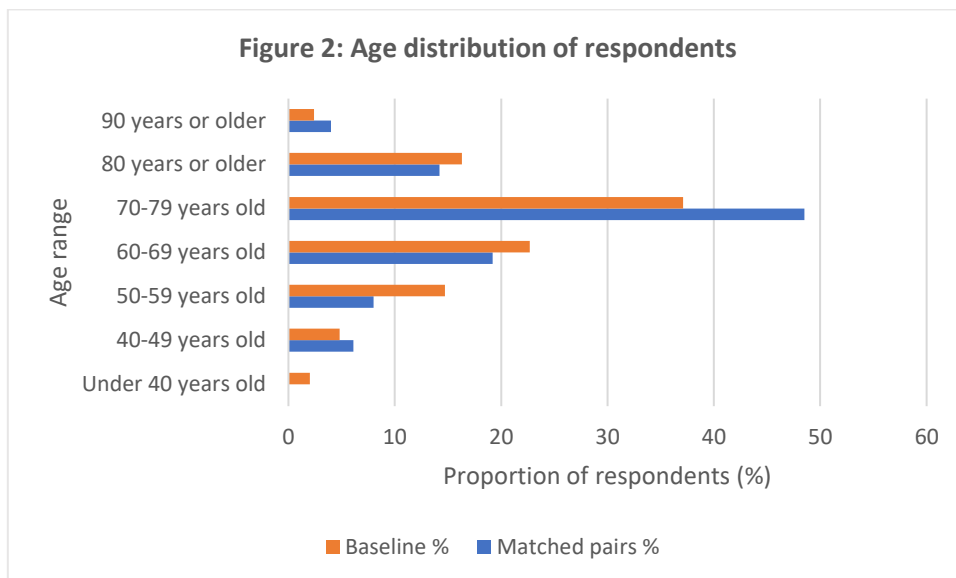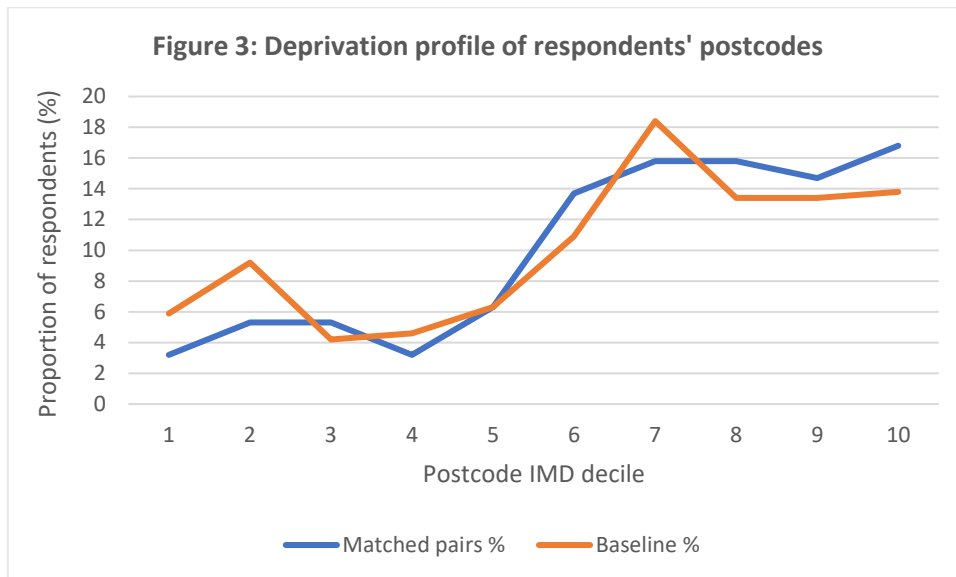
3.2 Health profile

As a subset of the wider cohort, a higher proportion of respondents who provided follow-up data (i.e., matched-pair respondents) had a carer (23.2% vs 17.9%) and at least one diagnosis (76.8% vs 70.7%) at baseline. Figure 4 shows that while the proportion of matched-pair respondents who had a carer reduced at follow-up (16.7%), the proportion who had at least one diagnosis increased (80.8%).

Figure 4: Health indicators for matched-pair respondents
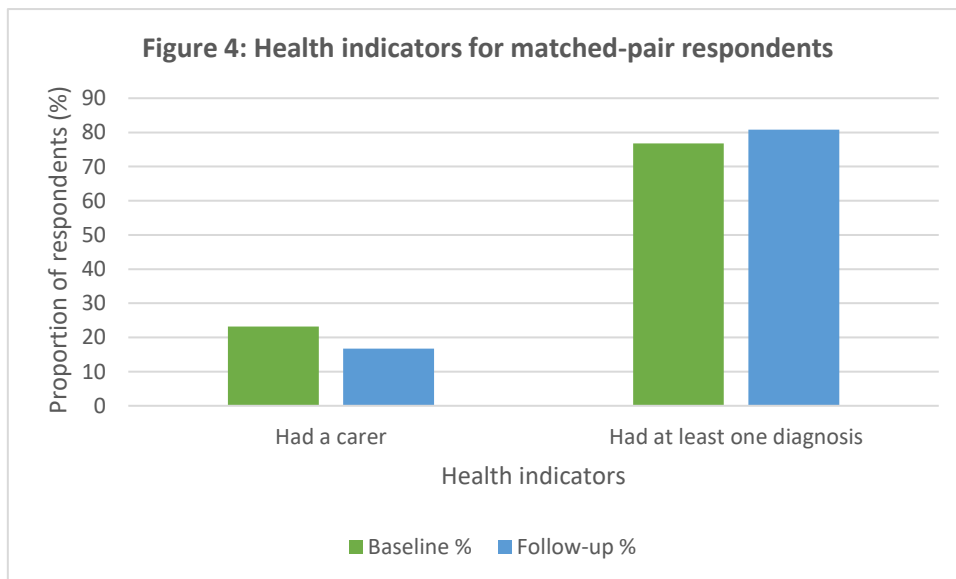
At baseline, more than half of matched-pair respondents (n=40, 40.4%) had two or more diagnosis. Table 2 shows that the top three diagnosis reported by matched-pair respondents at baseline were high blood pressure (n=36, 47.4%), arthritis (n=28, 36.8%), and other physical health conditions (n=26, 34.2%).

At follow-up, 80 (80.8%) matched-pair respondents reported receiving at least one diagnosis; 47 (47.5%) had two or more diagnosis. The top three diagnosis remained the same and were slightly increased from baseline. We noted that fewer respondents reported a diagnosis of Type 2 diabetes and chronic pain/myalgia at follow-up, but there were more cases of cancer, depression and other mental health conditions. There were two (2.5%) cases of newly diagnosed kidney disease at follow-up.

Table 2: Diagnosis received by matched-pair respondents at baseline and follow-up

Diagnosis	Baseline, n (%)	Follow-up, n (%)
High blood pressure	36 (47.4%)	40 (50.0%)
Arthritis	28 (36.8%)	30 (37.5%)
Type 2 diabetes	12 (15.8%)	9 (11.3%)
Chronic Obstructive Pulmonary Disease (COPD)	8 (10.5%)	8 (10.0%)
Cancer	7 (9.2%)	10 (12.5%)
Depression	4 (5.3%)	11 (13.8%)
Chronic pain or fibromyalgia	4 (5.3%)	3 (3.8%)
Kidney disease	-	2 (2.5%)
Other physical health condition	26 (34.2%)	28 (35.0%)
Other mental health condition	3 (3.9%)	6 (7.5%)

3.2.1 Personal wellbeing

Respondents' personal wellbeing were assessed through four measures from the Office for National Statistics (ONS): life satisfaction, feeling the things done in life are worthwhile, happiness and anxiety. Figure 5[1] shows that for the whole cohort at baseline, respondents aged 65-79 were more likely to report high levels of life satisfaction, worthwhile activities and happiness and low levels of anxiety than younger older respondents (under 65). The proportions were highest for those aged 80 and over, except for happiness, where the proportion was lower than those aged 65-79 but still higher than the younger older respondents. These findings are comparable to the ONS Annual Population Survey (APS) in 2015 except the proportions for people aged 80 and over were lower in the APS than people aged 65-79 for the highest ratings across all four measures. However, note that the younger age group in the APS comprised adults aged 16-64, while the comparable group in this project had a minimum age of 26.

Figure 5: Highest and lowest personal wellbeing ratings at baseline by age group - whole cohort *(base=234-239)*

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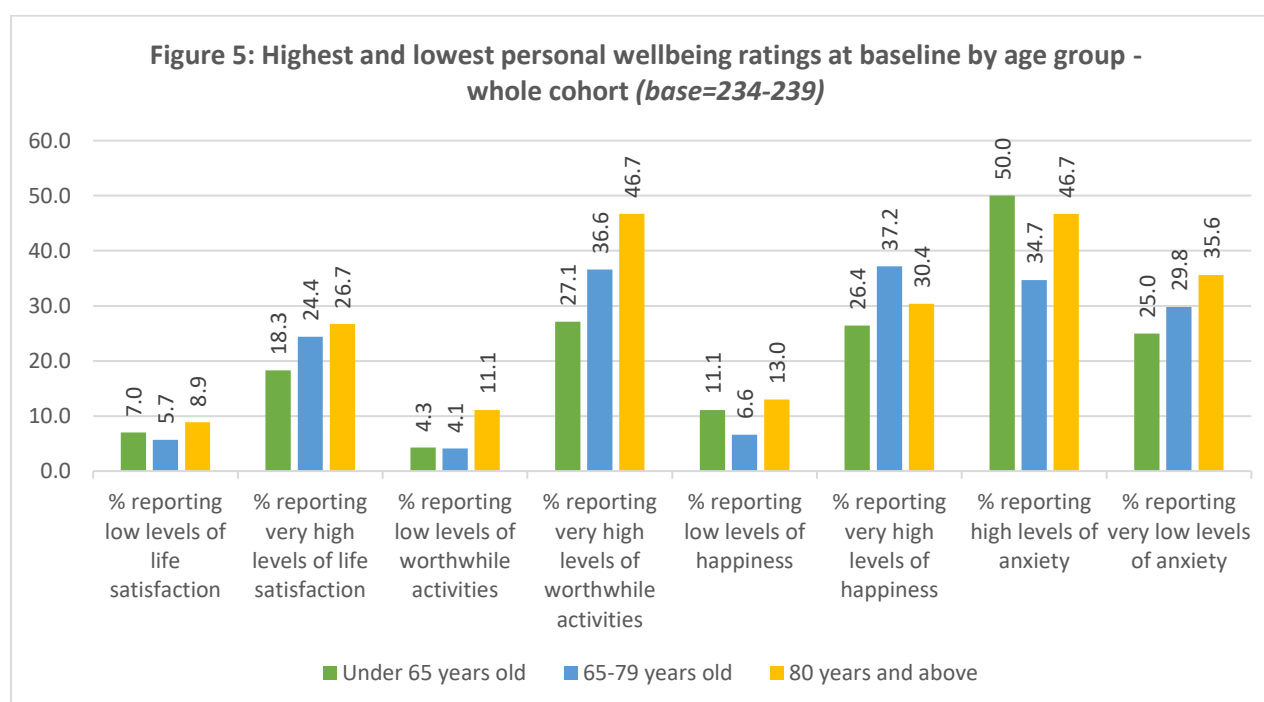
[1] The highest levels of personal wellbeing for life satisfaction, worthwhile and happiness are defined as ratings of 9 or 10. For reported anxiety, ratings of 0 or 1 are used because lower levels of anxiety suggest higher personal wellbeing.
On the other hand, the lowest levels of personal wellbeing are defined as ratings of 0 to 4 for life satisfaction, worthwhile and happiness. For reported anxiety, ratings of 6 to 10 are used because higher levels of anxiety suggest lower personal wellbeing.

Figure 6: Highest and lowest personal wellbeing ratings at baseline by age group - matched pairs *(base=97-98)*
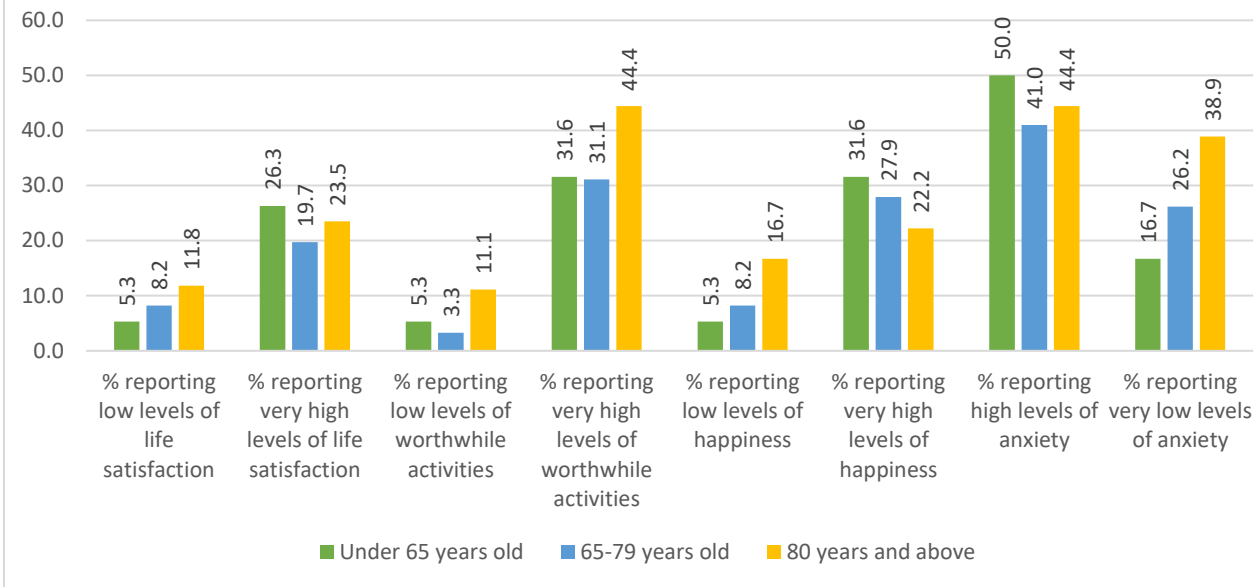
Apart from reported anxiety, baseline ratings for the matched-pairs cohort presented a slightly different picture to the wider group, as shown in Figure 6. Notably, respondents aged under 65 were more likely to report high levels of life satisfaction, worthwhile activities and happiness than those aged 65-79.

Figure 7: Highest and lowest personal wellbeing ratings at follow-up by age group - matched pairs *(base=95-98)*
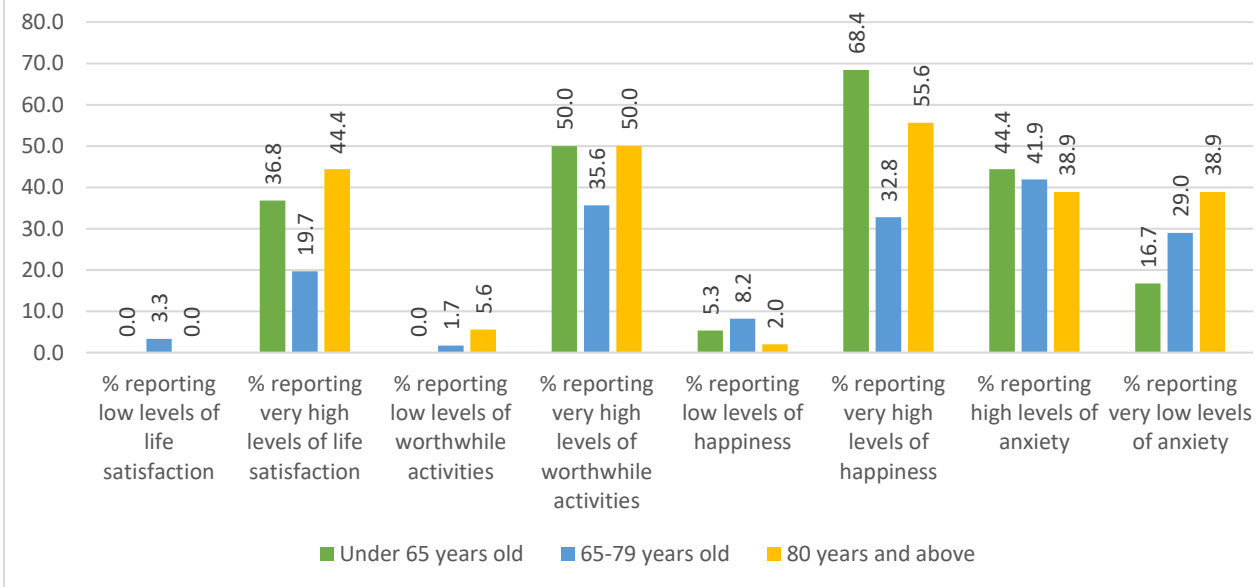
Figure 7 shows improvements in reported levels of life satisfaction, worthwhile activities and happiness across all age groups at follow-up, with the trend being broadly similar to baseline. Interestingly, the improvement in reported levels of happiness for respondents aged 65-79 was not as great as the other two age groups. In terms of anxiety, the proportion of respondents reporting high levels of anxiety at follow-up was lower for the younger and older age groups, but greater for those aged 65-79. There was a small increase in the proportion of respondents aged 65-79 reporting lower levels of anxiety at follow-up. Tests to determine statistical significance of these differences were not done as the sample size for each age group was so small. However, a paired-samples t-test for the entire matched-pairs cohort found that there was a statistically significant improvement

only in life satisfaction i.e., respondents reported feeling significantly more satisfied with their life at follow-up (M = 7.50, SD = 1.52) compared to baseline (M = 7.14, SD = 1.79); [t(95) = -1.990, p = 0.05].

3.2.2   Exercise and physical activity

The frequency of exercise or physical activity in the matched-pair cohort was comparable to the wider group, with over 60% reporting that they exercised several times a week and about 28% exercised once or twice a week. However, Figure 8 shows that the matched-pair cohort reported exercising less frequently at follow-up (M = 1.67, SD = 0.93) than at baseline (M = 1.45, SD = 0.75). A paired-samples t-test showed that this reduction in frequency was statistically significant (p = 0.026).

On closer inspection, 22 (22.2%) respondents had reported exercising less frequently at follow-up while 11 (11.1%) had reported exercising more frequently; the frequency of exercise from baseline to follow-up among the rest of the respondents had either not changed (n=60, 60.6%) or was unknown (n=6, 6.1%). Of those whose exercise frequency had reduced, more than half (n=12, 54.5%) were aged 65-79, five (22.7%) were aged under 65, and another five (22.7%) were aged 80 and above. Similar proportions were observed with those whose exercise frequency had increased. Figure 9 shows the changes in frequency of exercise or physical activity by age group.

Figure 8: Frequency of exercise or physical activity

Figure 9: Frequency of exercise or physical activity by age group (base=95-97)
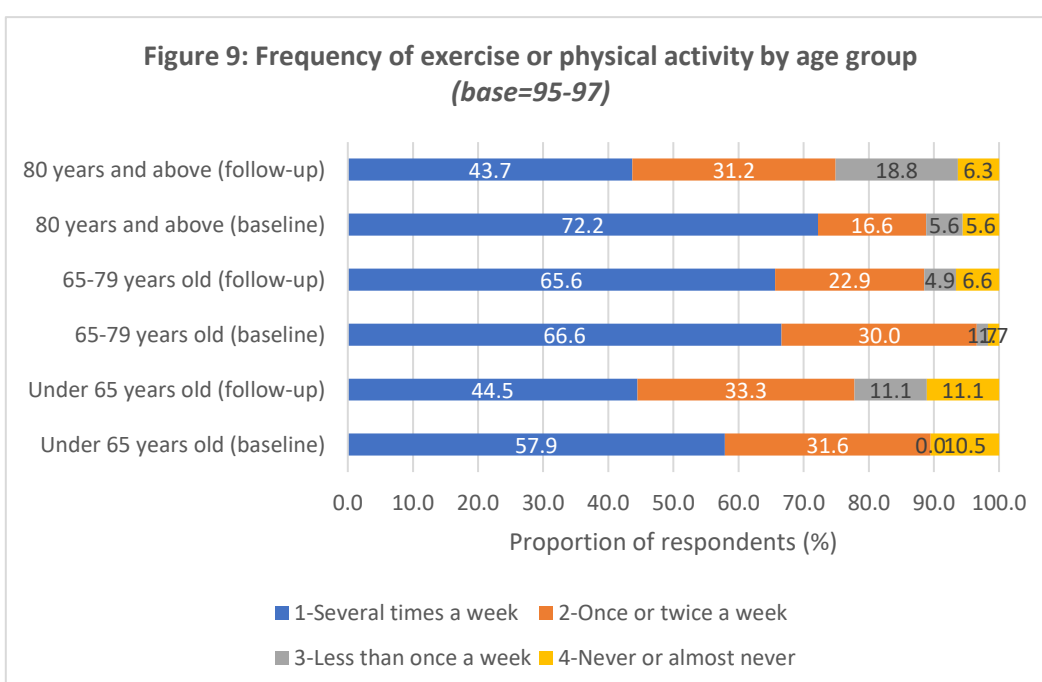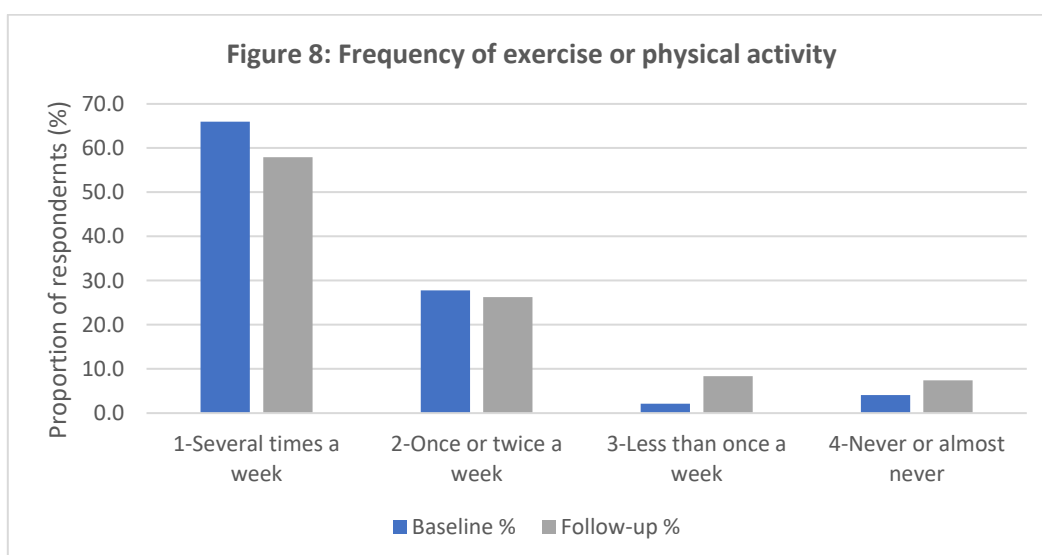
3.3   Perceptions on the community and the group/activity funded by the Small Grants Fund

Respondents were asked if they felt there was enough going on in their community or local area to get involved in. At baseline, about half the matched-pair respondents (n=46, 49.5%) answered 'yes', 17 (18.3%) answered 'no', and 30 (32.3%) were not sure; these proportions were very similar to the wider group. However, significantly more respondents answered 'yes' at follow-up (M = 1.63, SD = 0.84) than at baseline (M = 1.85, SD = 0.89); [t(87) = 2.386, p = 0.019].

At baseline, respondents were asked about barriers to joining activities in their local area. A total of 177 (68.3%) respondents reported at least one barrier, with 64 (36.2%) of them reporting more than one barrier. Table 3 shows that, for both the matched-pairs cohort and the wider group, the most common barriers reported were their own health or disability, not knowing what was on offer, and being busy with caring responsibilities. Other barriers reported include inaccessibility in terms of distance or ability to get to the group/activity (e.g. lack of public transport), the activities being "too active" i.e. lack of fitness, and lack of motivation or courage to get involved.

Table 3: Barriers to joining activities in their local area

	Matched pairs		Whole cohort	
	Proportion (%)	Number	Proportion (%)	Number
Barriers		*Base = 99*		*Base = 259*
Own health or disability	29.3	29	24.3	63
Don't know what is on offer	21.2	21	22.8	59
Caring responsibilities	17.2	17	12.0	31
Groups/activities available don't match their interests	15.2	15	11.2	29
Busy with work	5.1	5	9.7	25
Worried about the Coronavirus	5.1	5	3.1	8
Groups/activities are too expensive	1.0	1	2.7	7
Groups/activities are not welcoming	1.0	1	0.8	2
Other	4.0	4	6.6	17

Table 4 shows that the most common ways respondents found out about the group or activity they were taking part in were through friends or family, project staff/volunteers or leaflets/posters. 'Other' ways they found out include from local newspapers/magazines, social clubs, other community groups, and the local council.

Table 4: How respondents found out about the group/activity funded by the small grants project

How they found out	Proportion (%)	Number (*Base = 259*)
Friend or family member	25.9	67
Project staff/volunteer	22.0	57
Leaflet or poster	12.4	32
Website	6.9	18
Adult social care or social services	3.5	9
GP	2.3	6
Sheltered accommodation/care home	2.3	6
Other	18.1	47

At follow-up, respondents were asked about how they felt being part of the group/activity had benefitted them. A total of 92 (92.9%) matched-pair respondents reported at least one benefit, with most of them (n=82, 89.1%) reporting multiple benefits. Table 5 shows that the top three self-reported benefits were meeting new friends (n=85, 85.9%), improved personal wellbeing (n=67, 67.7%), and feeling more connected to their local community (n=64, 64.6%). Other benefits reported include having respite from their caring role, led to them joining other activities, and improved skills (IT and singing).

Table 5: Benefits from being a part of the group/activity funded by the small grants project

Benefits	Proportion (%)	Number (*Base = 99*)
Met new friends	85.9	85
Personal wellbeing has improved	67.7	67
Feel more connected to their local community	64.6	64
Feel more confident	44.4	44
Personal health has improved	29.3	29
Have more tools to help them manage life	25.3	25
Do more exercise/more physically active	23.2	23
Other	11.1	11

Figure 10[2] shows that respondents who reported higher levels of personal wellbeing also reported more benefits from being a part of the group/activity funded by the small grants project. Encouragingly, 91 (91.9%) respondents said that they intend to continue attending this group/activity in the future.

Figure 10: Personal wellbeing and self-reported benefits from being a part of the group/activity
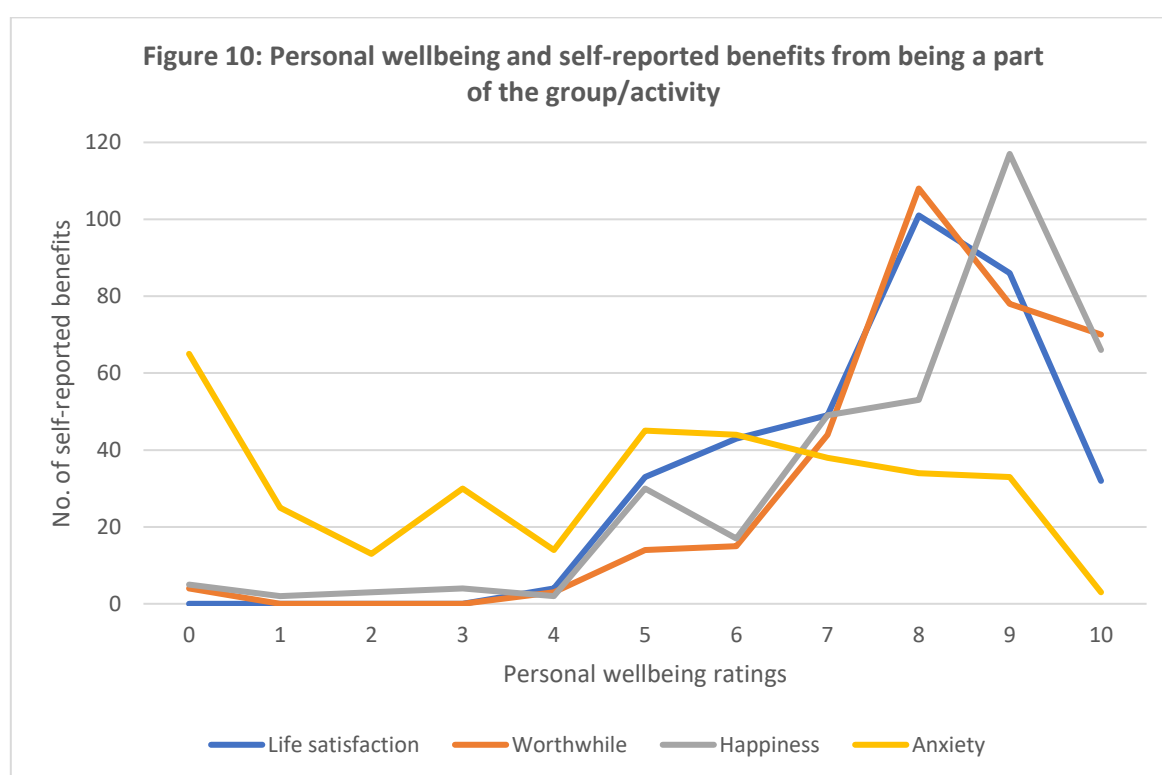
3.4   Motivations for participation and what respondents most enjoyed

At baseline, respondents were asked to answer in their own words, *"What attracted you to join this activity?"*. A total of 226 (87.3%) people answered this question. The responses corresponded to one of 15 themes identified in the analysis and are shown in Figure 11. The top three reasons for participation were: (1) to meet people and make new friends; (2) because they enjoy the activity itself; and (3) to learn new things, develop or maintain an interest, or improve existing skills.

At follow-up, 63 (63.6%) of the matched-pair respondents answered the question, "*What have you enjoyed most about being involved in this group or activity?*". Responses were similar to the themes identified as motivations

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[2] Levels of personal wellbeing for life satisfaction, worthwhile and happiness are rated from 0 to 10, where 0 suggests lowest personal wellbeing and 10 suggests highest personal wellbeing. The reverse is true for levels of anxiety, where 0 is the lowest rating for anxiety (highest personal wellbeing) and 10 is the highest rating for anxiety (lowest personal wellbeing).

for participation and are shown in Figure 12. Two new comments were made – two respondents reported that engaging in the activity took their mind off their problems and another said attending the group gave them a sense of purpose.

Figure 11: Motivations for joining the group/activity

Category	No. of respondents (approx.)
Meet people/make new friends/like-minded people/social	78
Enjoy the activity itself (crafting/arts/creativity/sailing/singing)	39
Learn new things/develop or maintain an interest/improve…	36
Reduce loneliness and isolation/want companionship/social…	23
To make a difference/help others/volunteering/being useful	21
Mobility/physical health/fitness	17
Invited by others/accompanying others	12
Wellbeing/mental health	12
Enjoyment/fun/pleasure/relaxing	11
Sharing experiences/interests	8
The organisation itself/supportive/staff	7
Convenience	6
Being outdoors/in nature	5
Being part of a group/community	5
Followed a bereavement	3

No. of respondents

Figure 12: What respondents enjoyed most about being involved in the group/activity

Category	No. of respondents (approx.)
Meet people/make new friends/like-minded people/social	38
Enjoy the activity itself (crafting/arts/creativity/sailing/singing)	13
Reduce loneliness and isolation/want companionship/social…	10
To make a difference/help others/volunteering/being useful	10
Being part of a group/community	10
Learn new things/develop or maintain an interest/improve…	6
Enjoyment/fun/pleasure/relaxing	5
Wellbeing/mental health	5
The organisation itself/supportive/staff	5
Followed a bereavement	3
Invited by others/accompanying others	2
Distraction from problems	2
A sense of Purpose	1
Sharing experiences/interests	1
Mobility/physical health/fitness	0
Being outdoors/in nature	0
Convenience	0

No. of respondents

4. Findings from stakeholder interviews

In October 2022, two UWE researchers (ED and MB) spoke to seven stakeholders about the Small Grants Fund. These stakeholders included Community Development Workers (CDWs) who had been involved in either the promotion of the scheme or directly supporting community groups to complete an application. This section summarises the findings from these conversations.

4.1   Main learnings

1.   Microgrants:
      a.   were seen as a good way to **get groups/activities off the ground** and as a useful tool for **building confidence** amongst applicants and participants.
      b.   allow communities to **capitalise on existing assets**, giving local people the opportunity to establish new groups/activities at a minimal cost.
      c.   work best when they are **aligned to the existing passions or interests** of those living within the local community.
      d.   have the benefit of supporting groups/activities to become **self-sustaining** once established and are often led by those living locally.
      e.   allow funding to be **targeted** in a specific area and **the community directly benefits** from the funding rather than the money passing through organisations and agencies. Many of those running groups/activities know the local area well and are therefore, able to work in the **best interests of residents**.

      "I think some of the things that have come out of these groups are the sort of boxes that the NHS or whoever would like to tick but they've come from the group rather than […] I think it has really contributed to physical and mental wellbeing." (S4)

      "I think it's the best way to get money out to communities in small amounts. I wish there was more of it. I think it's a really good way to get money right down to the people themselves rather than the organisations and agencies. I really like that, and it shows the level of trust as well, that people know what will benefit them." (S5-1)

2.   **Advertising opportunities** to obtain microgrants was seen as crucial to their success, as was **providing support** for groups or individuals to successfully apply for them. Providing this support to applicants was seen to have a significant impact on the sustainability of funded groups/activities beyond the funding period.

3.   Facilitating access to microgrants and **offering clear guidance** to applicants was also seen as a way to ensure that the money would achieve the intended health and wellbeing outcomes. These are outcomes the NHS also wants to achieve, but that are driven and led by local people.

4.2   Main challenges of or barriers to applying for microgrants

1.   Although generally seen as positive, there is a danger that microgrants could also be seen as a way of getting the voluntary sector to **provide services for less money**.

2.   Microgrant applications can be **difficult to navigate**, and it was suggested that if an application was unsuccessful but of good quality, it could be shared with a network of funders and matched to the right funding stream. Criteria for microgrants can be very specific in scope and informing communities of other available funding streams in addition to the Small Grants Fund was seen as beneficial.

3.   Small grants are often **very short-term**, and this meant that for some groups/activities, it was difficult to keep going past the initial funding period.

4.   Applying for grants can feel **overwhelming**, so offering small pots of funding were seen as a good way of mitigating that.

5. It was felt that microgrants should not be **too prescriptive** in their scope to allow for a greater range of activities. A more holistic approach was seen to bring more benefits to communities.

   "We will never be able to solve a lot of the problems in the NHS if we don't start with the wider determinants of health." (S2-2)

6. The impact of groups/activities funded through microgrants and supported by the voluntary sector is often measured in terms of reduced hospital stays or GP appointments. Measuring impact in this way **overlooks many other key health and wellbeing outcomes** that may be improved for participants of these groups/activities. It may therefore be beneficial to look at better ways of using data that is captured.

   "If there's a big national evidence base that says more peer relationships, more physical activity, more access to green spaces, better debt advice, better housing… all these things deliver improved outcomes, well, perhaps we should just accept it, that if we're investing in those areas that that will yield improved outcomes and also people are telling us that their outcomes are better. Perhaps we just need to believe them… rather than having to always see it through GP appointments, hospital stays…" (S1)

5. Case studies

Over recent years, UWE has worked closely with a team of Community Researchers (CRs) who have previously made a significant contribution to our evaluations of community initiatives to support older people. These CRs are themselves aged over 50 and are trained in all aspects of data collection, data analysis and report writing.

This section presents the findings of three CRs – Anne Jenson, Jenny Hoadley and Penny Beynon – who were tasked with putting together case studies to support the evaluation of the Small Grants Fund (Anne and Jenny had been part of the team that evaluated the CKSF). These case studies, completed in November 2022, provide a powerful account of the many benefits of the Small Grants Fund in supporting community development and participation initiatives for older people, and also highlight some of the challenges associated with reducing loneliness and social isolation, as well as with short-term funding cycles.

5.1 The Ardagh Project

This case study was written by Jenny Hoadley.

Overview

The Ardagh Community Trust (ACT), set up in 2017/18, through its Community Interest Company (CIC) is a community hub situated on Horfield Common in the centre of a residential area in North Bristol. Its mission is "to provide facilities in the interests of social welfare for recreation and leisure time occupation at the Ardagh site...". The community cafe is a well-used amenity in the local area and the year-round activities emanating from the hub, including the provision of public gardens, are undertaken through volunteer support. The cafe generates most of the income to pay the staff group and maintain the infrastructure, but the costs of activities themselves require additional funding.

This case study is based on informal interviews with a senior member of staff from the CIC, and a trustee of the Trust, and focussed on the volunteer teacher and some participants of the ongoing Tai Chi group.

Background to the application

"We put in the application as an initial response to feedback from people coming here and volunteers doing things...those ideas had come from people who had taken part in those activities", for example extending the Tai Chi group.

The success of the grant application was publicised in social media and further ideas were sought - one was the setting up of the "Five Ways to Wellbeing" courses. In the end, the grant funded the following:

- The extension of the Tai Chi sessions
- Horfield in Bloom (hanging basket-making workshops (x2), flower arranging workshop, Horfield Common Front Garden Trail, poster-making workshop and competition, sunflower growing competition)
- The Five Ways to Wellbeing Course (5 sessions which was run twice, with a total of 16 participants)

The Tai Chi group

The Tai Chi group offers the session three times a week for people over 55, outdoors except when it is raining. It was set up using other funding in 2018, with ten users. It now has 140 people registered. On the morning of the CR's visit, there were about 50 people at the first session and a further 25 or so at the second. The hiring of the tennis court for Tai Chi is paid for from the grant; the teacher is a volunteer, so the sessions are free and there is no prior booking system. Afterwards, many of the users retire to the cafe on site for a hot drink and a chat.

The sessions are well-publicised on the outdoor notices around the site, but the fact that it is open-air and thus visible to people crossing the Common, is enough to prompt interest. The volunteer recalled one of the participants saying, *"we were walking past so we thought we would give it a go…"*.

One of the participants said, *"I was up here with a group of friends having a cup of coffee and noticed it down there ...and pitched up the following week ..."*.

Word-of-mouth recruited others: *"… (then my friend) brought some of her neighbours…"*.

Another of the participants said that although she was invited to come by a neighbour, *"I had a health incident...I had a balance problem"* and thought it would help to regain confidence.

The impact of the Tai Chi group
All the participants were very positive about the benefits: *"I attend this (Tai Chi) as medicine...it lowers my blood pressure"* and *"Most of us come because we feel better after it...the deep breathing, balance and the meditative bit."*

They also acknowledged that the group is very motivating: *"You do need to gather to do it – we could do some of these things at home, but we don't…"*

The activity was equally positive for the volunteer teacher: *"I give my time and I love it and will always get out of bed to do it...I would be a totally different person without my sessions every week – I just totally love it."*

Going to the cafe afterwards is an unintended consequence – none of those I spoke to said that the reason for joining was the social interaction in the café, but it is highly valued by the group: *"…when you have got people who have a social interaction afterwards, it adds to ...the energy of the day"*, *"it is the psychological bit as well as the physical bit"*, *"...and of course we meet up and have a gossip afterwards...which is equally therapeutic"*.

The volunteer teacher felt the close juxtaposition of the cafe was essential for the success of the Tai Chi group: *"for me, as someone who trained to teach it, it has made all the difference because other people around Bristol who don't have this combination are finding it harder to establish a class…"*

The cafe was an unexpected bonus and enabled people to extend their social contacts even if they attended initially with a friend.

The future of the Tai Chi group
The future of the Tai Chi sessions appears to depend on further funding to cover the cost of renting the tennis courts. As one person said: *"These bits of short-term funding mean insecurity of the project… (I) want them (the funder) to acknowledge it is doing a great deal of good and costs next to nothing...they could do lots of projects at low cost because they are done by volunteers."*

Challenges and future ambitions at ACT

ACT has demonstrated that volunteer-led projects are indeed successful, and the limit on future ambition is mainly access to money. However, ACT is also clear that none of the activities would have happened if the back-up of the paid staff at the Ardagh was not there. There are hidden costs associated with the volunteer-led projects e.g., administration around bookings, insurance, advertising events and activities, health and safety, infrastructure maintenance and repair, running the cafe, cleaning the toilets, and importantly fundraising. As the Tai Chi teacher said, *"...but if I had to do admin, booking courts, it would be less attractive to me… I would feel more stressed about it...so it makes a big difference to the ease of which it works* ".

Finding suitable volunteers who are willing to be trained and have leadership skills is not always easy. Originally, it had been hoped that the funding would have covered a much-demanded Healthy Walking group, but the selected volunteer then developed health problems and to date has not completed the training.

There are also issues about how best to engage with a diverse community and ACT would like funding to encourage experimentation and the room for "failure", and thus the space to learn. For example, neither the one-off workshops, which although very popular in themselves, or structured courses e.g., Five Ways to Wellbeing, necessarily lead to more engagement with further activities at the hub. ACT also felt that the structure of funding, its accounting and reporting requirements, often led organisations to develop formal structures, but their own experience shows that *"...people want to come, socialise, get to know people, but not the pressure to perform or do something every week."*

So, there is scope to consider how best to structure what is on offer. For example, is the volunteer-led model in fact the only one; is there a role for charging despite many people feeling reluctant to pay? Many assume (erroneously) that the Council is bankrolling everything.

ACT feels that this debate could be taken much further if they had income to appoint a paid volunteer coordinator. Currently, this role is not part of anyone's current job description. However, it could be a key role in enabling people to engage with activities, either having the time to signpost, or introduce individuals to activities, as well as recruiting, providing support and mentoring for volunteers to make the activities as successful as possible.

This is still a young organisation. When I visited, the site had a multi-generational feel about it and a "buzzy" atmosphere. Despite the hard work required to keep it running, the trustee said, *"it raises your heart…everyday".*

5.2   The Bricks Creative Community Meet-up group

Three case studies were written by Penny Beynon – the first was following an interview with the group organiser and a further two were from her interviews with two participants from this group.

Overview

The weekly Thursday morning meet-up group is just one of the activities based in St Anne's House, formerly a local authority office building in the southeast of the city, now occupied and run since 2021 by Bricks, a Bristol-based charity. Bricks is largely arts and community- focussed and describes itself as "working with creative, local and social enterprise communities in and around the South West." The organisation offers a base for workspaces (including for mental health support workers, social prescribers working with local GPs), art studios, exhibitions, a community gym, rooms for hire, a range of community events and activities mainly with a social impact focus. It works in close collaboration with a group of local residents (St Anne's Action Group) to ensure the project meets local community needs and ambitions and develops an accessible and welcoming environment.

Background to the application

One of the group's specific objectives is working "with local resident groups through creative processes to support local voices in the development of the community". With this in view, Georgia, the group organiser, as part of her outward-facing role as Bricks Public Programme Producer, collaborated with the Older People Development Worker for South Bristol, who was aware of a gap in the locality for activities where older people could meet and connect.

They decided to publicise and run a Thursday morning meet-up group for an initial 8 weeks with a view to seeing whether it met a local demand. The plan was that there would always be some sort of activity e.g., art or craft, guest speakers, alongside just the opportunity to meet others. While never aimed specifically for older people, they ensured that it was accessible for people of that age group.

The group started in April 2022, and was well-attended, mainly by older people who wanted to continue beyond the original 8 weeks. The funding via AUKB has allowed them to meet, free-of-charge, each week since April. On average, 11 people regularly attend each week, or every other week, with the core group of ten aged 55 or over. In addition, the group has also developed as a friendly drop-in meeting place for those living locally. There is a lack of socialising opportunities and activities for older people in the immediate locality, which is on the edge of a large sprawling suburb and bordered on two sides by the River Avon and large trading estates, which form a physical barrier. There aren't many social spaces apart from churches and it isn't easy to get around in terms of transport, made worse by recent reductions in bus services.

The Creative Community Meet-up group

The aim for the group was to create a caring environment and to do definite activities, to bring others in to share skills or interests and hopefully to enable attendees to connect with other users, such as artists in the building. The idea of having some kind of activity, however simple, is not only to provide something new or interesting but that it gives a reason for people who don't know each other to chat and connect, although there is no pressure to try the activity offered.

> *"Often, we find people find it easier to chat when they have an activity alongside it - that's the idea really."* - Group organiser

The purpose of the group is to provide a place to connect for older people, especially for whom circumstances may have changed, perhaps due to bereavement or health issues, and who find they can no longer socialise or do the things they used to as before. Although the core members are mainly over 50, younger people do come which is felt to be important for the group dynamic, bringing a different energy to the space.

> *"I think it's breaking out of the everyday, a chance to connect with other people who you might not otherwise meet… you might be able to take those relationships forward in other parts of your life and support each other and build that network that everybody needs to be more resilient don't they?"* - Group organiser

Examples of the supportive network already established in the group are that members are sending messages for a regular member who's been unwell and unable to attend for a few weeks; others have paired up to give lifts to those who might otherwise be unable to get there or anxious about attending.

Georgia is aware that people have become more confident in the group setting about having a go at the activities and chatting.

> *"Often when people come, they're quite anxious… start off quite nervous and then become a lot more talkative and supportive of other people who might be new."* - Group organiser

Challenges and future ambitions

The main physical challenge for the group is the poor local public transport. Dial-a-Ride, a long-established community bus service, stopped in August 2022, and there is uncertainty about any replacement.

In terms of self-sufficiency, in Georgia's view, although some aspects of organisation can be handed over to the group, there is a need for someone in an organisational capacity, not only to arrange outside speakers and activities, but to keep an overview of the support needs of individuals.

> *"It's a tricky one because sometimes people have needs, for example dementia, and people who are very able to support that person still need that space for themselves. It's getting that balance so that I can support them…"* - Group organiser

Financially, the group relies on existing grant funding to pay for outsiders to lead an activity, craft materials and refreshments. It is currently free to attend. The introduction of member contributions might have a negative effect and create a barrier to the free-flowing drop-in option the group offers, which is valued.

The group has really met Georgia's expectations. Originally, they simply wanted to open the space up for communal use and didn't know if it would continue beyond the initial 8 weeks.

> *"It's really lovely, people are really supportive of each other, happy to get together and have a go at something together - it might be a really simple thing. I learn a lot from people. We can share information… so it creates more of a network, people help each other out and let others know what's going on in the area. People have said they'd lost confidence, and this is a really great place to come. It's made them feel better... I think it's something to look forward to in the week. Social connection is really important but also positive things, "Oh I'm going to try this at home!" and "this has been a really good time"."* - Group organiser

Case studies[3] of two participants from the Bricks Creative Community Meet-up group

Judith's Story

Judith is 78. She was widowed 4 years ago after caring for her husband for 8 years. She finds mixing and going anywhere new on her own difficult. Since being in her 70s, despite being generally a positive person, she says things make her anxious now that never would have done. In her view, "*it's an age thing*". However, she says, "*the worst thing is to start staying in and finding "ooh I can't do that" and that's the nail in the coffin as far as I'm concerned*".

She alternates coming to the Creative Community Meet-up every other week with meeting at a café with old friends from cycling. Having been a regular with a cycling group - she was a cyclist for 70 years - she now finds she can't cycle so much on her own. However, she's still able to go cycling with her *"wonderful neighbour"* across the road who calls for her once a week to go for a ride of about 20 miles. She also goes to another craft group that she can walk to.

She found out about the Creative Community Meet-up from a neighbour who put a note through her door about the new group and Judith has been coming more or less since it started.

> *"I took a couple of goes to come in but then I eventually said to myself "this is stupid - go on in" and I've come ever since… They're a lovely group and I really enjoy coming."*

The neighbour who sent the note comes intermittently and another neighbour used to come but is now back at work, but Judith knew no-one else at the group. She particularly comes to meet people that live in the local area because previously most of her social activities were with friends outside the area.

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[3] All names are pseudonyms.

> *"As you get older, your ability to move about gets less. So what's good is I can walk here and walk home and don't need to use the buses… the companionship and to talk to different people that I don't usually mix with is very nice… they're so friendly."*

She especially likes the fact that "*you learn things about your area that you didn't know by talking to people whereas when your circle's outside the area you miss out, you see… you can ask people about things you might not be sure of and… get an answer which is interesting to find out.*"

She feels coming to the group has definitely made a difference to her because she's very independent and won't ask for help. She has a stepson who looks out for her but no children of her own and doesn't like to rely on other family members. She feels that when you're retired your circumstances are changing, you have less energy though you try to keep going, people pass away and *"your circle shrinks"*, so it's important to be positive and make the most of what's on offer.

> *"I don't want anybody to phone up and think that I'm whinging and whining. I can sometimes feel like that, but you've got to think positive and keep going and this group helps me do that."*

Judith has a degenerative eyesight condition which requires an injection and assessment every 12 weeks, with no guarantee of a permanent cure. Although currently safe to drive, she is very aware that she may have to stop driving if her condition worsens. Hence, she is taking steps to gradually familiarise herself with using buses to get out and about in order to maintain her independence, although - like others - she is worried about the recent cutting back of bus services.

She's recognised that the group has become very supportive to one another. She highlights, in particular, their encouraging of another member, Joan, to keep coming back, including in part because another member, Ellie, gives her a lift so she has someone to come with. Judith felt Joan (very recently widowed) was *"struggling a bit"* at first but "*with all the others looking after her, she's come, and she looks much better now. When she first came, she looked very hesitant and very lost. Now to see her look happy, I've seen quite a change*".

Ellie's Story

Ellie is over 55 and retired 6 years ago, having been a district nurse for the previous 12 years. She's very involved with 'behind the scenes' practical activities at her church and is currently, with a friend, decorating 30 donated Christmas trees to go all round the inside of the church.

She's been coming to the Meet-up for about 6 months having found out about it from a poster.

> *"When I read it was about arts and crafts and meeting people - that's me... I just love working with my hands."*

Ellie finds the building – a former council offices now under the auspices of a community arts-based charity – with its various other facilities (e.g., artist studios, work bases for social prescribers, mental health workers, community gym, other community activities) a great base for the group. But its location on the edge of trading estates and transport difficulties, such as the recent cancellation of local bus routes, can make it difficult to attend for those who live more than easy walking distance away.

While she paints and works in collage at home, her main motivation for coming is the social aspect of meeting others as well as the art and craft activity.

> *"As soon as you walk in you get a warm welcome, you don't feel on your own."*

For herself, Ellie feels it's given her a bit more confidence in herself as well as some new opportunities, including a visit to an art gallery for her and two other members arranged by and with, an artist based in his studio in the building following his talk at the group. A further gallery visit is already planned.

Ellie lives just outside the immediate locality and could cycle to the group but instead gives a lift to another member, Joan, who lives nearby and whose son brought her originally. Ellie has noticed a positive change in Joan since she's been coming to the Meet-up. Joan was widowed only a few months previously and is still very much feeling the effects of her bereavement.

The group meets around a large table at one end of the large comfortable Community Living room and close to a kitchen with tea and coffee available. Ellie points out that because there isn't a push to take part in the activity, those that don't wish to do so are still able to feel part of the group and participate in it.

> *"If you don't want to do anything, you can just sit there - it's lovely - I think that's what Joan likes. I've seen such a difference in her. She's put her make-up on in the morning, (before) she used a stick when she came in… It's just amazing and she's so much brighter. Every time when she gets in the car she says, "I just look forward to coming here"."*

5.3 The New Life group, Thornbury

This case study was written by Anne Jensen after one Zoom conference on 20th October 2022 with the Community Development Officer for Thornbury[4]; one meeting with the New Life group over lunch on 1st November 2022, followed by two meetings with four attendees on 8th and 22nd November 2022.

Role of the Community Development Officer

The Community Development Officer (CDO) works with the Southern Brooks Community Partnerships. Her post is funded by St Monica Trust for three years, from early 2021 until early 2024. She has roughly a 30K project budget each year including her salary. She describes her role as that of a "community connector or facilitator" to rejuvenate communities particularly for the over fifties in the Thornbury area, who might have withdrawn from social activities during the pandemic. She has been supporting the New Life group with publicity, refreshments and room hire out of the St Monica Trust fund. Their fund from Age UK Bristol (AUKB) is meant for activities and social trips.

Quote provided by the CDO spoken to her by an attendee: *"I am back to my own being."*

Origins of the New Life group

The seeds of the group began in May 2021 when the CDO met a lady at a social event in Thornbury. This lady (X) had recently lost her husband after many years of caring for him and was trying to find her feet again. The CDO introduced her to the Memory Café run by the Women's Institute (WI) in Thornbury, run for carers on the second and fourth Tuesday of each month. A friendship began with another attendee at the Café, who recently moved to Thornbury and also bereaved after many years of caring for her husband. (X) had been supported and involved by her local Crossroads in Essex and was keen to start a group for bereaved carers to support them in their 'New Life' without the structure that full-time caring brings.

> *''I also realised that there were so many more people like me, who had no social life and consequently had lost touch with old friends and activities. When I moved to Thornbury, I volunteered for the Memory Café and soon realised that there were people attending who were ex-carers or current carers, who were attending because that gave them a little social contact, otherwise they were very lonely. That was the reason why I started my group, New Life, a name chosen by the initial members''.* – (X), after her own bereavement

(X) searched for and found the premises for meetings at the Wheatsheaf pub in the centre of Thornbury. This is very accessible by car, bus and for disabled access. The landlord does not charge them any rent. The group meet on the first and third Tuesday of each month from 12 noon until about 3pm. Each person pays £5 towards lunch,

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the total cost being made up from a grant given by AUKB. The group has been formally active since April 2022. Membership has now reached about seventeen attendees, and all are ex-carers in their seventies and eighties with a few in their nineties. Some still attend the Memory Café as ex-carers.

The grant from AUKB of £2,000 had been applied for with support from the CDO. It then took about 8 weeks to set up a bank account with Lloyds Bank. The grant is for activities and outings. This had to be set up online, so the CDO became involved in assisting with this. One of the attendees is Treasurer (Y) and another provides a second signature for the cheque book. (X) is the main organiser and membership secretary compiling the list of members. She organised an outing in the summer – a bus run to a Cotswold village for lunch; a post-Christmas meal is being arranged for January.

Participant questionnaires

Three people completed an entry form questionnaire, including (X) and (Y) and they also did the follow-up questionnaire. The age of the participants ranged from 82 to 94. A fourth participant felt unready to take part. All four had been long-term carers for many years, are fairly recently bereaved and have some health problems. They have been involved with New Life from the beginning.

In the entry form, two reported that they felt their health and wellbeing were satisfactory, while the third scored herself very low on those scales. Two felt there are enough community activities in the area, one of those felt her own health problems stop her attending more. The third person does not think there is enough support specifically for carers and ex-carers of partners with Alzheimer's and Parkinson's. They had all joined New Life to meet people. The two completed follow-up forms stated that the group had helped them to make new friends and helped them feel more confident and more connected to their community. One reported an improvement in their sense of wellbeing. They will continue to attend the group.

Challenges ahead envisaged by:

The CDO

She would like the group to be self-sustaining which will mean applying annually for grant funding. This will require facilitating a core group of people wanting to take on this responsibility from within the wider group. At the moment, there is a strong lead person (X) and one Treasurer (Y) who does not want to take on more tasks. Decisions are made informally at the lunch meetings.

Communication
New members with IT skills would be helpful as these skills are varied at present. Some people use WhatsApp, but telephone calls are the main form of communication. For those who can use Zoom, hearing and visual impairments can make it difficult plus some people have very strong individual agendas to present.

Membership
Currently, there are only two men in the group. The CDO would like more activities on the agenda apart from social lunches. This might draw in more men. Ongoing publicity will be important for someone to undertake. The CDO helped with this in the initial setting-up phase. The CDO thinks the group should consider "holiday breaks" in the future.

The Participants

Verbally, the four interviewees agreed that ex-carers are often left exhausted after years of providing and organising care. This limits the amount of responsibility people want to take on running a group, at least initially. Thus, the Treasurer does not wish the stress of taking on more of the financial tasks. Most attendees are happy attending the fortnightly social lunches. Organising activities is led by one person (X) at present. The health and mobility of attendees can limit the scale of activity.

Size of the group

In the summer, numbers fell away but have increased again. They are concerned that twenty is a comfortable maximum, after which a new group would need to be started. Quite a few people have joined from the local Memory Café which they still attend as ex-carers. The experience of her support from and involvement in Crossroads in Essex, is often referred to by (X). She is keen for a Crossroads to be set up in Thornbury. Crossroads also provides a sitter service for carers to enable them to go out alone.

Conclusion

Six months on from its start-up, the New Life group is providing a supportive social community for recently bereaved ex-carers in the Thornbury area. It would appear to be an excellent example of a grassroots initiative supported by a CDO. However, as the group expands, it will require more of a formal committee structure to be in place to ensure annual application for funding and hence its sustainability. It might be that volunteers who are not "recovering" ex-carers need to be recruited for these roles. Otherwise, the important question is who can step in when (X), who is 94-years-old, and (Y) want to retire from their roles of Organiser and Treasurer.

6. Discussion, conclusions and recommendations

This evaluation comprised a before and after assessment of personal wellbeing (life satisfaction, worthwhile, happiness and anxiety) and self-reported physical activity of participants of Small Grants-funded groups/activities between April 2022 and March 2023. It explored their perceptions on the local community and the groups/activities, as well as the barriers to and motivations for participation. This was accompanied by stakeholder interviews to elucidate the main learnings from the scheme and the key challenges of and barriers to applying to it. Case studies captured the context and complexity of the Small Grants-funded groups/activities, and the lived experience of participants.

Of the groups/activities that provided follow-up data, seven (50%) were associated with applicants from areas of higher deprivation; of the groups/activities that provided baseline data, eleven (45.8%) were associated with applicants from areas of higher deprivation. However, our findings show that people living in areas of higher deprivation (IMD deciles 1-5) did not engage with the evaluation (i.e., did not return their questionnaires) as much as those living in areas of lower deprivation – less than a third of respondents were living in areas of higher deprivation. Although the Small Grants Fund was attracting applicants from areas of higher deprivation, more creative and innovative ways need to be employed to encourage those groups/activities to engage better with the evaluation process.

At baseline, questionnaire respondents aged 80 and over, reported lower personal wellbeing compared to the 65-79 age group. The same was found by the ONS in their 2015 Annual Population Survey and was attributed to higher levels of loneliness among those aged 80 and over. The ONS reported that older people are more susceptible to risk factors of loneliness including personal characteristics such as living alone, housing tenure, bereavement, and ill health; they are also more susceptible to experiencing multiple risk factors concomitantly. In our evaluation, 183 (70.7%) respondents had at least one diagnosis at baseline and the most common barrier to joining activities in their local area as reported by 63 (24.3%) respondents was their own health or disability.

Most of the groups/activities supported by the Small Grants Fund were not aimed at increasing physical activity. This may explain why only 11.1% of respondents reported exercising more frequently at follow-up than at baseline, while the majority (60.6%) reported no change. Increasing mobility, physical health or fitness was only the sixth most reported motivation for participating in the groups/activities and was not even mentioned as one of the things respondents enjoyed most from being involved.

Respondents felt that there were more activities in their local area to get involved with at follow-up compared to baseline, perhaps because their participation in the Small Grants-funded groups/activities had made them more aware of or seek out other activities that were available locally.

The case studies demonstrate that volunteer-led groups/activities can be successful but also highlight the need for funding beyond the initial microgrant to ensure security, sustainability and to achieve future ambitions. Further funding is important to put the necessary infrastructure in place, for example to appoint and pay an administrator and a volunteer coordinator. It would help keep the groups/activities free to attend, thus avoiding the need to introduce participant contributions which may hinder attendance. Additionally, further funding would enable groups to experiment with and learn from new and innovative ways to engage with a diverse community.

The case studies also demonstrate how crucial microgrants are to get groups/activities off the ground, which then causes a ripple effect for participants. For example, engaging with the Creative Community Meet-up group impacted on other areas of Judith's life – it increased her confidence to keep attending despite knowing hardly anyone in the group initially, which led to her making new friends, which then helped her to think positive, which in turn encouraged her to try out the buses to maintain her independence. Ultimately, there is evidence that the Small Grants Fund has helped to connect communities through older people's social participation.

However, these efforts to connect communities and positively impact participants' wellbeing can be undermined by issues like reduced local public bus services, which can be a significant barrier for older people to attend groups/activities. Therefore, it is crucial to find a solution to end the ongoing staffing shortage to maintain local public bus services. Meanwhile, opportunities to expand alternative travel options like Community Transport services could be explored to enable older people to attend groups/activities to improve their wellbeing.

This evaluation produced an in-depth account of the impact of the Small Grants Fund in empowering local older people to improve their health and wellbeing through the perspectives of participants of microgrant-funded groups/activities, volunteers and stakeholders. As with all evaluations with self-reported outcome measures, findings of self-perceived benefits, such as to personal wellbeing, need to be interpreted with caution as they may not entirely reflect the outcome measures. Caution should also be taken in interpreting how meaningful the statistical results are given the small sample size for the paired-samples t-tests.