The Building Connections Fund

Part two: Evaluation of the Building Connections Fund during the Covid-19 pandemic

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Contents

Acknowledgements

Related publications

For more of our work on the Building Connections Fund, including part one of our developmental evaluation, our reflections on running a developmental evaluation, tips to help your remote project tackle loneliness, and our guidance on co-design, head to thinkNPC.org/bcf.

Executive summary

Learning from the Building Connections Fund during Covid-19

'March was going to be a really busy month for us [but then we had to] move to working from home and cancelled face-to-face delivery about a week before lockdown.'

BCF grant holder

Launched in December 2018 in partnership with The Fund and the Co-op Foundation, the £11.5m Building Connections Fund (BCF) was the first ever government fund dedicated to reducing loneliness in England.[1]

The Covid-19 pandemic had a major impact on the work of the BCF grant holders. When the first lockdown started in March 2020, some grant holders were no longer able to deliver their projects as planned and had to quickly adapt their service offerings. The context in which they were working was in continual flux, with government advice and legislation around social distancing and other Covid-19 safety measures regularly changing.

Prior to the pandemic, New Philanthropy Capital (NPC) had been contracted by the Department for Digital, Culture, Media and Sport (DCMS), The Fund and the Co-op Foundation to lead a consortium of evaluation and learning partners in conducting a mixed methods evaluation of the BCF. In March 2020, the circumstances of the pandemic meant we switched to a developmental evaluation approach to continue to capture insights.

Our evaluation aimed to:

- Capture and disseminate evidence of how the Covid-19 pandemic had affected grant holders and service users, and what grant holders had learnt from rapidly adapting.

- Understand how the BCF has tackled loneliness during the Covid-19 pandemic.

- Build the learning capacity and capability of organisations working to tackle loneliness.

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[1] The cross-government interest spans across Department for Digital, Culture, Media and Sport, Ministry of Housing, Communities and Local Government, Department for Education, Department for Transport, Department for Work and Pensions, Department of Health and Social Care and Department for Environment, Food & Rural Affairs.

Developmental evaluations are specifically designed for times of continual change. They are not constrained to specific methods, tools, or techniques; rather they focus on adapting and co-creating methods based on their utility, making use of real-time feedback loops. Due to the challenging circumstances not all grant holders were able to engage with the evaluation and we had limited opportunities to gather insights from service users.

The following findings are based on the analysis of available data but may not be representative of the experiences of all BCF grant holders. We've written this report for funders, policy makers in government and charities, researchers and front-line charities working to prevent or reduce loneliness.

Social distancing made loneliness worse for service users

'We're managing a lot more calls around emotional health and wellbeing, especially anxiety and loneliness.'

<div align="right">**BCF grant holder**</div>

The first lockdown imposed on the 23rd of March 2020 affected the lives of service users and the types of activities delivered by BCF grant holders. Some service users experienced increased anxiety and loneliness during the pandemic, especially those 'shielding'. Some vulnerable groups felt abandoned and forgotten as restrictions affected the services they typically accessed for support.

However, for some service users, the downsides of social distancing were less acute; factors like having a garden or financial independence contributed to this. Similarly, some people who were already very isolated continued much as before and did not report greater loneliness.

Grant holders adapted their delivery

'We are unable to run our social groups so we are contacting people via phone, calls and texts each week to check in with them. We are also creating an email newsletter to go out and some of our clients are receiving a paper newsletter through the post.'

<div align="right">**BCF grant holder**</div>

Prior to the first lockdown grant holders delivered a diverse range of activities, mainly in community-based settings. The most popular activity types were face-to-face befriending,

mentoring or peer-to-peer support, with some also delivering arts and leisure activities. As part of their BCF funded activities, some grant holders also focused on advice and signposting activities.

Following lockdown, many grant holders who had previously offered face-to-face services adapted their projects to continue to provide support remotely and meet changing needs.[2] Responsive activities and new Covid-19 delivery models included:

- **Practical support:** Delivering food and medicine, offering financial assistance, providing hardware to access online services and signposting other services.

- **Online support:** Online group activities, training videos and Facebook groups.

- **Offline remote support:** Phone support, one-to-one phone befriending, letters, and distributing activities (such as books, puzzles, or food for online cooking lessons).

To increase provision and accommodate different service user needs and preferences, some grant holders blended online and offline models. For example, using materials in online group sessions that had been physically posted or dropped off with service users.

Although some grant holders were able to adapt their services, this was not the case across the board. Some grant holders put their projects on pause initially but were able to adapt over the first six months. Others had to stop delivery altogether.

Some services found it easier to adapt

'We anticipated lockdown and we [were] able to prepare staff and clients for that eventuality, preparing us for home working and making sure everyone could be contacted and access services remotely.'

BCF grant holder

Some grant holders were able to continue delivering their projects with minimal interruption.[3] For example, grant holders who were already delivering services remotely could continue with their work largely unchanged.

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[2] When grant holders were surveyed in April 2020, 47% (23/49 grant holders) had started a new service and 41% (20/49 grant holders) had started delivering a new service remotely. By April 2020 there were 119 BCF grant holders and respondents were able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF.

[3] When grant holders were surveyed in April 2020 10% (5/49 grant holders) were unaffected as they had already been delivering remotely or were not focused on service delivery. There were 126 BCF grant holders and respondents were

Equally, organisations who had already invested in their digital skills and infrastructure, or those of their service users, had a head start at adapting to working online. Some grant holders planned specifically for a lockdown once the potential scale of the pandemic was made clear in February and March 2020. Those who did so reported being able to adapt with minimal disruption.

Service users had mixed experiences

'Some carers have actually seen their caring situation improve, which is very interesting. And others have felt that it's got worse, because they're not able to get out.'

BCF grant holder

As restrictions eased over the summer months of 2020, service users had different appetites for resuming face-to-face services. Some grant holders incorporated elements of face-to-face delivery into their activities where there was demand. Grant holders working with young people said this was especially popular. However, some service users felt anxious about in-person meetings, such as older people and those who had been shielding, because they continued to be concerned about the risk of contracting Covid-19.

There were also mixed views about accessing services online. Some people found them easily accessible and liked the opportunities they offered to engage flexibly and connect with others with shared experiences. Other people faced barriers to accessing services remotely. For example, they found the format to be less natural and that it merely emphasised their loneliness at this time.

Across the board 2020 was a time of adaptation, challenge and learning

'In a way lockdown has changed things without people wanting it to change – what an opportunity then to look at new ways of doing things, maybe more permanently.'

BCF grant holder

The Covid-19 pandemic has been a time of great change and challenge for grant holders. Grant holders have learnt a lot about how to adapt their delivery models to best support service users and sustain engagement. These lessons include:

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able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF.

- Supporting service users to increase their engagement with online activities.

- Putting appropriate safeguarding and privacy measures in place for online activities.

- Offering choices to meet different service user needs.

- Providing regular, reliable support to service users.

- Collaborating with local actors to avoid duplication.

- Responding to changing service user needs and different social distancing restrictions.

Critically, there were significant resourcing demands and costs associated with these lessons, both in the learning and the implementation. Staff and volunteers had to re-plan and deliver more intensive services at a time when teams were already at reduced capacity due to caring responsibilities, furlough and staff illness, and organisations were worried about their financial future.

The longer hours and demanding workload impacted staff wellbeing, whilst providing equipment proved expensive. In some instances, grant holders reallocated existing BCF funding, whilst others applied for additional funding (external to the BCF) to try to meet the need.

What next for organisations supporting people affected by loneliness?

'We accept there are many reasons why people can't access digital technology, and our new normal will need to keep a multimedia approach to try to be as inclusive as possible.'

BCF grant holder

We have three priority recommendations based on our interpretations of the evaluation findings and discussions with grant holders and funding partners:

- **Target support to people most severely affected by the Covid-19 pandemic.** For example, people who have been shielding, those facing poverty and those experiencing specific challenges, such as domestic abuse. Loneliness is typically only one disadvantage that these groups experience and cannot be tackled without considering the wider context.

- **Tackle digital exclusion.** The Covid-19 pandemic has highlighted the issues faced by people without the skills, equipment, data, motivation, or confidence to access digital services. Future funding and services should seek to address these gaps.

- **Blend models of delivery and coordinate with other local organisations.** Offer a range of ways to meet different user needs and preferences (such as blended models using both online and offline services). Coordinate with other local actors of all sizes to avoid duplication (including small community groups). Funders should work with delivery organisations to understand and support any additional costs of these responses.

In a dynamic context, such as the Covid-19 pandemic, being able to respond quickly to changing needs is essential. The ability to do this is underpinned by **flexible funding, effective user involvement and monitoring and evaluation** focussed on short feedback loops to ensure that data collection meaningfully informs delivery in real time.

Measuring outcomes or impacts (loneliness and evidencing change in feelings of loneliness) can be resource intensive and challenging for delivery organisations. All data collected has to be useful and serve a clear purpose for it to take priority over other pressing needs such as service delivery, especially for smaller organisations. During the pandemic, grant holders questioned the value of collecting data on loneliness that they felt only illustrated the effect of social distancing.

Organisations tackling loneliness will need the skills, knowledge, and resources to collect and analyse the necessary data, and may require support to build these capacities. Forums for **peer learning** would help organisations to share expertise and innovation and embed these lessons.

In this report

Our report shares the consolidated findings from our developmental evaluation of the BCF. The report is structured as follows:

- **Section 1, Introduction:** The broad context of loneliness in England, why the BCF was set up, and how the Covid-19 pandemic affected the evaluation.

- **Section 2, Evaluation methods:** Our evaluation aims and questions, why a developmental evaluation methodology was adopted and how we approached data collection, analysis, and reporting.

- **Section 3, Discussion:** Our findings, analysis, and interpretation on the key evaluation questions.

- **Section 4, Conclusions:** Our overall findings from the developmental evaluation.

- **Section 5, Recommendations:** The implications of our findings for future policy and practice, with suggestions for further research.

1. Introduction

This section outlines the broad context of loneliness in England, why the BCF was set up, and how the Covid-19 pandemic affected the evaluation.

1.1 Loneliness in England

'Loneliness is a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want. It is often associated with social isolation, but people can and do feel lonely even when in a relationship or when surrounded by others.'

Perlman and Peplau, 1981

Loneliness fluctuates throughout people's lives, with different causes and needs at different ages. It's not just about having less contact or a change in relationships, but about a person's identity and sense of belonging, and whether they feel their social network is 'normal' for their stage of life.[i]

Chronic loneliness affects around 6% of people in England, of all ages and backgrounds.[ii] While everyone occasionally feels lonely, chronic loneliness, defined as people who report feeling often or always lonely, can cause significant ill health on a par with smoking or obesity.[iii] Loneliness is linked to a greater risk of coronary heart disease, stroke, depression, cognitive decline, Alzheimer's and early death.[iv] Loneliness has also been found to be linked to likelihood of needing to go to the doctor, hospital, or residential care, and the likelihood of performing poorly at work or at school.[v]

The evidence about the effect of the Covid-19 pandemic on loneliness is still developing. Loneliness has fluctuated over the pandemic: while levels of chronic loneliness remained stable throughout the March 2020 lockdown, they fell as restrictions eased over summer 2020 and then crept up again in autumn 2020. [vi] Since the start of the December 2020 lockdown these levels have continued to rise and in February 2021 they reached the highest they had been since the start of the pandemic.[vii] Across Britain as a whole, an ONS study from April 2021 suggests that chronic loneliness has been increasing for adults throughout the pandemic, reaching 7.2% of the population in Great Britain, and particularly prevalent amongst young people, unemployed people,

and those living alone.[viii] This trend is consistent with that of mental health, which has deteriorated across the UK during the Covid-19 pandemic.[ix]

The pandemic also appears to have disproportionately affected those who were more at risk of loneliness (and mental health challenges[x]) before the start of the pandemic: younger adults, women, lower income households, people living with children, people living in urban areas, and people with a diagnosed mental or physical health condition.[xi] For example, 44% of 18-24 year olds reported to have felt lonely during the lockdown, compared to one in six people who were aged over 55.[xii]

1.2 The Building Connections Fund and the Covid-19 pandemic

The Building Connections Fund (BCF) was an £11.5m cross-government fund in partnership with The National Lottery Community Fund and the Co-op Foundation.[4] It was set up in response to the recommendations of the Jo Cox Loneliness Commission, which she set up before her death in summer 2016 to shine a spotlight on the millions of people who are lonely living in our communities.[xiii] The BCF was part of the Government's wider package to tackle loneliness, alongside the first loneliness strategy for England[xiv] and recommendations on standard measures of loneliness.[xv]

The BCF aimed to:

- Increase social connections, helping people form strong and meaningful relationships, creating a sense of community and belonging, and helping people feel more connected.

- Support organisations to build on their existing work, such as by reaching more people or working in a new area or with a different method or group of people.

- Encourage organisations to join up with others locally.

- Improve the evidence base and learn from what worked and what didn't to inform longer term policy and funding decisions.

The BCF gave grants to 126 voluntary, community and social enterprise organisations working with different groups across England.[xvi] Grants were awarded in December 2018, and whilst they varied

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[4] The cross-government interest spans across Department for Digital, Culture, Media & Sport, Ministry of Housing, Communities and Local Government, Department for Education, Department for Transport, Department for Work and Pensions, Department of Health and Social Care and Department for Environment, Food & Rural Affairs.

in length, most were scheduled to last for just over two years and ended in March 2021. However, many projects have now been extended due to the Covid-19 pandemic.

New Philanthropy Capital (NPC) was commissioned by the Department for Digital, Culture, Media and Sport (DCMS), The Fund and the Co-op Foundation to evaluate the BCF. We led a consortium including the Centre for Youth Impact, the What Works Centre for Wellbeing and Brunel University London. From January 2019 we worked closely with grant holders to collect and analyse data to build the evidence base around what works to prevent or tackle loneliness.

The Covid-19 pandemic significantly impacted the BCF. From March 2020, grant holders were no longer able to deliver their projects as planned, nor collect data for the original evaluation. Consequently, we adapted the evaluation to reflect the ever-changing nature of the new situation.

We took a two-pronged approach:

1. Analysing and reporting on the data collected prior to the Covid-19 pandemic. This is covered in our previous report (Part one).

2. Conducting a developmental evaluation to capture learning during the Covid-19 pandemic. This is the focus of this report.

Defining loneliness and social isolation[xvii]

Loneliness is different to social isolation. Loneliness is a subjective experience, in that we can have any number of connections with family, friends, or other people, and still feel lonely. Social isolation is an objective state – defined in terms of the quantity of social relationships and contacts.

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2. Evaluation methods

This section outlines our evaluation aims and questions, why a developmental evaluation methodology was adopted and how we approached data collection, analysis and reporting.

2.1 Aims and evaluation questions

Our evaluation aimed to:

- Capture and disseminate evidence of how the Covid-19 pandemic had affected grant holders and service users, and what grant holders had learnt from rapidly adapting.

- Understand how the BCF has tackled loneliness during the Covid-19 pandemic.

- Build the learning capacity and capability of organisations working to tackle loneliness.

This evaluation addresses the following questions:

1. How did the Covid-19 pandemic change delivery for the BCF's grant holders? (Section 3.1)

2. What were grant holders doing before the March 2020 lockdown that helped them mitigate against the risks to the delivery of their programmes by the Covid-19 pandemic? (Section 3.2)

3. How has social distancing affected service users, their feelings of loneliness and the support that they needed? How have they found accessing services remotely? (Section 3.3)

4. What lessons did grant holders learn about changing their delivery model as a result of the Covid-19 pandemic? (Section 3.4)

5. Did the theory of change that underpinned the interventions to prevent or reduce loneliness still hold if the method of delivery was changed? What changes did service users experience as a result of their engagement in the service or project? (Section 3.5)

Whilst we initially developed the questions with the funding partners, they continued to evolve throughout the evaluation period as we worked more closely with the grant holders (see Section 2.3 for further information).

2.2 Approach: What is developmental evaluation?

Developmental evaluations are well suited to complex, dynamic environments, where projects are adapting quickly to meet changing needs. A developmental evaluation was particularly useful for the BCF in the context of the Covid-19 pandemic because both the projects (grant holders' projects and services) and the context (government advice and legislation around social distancing and other preventative measures) were rapidly changing.

By following a developmental evaluation approach, we were able to track, document, and give real-time feedback on emerging challenges and urgent needs to inform decision making.

Figure 1: Comparing traditional and developmental evaluations (adapted from Patton, 2011)

	Traditional evaluation	Developmental evaluation
Purpose	Formative (improves); summative (tests, proves and validates; accountability).	Supports development of innovations and adaption of interventions.
Situation	Manageable and stable situation, root cause of the problem known.	Complex, dynamic situation, need for innovation and exploration.
Design	Evaluator is responsible for the design.	Evaluator collaborates to co-create an evaluation that is useful to stakeholders.
Methods approach	Evaluation judged by validity and methodological criteria. Utility is viewed as methods dependent.	Methods derive from utility and pragmatic consideration.
Locus of accountability	Accountability focused on and directed to external authorities and funders.	Accountability centred on stakeholders' commitment to make a difference; funders buy into learning process.
Ideal findings	Validated best practice, generalisable across time and space.	Effective principles that can inform practice and minimum specifications (that can be adapted to suit contexts).
Reporting mode	Detailed formal reports, scholarly voice (third person, passive).	Rapid, real-time feedback; engaged present voice (first person, active).

Developmental evaluation is not a set of methods, tools, or techniques; there's no recipe, formula, or standardised procedures.[xviii] Rather, it presents some guiding principles as a way of

approaching the challenge of evaluating social innovation. Building off the work of Patton and others,[xix] our core principles underpinning this evaluation were:

- Supporting grant holders' needs in real time (not imposing new burdens at a difficult time).

- Facilitating wider peer-to-peer learning for grant holders.

- Sharing findings quickly.

Our decisions on data collection, analysis and reporting also drew on the traditions of descriptive case study methodology. For validity and robustness, we triangulated the findings from our case studies using multiple sources of evidence, established a clear chain of evidence linking data, analysis and findings, and asked key informants to review the draft report.[xx]

2.3 Data collection: Three phases

Our developmental evaluation had three phases between April 2020 and January 2021 (Figure 2):

1. Explore and design.

2. Learn, share and reflect.

3. Report and review.

This evaluation spanned two national lockdowns, and numerous changes in local covid guidelines.

Figure 2: Overview of evaluation phases

During each phase we worked with three different groups of stakeholders to collect and analyse data and share emerging findings in real time:

- The first group were **all the grant holders** of the BCF.

- The second group was a **learning cohort**; a small group of five grant holders with whom we had deeper, more frequent engagement.

- The final group were the three **funding partners**: DCMS, The Fund, and the Co-op Foundation.

The learning cohort members were Together for Short Lives (TfSL), Health for All Leeds (H4AL), Bath and North East Somerset Carers Centre (BANES Carers Centre), the Royal Society for Blind Children (RSBC) and the Connecting Conversations project.[5] More details on each of these organisations can be found in In depth focus 1 and Case studies 1-5.

We collected and shared data with each group. Firstly, **all grant holders** were invited to take part in online surveys and collaborative learning sessions (Figures 3 and 4).[6] The **learning cohort** engaged through semi-structured interviews with staff, delivery partners and service users, as well as focus groups, online surveys and an observation with service users (Figure 5). We were in regular phone and email contact with the learning cohort and we supported members to build their monitoring and evaluation capacity. All members of the learning cohort also attended a final reflective workshop session. Thirdly, the **funding partners** took part in semi-structured interviews and reflective workshop sessions (Figure 5).

We also invited all three stakeholder groups to share additional, relevant information with us to include in our analysis. Examples include blogs from grant holders, monitoring data from funding partners, and emails from the learning cohort. The entire evaluation was done remotely using video conferencing, telephone calls and online surveys. We shared our insights with grant holders and funding partners throughout the evaluation. This report consolidates the evaluation into one document so that it is easily accessible to future policy makers and delivery organisations.

We applied the Social Research Association's Ethical Guidelines[xxi] to our evaluation and it aligns with the Government Social Research Professional Guide: Ethical Assurance for Social Research in Government.[xxii] Further details on the data collection and the informed consent process can be found in Appendix A.

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[5] The grant for the Connecting Conversations project was initially awarded to Resolving Chaos CIC. In February 2020 the project was transferred to All Saints Centre for Employment and New Directions Limited (ASCEND). We refer to it as the Connecting Conversations project throughout this report.

[6] Collaborative Learning Sessions (CLS) were monthly webinars to which all grant holders were invited.

Figure 3: Overview of Collaborative Learning Sessions

Date	Session theme	Number of attendees
29/04/20	CLS 1: Remote delivery and digital inclusion	45
27/05/2020	CLS 2: Monitoring and Evaluation in a changing environment	20
30/06/2020	CLS 3: Data-informed decision-making	14
29/07/2020	CLS 4: Identifying and responding to changing user needs	5
26/08/2020	CLS 5: User feedback and blended delivery	9
29/09/2020	CLS 6: BCF theory of change	10
03/11/2020	CLS 7: Challenges and lessons since March 2020	16

Figure 4: Overview of online grant holder surveys

Survey date	Number of organisations responding	Response rate
April 2020	49 organisations[7]	41% (49/119)
August 2020	71 organisations[8]	63% (71/114)

Figure 5: Overview of qualitative data collected

Encounter type	Participants
Learning cohort - staff	4 participants, interviewed 3 times 1 participant, interviewed 2 times
Learning cohort- delivery partners	2 participants, interviewed 1 time

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[7] In total there were 52 responses from 49 organisations (two representatives from three grant holders responded).

[8] In total there were 72 responses from 71 organisations (two representatives from one grant holder responded). Grant holders all had different end dates for their grants. As grants periodically ended these organisations were taken off our mailing list, thus reducing the total number of organisations between the April and August survey.

Learning cohort - service users	13 participants, in 2 focus groups (2 different grant holders)
	9 participants, in 1 observation
	4 participants, interviewed 1 time
	43 respondents, 3 surveys[9] (2 different grant holders)
Funding partners	4 participants, interviewed 4 times

2.4 Data analysis

Qualitative data was managed and analysed using the framework approach. Data is organised using matrices that enable thematic analysis across cases as well as analysis within and between cases.[10] This makes it easier to develop typologies and conduct explanatory analysis.[xxiii] Although framework analysis may generate theories, the prime concern is to describe, analyse and interpret what is happening in a specific setting.[xxiv] Four members of our evaluation team were involved in analysing the data, which helped reduce bias.

For evaluation questions 1- 4 we inductively developed a set of codes that were organised into themes and sub themes to support detailed analysis and interpretation. For question 5, the BCF's theory of change formed the initial framework for the analysis. New codes were generated for any activities, mechanisms or outcomes that were not previously identified in the original theory of change.

We used descriptive statistics to summarise trends in the quantitative dataset, including measures of central tendency (means), proportions and frequencies.

Finally, throughout Phase 2 of the evaluation (Figure 2) we shared emerging findings with grant holders using collaborative learning sessions. We also held reflective sessions with funders and a final workshop with the learning cohort. These activities helped enrich the data, solicit feedback on our researchers' interpretations and improve the validity and robustness of the findings.[xxv] Further information on the data analysis can be found in Appendix A.

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[9] Surveys collected both qualitative and quantitative data.

[10] A framework matrix allows you to summarise and analyse qualitative data in a table of rows and columns. It allows for cross-case and thematic sorting.

2.5 Methodological considerations

Grant holders represented a diverse range of geographies, target service user groups and types of activity delivered (see In depth focus 1). By engaging the three different stakeholder groups in the evaluation, we aimed to capture both the breadth of experience (all grant holders and funding partners) and the depth (the learning cohort).

Verbatim quotations and examples from the different stakeholders are used throughout to illustrate the range of findings. Verbatim quotes also make clear the stakeholders own subjective framing and expression of the situation, prior to researchers developing their own interpretations.

However, it is likely that we have not captured all grant holders' or service users' experiences.

Limitations of this evaluation include:

- The Covid-19 pandemic presented challenges for both grant holders and service users. At both levels, the evaluation was not always a priority or feasible for all. As a result, our data represents the views of the grant holders and service users who had the time and ability to engage in the evaluation. We reached out to the wider group of grant holders through surveys and collaborative learning sessions, but engagement with these key activities that were open to all grant holders varied (Figure 3 and 4). There were very limited opportunities to collect data directly from service users.

- We intended to engage with 5-10 grant holders as part of the learning cohort. Recruiting the learning cohort was difficult as grant holders had many demands on their time. Despite contacting 18 grant holders we were only able to engage with five, of whom we supported three to collect data themselves. The five members of the learning cohort represent a diverse range of perspectives and experiences (see In depth focus 1).

- The initial months of the Covid-19 pandemic were spent re-designing the evaluation approach, reaching out to the whole grant holder cohort and recruiting the learning cohort. We were not in a position to start collecting data with the learning cohort until May-June 2020 limiting our ability to capture rich qualitative data at this early stage.

- The developmental evaluation aimed to inform both service design for individual grant holders as well as the wider BCF. Data gathered through the learning cohort was collected both by NPC and grant holders themselves to help grant holders learn about their services. In some instances, this led to grant holders collecting qualitative feedback on their services., which introduces an element of researcher bias. Additionally, as grant holder staff were

present during all qualitative data collection activities, service users may not always have felt able to talk freely.

- Grant holders reported that remote data collection took longer than face-to-face data collection, especially when done through phone calls and post. Finding the extra time to do this was difficult, as none of the learning cohort had more than four members of staff working on their projects. Consequently, several evaluation activities that were planned with some learning cohort members were not able to be delivered. This further restricted our ability to collect the views of some service users and limited the data available to reflect on the outcomes and impacts of the projects (Section 3.5).

Our evaluation came at an unprecedented time, spanning two national lockdowns. This allowed us to gain some feedback and insights during the first lockdown in spring 2020, throughout the summer as social distancing restrictions eased, and as grant holders went into lockdown again in November 2020. We were also able to hear from grant holders facing localised Covid-19 restrictions.

In depth focus 1: Grant holders and the learning cohort

The BCF's grant holders are based across England. Before the Covid-19 pandemic, grant holders intended to target a broad mix of service users, such as carers, people with disabilities, and people who identify as lesbian, gay, bisexual, or transgender (LGBT+). Other key groups grant holders focused their work on were people in urban areas, low-income households and people living alone.

Around 15% of the BCF's grant holders were targeting ethnic minority service users (not including White minorities). In terms of age, most grant holders planned to work with older people (50% targeted users aged 65-74, and 43% users aged 75+). The next most common target age group was young people aged 16-24 (47%).

Since the Covid-19 pandemic, most grant holders reported working with the same target groups, in the same or similar geographic areas. While the **learning cohort** included five different organisations who brought their own perspectives to the evaluation, they were not selected based on their representativeness of the BCF as a whole but on their willingness and capacity to engage. For example, no learning cohort member worked exclusively with ethnic minority service users (not including White minorities) or LGBT+ people. Learning cohort members all had between one and four members of staff working on each project.

Organisation	Pre-covid activities	Activities during the Covid-19 pandemic	Service users	Location
Connecting Conversations project	Face-to-face (F2f) group sessions	Online group sessions Newsletter Increased communication	People aged 55+ with lived experience of loneliness	Hertfordshire
Together for Short Lives	Helpline support Facebook group	Helpline support Facebook group Online group sessions	Families of children with life-limiting conditions	UK-wide
Health for All Leeds	F2f group sessions Individual support Facebook group	Online group sessions Increased individual support Facebook group	Young people with experience of care	Leeds
Bath and North East Somerset Carers Centre	F2f group sessions Newsletter	Online group sessions F2f group sessions Phone group sessions Newsletter	Carers	Bath and North East Somerset
Royal Society for Blind Children	F2f groups sessions	Online group sessions	Visually impaired young people	London (but online group sessions became UK-wide)

3. Discussion

This section outlines our findings, analysis, and interpretation on the key evaluation questions.

3.1 How did the Covid-19 pandemic change delivery for grant holders?

The start of lockdown on 23rd March 2020 significantly affected the activities delivered by BCF grant holders. To combat the rapid spread of Covid-19, the Government instructed the public to stay at home, closing all non-essential retailers and preventing people meeting with others outside their households. People in the 'clinically extremely vulnerable' category were urged to 'shield' due to the potentially life-threatening effects Covid-19 could have for them; this meant they were advised not to leave their homes, making it difficult to access essentials such as food.[xxvi] The lockdown and continued social distancing rules reshaped the day-to-day lives of everyone living in the UK.

The restrictions prevented most grant holders from delivering their programmes as previously planned. When grant holders were surveyed in April 2020, 47% (23/49 grant holders) had started a new service and 41% (20/49 grant holders) had started delivering a new service remotely.[11] Meanwhile, others had not yet adapted their delivery: 10% (5/49 grant holders) did not yet have a plan to support people remotely, 12% (6/49 grant holders) had to stop or postpone their work all together. Finally, 10% (5/49 grant holders) were unaffected as they had already been delivering remotely or were not focused on service delivery.

Grant holders adjusted throughout 2020. Of the grant holders who responded to our survey in both April 2020 and August 2020, a fifth were initially unable to deliver any services (7/35) and two fifths had started delivering a new service remotely in April (14/35).[12] However, by August, two thirds of

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[11] There were 119 BCF grant holders at the time of the April 2020 survey. Respondents were able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF (see section 2 for further details).

[12] When matching the respondents to the April 2020 survey to the August 2020 survey, 35 grant holders responded to the question '*How has Covid-19 and social distancing affected your project delivery?*' in both surveys. By August 2021

the sample were able to remotely deliver a service similar to the one they had been delivering prior to the Covid-19 pandemic (22/35). This data suggests that most grant holders in the sample who were unsure of how to adapt their delivery to begin with, and some who had initially adopted new approaches, were eventually able to adjust to deliver their original services remotely.

This section provides additional detail about the responsive activities, new on and offline services, blended models of delivery and adapted face-to-face services provided by grant holders.[13]

Responsive activities

'We've been doing new things like food parcels and things…we've kind of taken on additional work, so we have been pretty busy really.'

As lockdown began, some grant holders quickly adapted their delivery to provide practical support to service users. This included delivering food and medicine, financial assistance, providing service users with support to access digital services, and giving advice and signposting to help service users navigate the changing context.

- **Food and medicine:** In the immediate crisis response, supporting service users with food and prescription deliveries was a priority. For example, some grant holders distributed food deemed 'redundant' by supermarkets but was still suitable for consumption. This was essential for grant holders working with older people and carers as many were shielding. This kind of support was also important for service users who had previously attended BCF activities because they provided a free meal.

- **Financial assistance:** With some service users impacted financially by the Covid-19 pandemic, grant holders offered financial assistance such as 'utilities top-ups'. Grant holders gave people phone credit to help them connect with others when isolating. Some offered financial support in addition to their BCF-funded activities. For example, TfSL worked in partnership with its local member organisations to provide a relief grant of up to £200 to families with the highest need.

- **Support to access digital:** As contact with family, friends and local services moved online, organisations sought to support people who wanted to participate in online activities but

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there were 114 grant holders and respondents were able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF (see section 2 for further details).

[13] Blended delivery refers to grant holders delivering their services using both online and offline methods.

lacked the equipment to do so. Some grant holders distributed devices, such as laptops, dongles, and mobile phones, so people could access services and connect with others. Some grant holders also bought data for service users who had their own devices. Some applied for additional Covid-19 emergency funding (external to the BCF) to do so.

- **Advice and signposting:** Some grant holders helped service users navigate the changing context by signposting to services and helping users to understand public health advice. Signposting services directed people to specialised support, such as mental health organisations and practical support. Where lockdown stopped service users from accessing support as they previously had, some grant holders stepped in to offer crisis support. Some grant holders found they needed to be mindful of specific users' mental health needs, such as people with Obsessive Compulsive Disorder, when communicating public health advice to ensure this did not add to any worries, such as around cleanliness, and worsen symptoms.

Some grant holders continued to provide practical support throughout 2020, whilst others found that needs shifted around June when restrictions began to ease. They therefore moved away from more practical measures between June and November 2020 to focus on recovery and wellbeing support instead (Section 3.3). Grant holders may have refocused their attention on practical support from December 2020 onwards due to changes in government regulations and a further national lockdown, however this period fell outside the developmental evaluation.

New online models

'We have created a 'virtual' youth centre, engaging with young people over the platforms that they have identified as being the [most] *relevant and accessible to them.'*

BCF grant holder

Digital project delivery was widely adopted by grant holders who took part in this evaluation, typically in the form of online group activities and training videos. Facebook groups were useful for allowing service users to connect with each other.

- **Online group activities:** A popular approach was to recreate previously delivered services through video conferencing (such as through Zoom, WhatsApp, or Facebook). Online groups delivered a range of activities, such as informal chats, classes, games, and quizzes. Grant holders commented that it was important, where possible, for online sessions to be held at similar times to before Covid-19 to minimise disruption in routine for service users. They felt this helped make sure service users knew services were there for them if necessary.

- **Training videos:** Some grant holders shared downloadable training videos. This was particularly popular amongst grant holders who had been teaching service users in some way prior to the Covid-19 pandemic, for instance by teaching horticulture or exercise classes.

- **Facebook groups:** Some grant holders had existing Facebook groups, which allowed service users to remain connected during the Covid-19 pandemic. Facebook groups provided informal avenues for information sharing and peer support amongst service users. For example, in the H4AL Facebook group service users shared practical information, such as discussions around employment, alongside their experiences of how Covid-19 had impacted their mental health, support and friendships.

New offline models

'I have tried to think about what our offer is now outside of a digital offer. So, using GP services as a hub for activity packs people can pick up and using post and phone to stay connected.'

BCF grant holder

Some service users, however, were not able to access or were not interested in online services despite support to 'digitally upskill' service users (see [Section 3.4](#)). Grant holders reported this was particularly true of some older service users and those without access to technology or an internet connection (see Case study 1). In these instances, grant holders turned to offline remote methods, including phone group activities, one-to-one phone befriending, distributing offline activities (such as books and puzzles), postal communication and 'keep in touch' calls.

- **Telephone group activities:** BANES Carers Centre established a telephone café for service users who preferred not to engage online. This aimed to recreate offline delivery using technology that was accessible to service users.

- **One-to-one telephone befriending:** Telephone befriending was a big feature of the immediate pandemic response. Some grant holders established relationships between service users and volunteers, while others connected service users with each other.

- **Distributing offline activities:** Some grant holders hand delivered a range of activity packs to their service users. These included creative activities, wellbeing exercises, films, and afternoon tea. These grant holders commented that delivering these provided a valuable opportunity for brief face-to-face interactions.

- **Postal communication:** Sending letters allowed service users to engage with services regardless of their ability or willingness to access online or phone support. Some grant holders, such as the Connecting Conversations project, gathered updates from service users and shared them, along with news about the project via a newsletter. Meanwhile others encouraged service users to engage with each other via post, either via letters or by organising book or game exchanges.

- '**Keep in touch' calls:** Some grant holders established regular phone communication to keep in touch with service users. BANES Carers Centre for example, set up fortnightly 'wellbeing calls' with its service users, in addition to its other activities. These presented an opportunity to review changing user needs, gather feedback to influence service delivery and stay in touch with users not accessing services at that time.

Blending online and offline delivery

'We have got a blended model – it allows people to suit their preferences.'

BCF grant holder

Where practical, some grant holders blended their online and offline delivery models to enhance support.[14] For example, one grant holder used their online group activities as an opportunity for service users to share reflections on the physical books and games they had been exchanging. Others included the physical materials they distributed to service users in online classes. For instance, H4AL, delivered cooking ingredients and make-up to service users, which were used as part of peer-led Zoom classes and activities. Through this, service users could share their skills and passions while also connecting with their peers.

Stopping or pausing delivery

'One of our services has transferred well to remote working, but the other more practical services have had to be postponed until such time as the lockdown is over.'

BCF grant holder

However, not all programmes were able to adapt entirely to remote delivery. Some grant holders whose work centred on physical activities such as dance or music, or those supporting people with

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[14] Blended delivery refers to grant holders delivering their services using both online and offline methods.

practical tasks like form filling, found it much harder to adapt to lockdown restrictions. In some cases, particularly where physical activity was intrinsic to their work, they were unable to deliver their activities altogether.

New face-to-face models

'We've decided to do some socially distanced face-to-face meets outdoors, so we're not offering anything indoors at the moment.'

BCF grant holder

As lockdown eased throughout April and May 2020, some grant-holders incorporated small elements of face-to-face support back into their delivery, such as conversations when delivering activity packs and door knocking. As social distancing restrictions continued to ease, some grant holders chose to reintroduce more significant face-to-face delivery to meet demand from service users who missed meeting in person.

In a survey of grant holders in August 2020, around a third indicated they were planning to gradually move back to their pre-lockdown delivery model of face-to-face meetings 'over the next 3-6 months' (35%, 24/68 respondents).[15] For example, in July and August 2020, BANES Carers Centre began to pilot socially distanced face-to-face outdoor cafés outdoors.

Grant holders whose services could not easily be replicated remotely, such as those delivering physical activity programmes, and those with high demand from service users to move back to meeting in person were particularly keen to resume face-to-face provision.

Delivery unaffected

'Our project is not a service delivery project; we are working with partners from the public, private and voluntary/community sectors to develop a strategy and action plan to tackle loneliness in North Yorkshire.'

BCF grant holder

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[15] At this stage of the BCF there were 114 grant holders and respondents were able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF (see section 2 for further details).

Some grant holders who took part in this evaluation were already delivering projects remotely or had remote elements of delivery; they were better positioned to be able to continue supporting service users as originally planned. For example, TfSL was already supporting people remotely through a range of services, such as a helpline, a Facebook group and virtual groups and webinars which could continue uninterrupted (Section 3.2).

Projects focused on signposting, advocacy and supporting wider sector stakeholders, such as through training, also reported minimal interruption.

In depth focus 2: Approaches to adapting

When lockdown began, grant holders had to quickly adapt to continue supporting service users. Some grant holders noted that engaging service users in re-designing services was a priority for them. They gathered users' views via phone calls and surveys to inform their new delivery models. Some had previous experience of this, so did this ahead of lockdown beginning (Section 3.2).

Some grant holders continued to gather insights internally throughout 2020 to inform how they adapted services. Some grant holders took a formal approach: monitoring attendance data, collecting feedback surveys, and involving users through focus groups, advisory groups and piloting approaches.

Some grant holders reported successfully running participatory processes with people who were geographically dispersed. Without the travel barriers, online meetings were able to be more inclusive in some ways. For example, one grant holder highlighted: '*we have run far more online workshops with groups to design some of our [work] than we might otherwise have done since March [2020]. Being able to meet online means we can engage with wider groups'.*

However, more commonly, grant holders saw less engagement with remote data collection. This, coupled with limited time and resources to collect data remotely, led some grant holders to rely on '*anecdotal feedback'* through phone calls, texts and social media, to continue adapting services in response to the changing context. Though these methods often felt more natural for service users, grant holders found it was challenging to systematically store and analyse this feedback.

Similarly, some grant holders did not have the time and resources for user engagement, especially in the first couple of months of the March 2020 lockdown. In these instances, grant holders drew on existing knowledge of the local area and their service users to support decision-making.

Finally, some grant holders did extra work internally to inform updates to project plans. Examples included '*research around what other organisations have done'* and '*consequence scanning'* to identify the potential unintended consequences of changes.[xxvii]

Case study 1: Learning cohort - Connecting Conversations

The Connecting Conversations project worked with people with lived experience of loneliness aged 55+ in Hertfordshire and with the local organisations that supported them.[16] Before Covid-19, the project held face-to-face group sessions to develop service users' communication skills and empower them as 'leaders by experience' to influence and shape local services supporting people affected by loneliness.

Service users were encouraged to attend sessions and were accompanied by a member of staff from the local organisations supporting them ('champions'). Prior to Covid-19, the Connecting Conversations team did not have direct contact with service users outside of these sessions. Instead, they would contact them through the partner organisations 'champions' to ensure service users felt well supported when working with Connecting Conversations.

With widespread challenges to staff capacity in the wake of the March 2020 lockdown, the Connecting Conversations project found it difficult to contact the 'champions'. They therefore struggled to contact the 'leaders by experience'. Once they were able to get contact details, the project team called service users to gather feedback on their preferred way of keeping in touch. Due to the older age group (55+) the project works with, only a third said they were able to engage online.

Learning from this feedback, the Connecting Conversations project re-launched its group sessions on Zoom, giving users the opportunity to dial in by phone if they were not able or willing to take part online. Additionally, the team increased direct communication with 'leaders by experience', keeping in touch individually through phone calls and sharing the content of group sessions via post with those who were unable to join.

Finally, to keep the group connected as a whole, including those who were no longer able to join group sessions, the team began sending out a monthly newsletter with updates from service users and partner organisations. This was distributed to service users by email and by post and was well received by service users. One service user noted: *'The newsletter has been a nice way to keep in the loop during the Covid-19 period… I like that it is kept light-hearted with nice stories from other people in the group'.*

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[16] The grant for the Connecting Conversations project was initially awarded to Resolving Chaos CIC. In February 2020 Resolving Chaos CIC closed and the project was handed over to All Saints Centre for Employment and New Directions Limited (ASCEND).

3.2 What were grant holders already doing that helped them mitigate against the risks of the pandemic?

As grant holders adapted to the changing context, there were several themes in grant holders' pre-Covid-19 work that helped the grant holders who participated in this evaluation mitigate against the risks to their programme delivery. These included:

- Existing digital tools, skills and experience among grant holders and their service users.

- The way grant holders worked with service users ahead of March 2020.

- The way grant holders prepared ahead of the start of lockdown.

Digital tools, skills, and experience

'We'd been part using remote tools before lockdown, which is incredibly helpful…[we] had a setup which could be expanded.'

BCF grant holder

Grant holders ranged in their experience of digital working prior to the pandemic. The shift to remote working led to widespread use of digital technology, both internally and to support service delivery. Some grant holders who had introduced elements of digital technology into their work prior to the Covid-19 pandemic were able to adapt more quickly. Other factors that supported a transition included:

- **Readiness for remote working:** Some grant holders who were set up to work remotely were able to adapt quickly to the changing circumstances. They tended to have the skills, equipment, and processes necessary for digital working and co-ordinating teams remotely. Staff were able to focus on how to adapt service delivery, rather than spending time developing remote working processes from scratch or sourcing equipment.

- **Experience using digital to improve delivery:** Some grant holders who had previously considered how they could use digital to support their delivery were better prepared to adapt their services to the new context. Additionally, grant holders who had more experience in gathering and using data also found it easier to adapt (see Case study 2).

- **Digitally upskilling service users:** Earlier research has found that a lack of digital skills contributes to loneliness and social isolation.[xxviii] Some grant holders had therefore already

been supporting their service users to develop digital skills, such as through 'tech social clubs' offering peer support with technology. Grant holders found it was easier for service users who had taken part in these programmes to adjust to remote digital delivery.

Previous delivery model

'We had situations in the past where we had done the helpline from home, so I think we kind of knew that it would work anyway.'

<div align="right">**BCF grant holder**</div>

Not all grant holders worked directly with service users prior to March 2020. Some, for example, focused on campaigning or working with other organisations. But of those who did and who took part in this evaluation, some found that the way they worked previously with service users made it easier to adapt to the changing circumstances. Two pre Covid-19 delivery models stood out as well-suited to the new context:

- **Previously delivering remotely:** As noted earlier, grant holders who delivered services remotely, or delivered a blended programme with some online elements, such as TfSL, were able to continue delivering support with minimal interruptions (Section 3.1). While these organisations still needed to adapt to meet the changing needs of the current context, they had a stronger foundation on which to do so.

- **Previously supporting community-run activities:** Some grant holders worked with service users to set up and run peer support groups and networks. For example, Grapevine Coventry & Warwickshire support local community-led movements by connecting people with shared experiences, such as people with long-term health conditions, disabilities or men with experience of mental ill-health to improve their wellbeing.[xxix] They found these networks could adapt flexibly to support the needs of those involved and could potentially grow during Covid-19: '*[we knew] this relationship-based infrastructure would remain solid under the pressure of the pandemic… We wanted to help those movements to grow by building on the newfound potential and enthusiasm for community action that the Covid-19 pandemic had brought to the fore'.*[xxx]

Previous user involvement

'Carers have been intrinsically involved in the development and delivery of the project from the outset, Carers were consulted on [the location of the activities] and as the year has progressed changes were made as a result of this feedback.'

<div align="right">**BCF grant holder**</div>

Where possible, some grant holders involved service users in adapting their projects to better meet their changing needs (see In depth focus 1). While not all grant holders were able to do so in a structured way, feedback allowed some grant holders to flexibly adapt their emerging approaches. Existing strengths in user involvement, namely through openness between staff and service users and previous involvement of service users in shaping delivery, made it easier for grant holders to involve service users in changing delivery.

- **Openness between staff and service users:** Some grant holders felt their strong relationships with service users allowed them to informally gain insights to improve services. H4AL, for example, works closely with young people, placing great emphasis on relationship building. They found that the young people were able to be open and honest about their needs during lockdown, and the project tailored to suit them as the situation changed.

- **Involving service users in decision-making:** Some grant holders had previous experience involving service users in shaping delivery. This took different forms but included: gathering service user feedback through surveys and qualitative research, involving service users through advisory panels, and involving service users in delivery (for example, as peer facilitators). Some grant holders were able to draw on these more engaged service users to help re-design their service in response to the Covid-19 pandemic.

Early preparation

'We anticipated lockdown and [were] *able to prepare staff and clients for that eventuality, preparing us for home working and making sure everyone could be contacted and access services remotely.'*

BCF grant holder

Around half of grant holders reported undertaking specific planning before the March 2020 lockdown (31/63 respondents; August 2020 survey).[17] Some grant holders who prepared early found it easier to adapt and safeguard staff and service users. Key to this was:

- **Adapting delivery prior to lockdown:** Some grant holders began re-designing their programmes, preparing volunteers and service users, and identifying those most in need before lockdown was officially announced on 23rd March 2020. This included contacting users and suspending face-to-face delivery in early to mid-March 2020 (Section 3.1).

- **Organisational planning:** Some grant holders started preparing from early-mid March 2020, this included operational planning to support remote working and reviewing staff capacity to deliver digitally, with some creating specific roles to support '*digital transitions*' or offering staff digital skills training. Some focused on high-level strategic planning in team and board meetings, such as reviewing their long-term sustainability in light of anticipated fundraising challenges.

- **Strong, clear, supportive leadership:** A healthy organisational culture was vital for a smooth transition. Strong, clear leadership, communication and flexibility allowed grant holders to prepare and adapt effectively. A supportive environment was also important for supporting staff to continue with delivery in the face of the challenges of Covid-19.

However, limited time and capacity meant not all grant holders prepared ahead of the March 2020 lockdown. For some, there was initially a sense that the Covid-19 pandemic would be short. One grant holder highlighted that *'we all thought within a month or something that it would be alright'*.

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[17] At the time of the August survey there were 114 BCF grant holders. and respondents were able to select more than one response to this survey question; therefore, these figures may not be representative of the whole BCF.

Case study 2: Learning cohort - BANES Carers Centre

BANES Carers Centre supports carers across Bath and North East Somerset. Prior to Covid-19, BANES Carers Centre ran cafés in community venues bringing carers together in peer support groups. The team began preparing for the move to remote working in response to the Covid-19 pandemic in March before lockdown was officially announced on 23rd March 2020. They held team meetings to prepare for remote working and considered how to deliver support to carers remotely, establishing effective communication between senior management and the team. Staff were well set up to work from home, already using Microsoft Teams to communicate internally, and staff were able to resume working normally within two weeks.

BANES Carers Centre had also been involved with The Fund's Digital Fund and had already started thinking about how it could expand its reach and apply digital principles to plan, evaluate and adapt its work. A cornerstone of this work was understanding how to connect the user and engagement data it held on carers to their feedback data more easily, leading to a review of its database. The Covid-19 pandemic was an opportunity to embed some of this learning: '*we'd already started thinking as an organisation about what [agile] might mean for us… I think because we were already in that zone of that's where we wanted to go, covid… pushed us more quickly into that direction.*'

The team reached out to carers as part of their individual wellbeing phone calls to understand service users' preferences and gauge interest and demand for online support. They drew on these insights and experience from the Digital Fund to scope out suitable online platforms, conduct a consequence scanning exercise to identify unintended consequences of moving to online delivery and develop an online facilitation toolkit. Initially, the project set up three online café pilots and gathered feedback from facilitators and carers to adjust the design.

As restrictions eased from July 2020 onwards, there was more demand for face-to-face support. They ran three socially distanced face-to-face café pilots in September, using these as an opportunity to teach users to use technology more effectively. Additionally, they ran three phone café pilots in September and October, using Zoom's dial in feature. The main aim of these sessions was to establish a format that would most easily allow carers attending a café to feel involved and have a voice before launching the cafés more formally in November. Carers we spoke to felt listened to through this process and thought it was in keeping with the Carers Centre's focus on user involvement. As one carer told us: '*they involve carers in the design of whatever they're wanting to offer and not just assume that they know what we want…I think that's a very big strength*'.

3.3 How has social distancing affected service users, their feelings of loneliness and the support they needed? How have service users found accessing services remotely?

Social distancing has harmed service users' wellbeing and heightened loneliness

'The awareness of how isolated we really are… you don't realise how few people you talk to socially. What lockdown did was with all the face-to-face medical appointments stopping we were going weeks without speaking to anyone at all'.

<div align="right">

BCF service user

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Social distancing could have profound effects on the lives of service users, leading to both positive and negative changes in anxiety and loneliness depending on peoples' situations. Not all grant holders were able to take part in this evaluation, so the full range and diversity of experiences may not be captured by this evaluation.

How negative effects manifested at this time varied greatly (see In depth focus 3). For some, restrictions led to disruption and loss of work. In other instances, people lost access to vital services, such as medical assistance and social care. This could have serious implications for people who had relied on such support, such as people living with disabilities, people with English as a second language, or people relying on social care.

Some people felt frightened, sad, and frustrated with the situation. Some service users told us they missed seeing their loved ones. As one service user put it: '*I'm a very tactile person, huggy, and it's very unnatural not to be able to give people hugs and I find it sad to be quite honest'*.

Our evaluation found various accounts of increased loneliness and anxiety:

- **Loneliness and isolation:** Grant holders reported that some of their service users felt lonelier and more isolated because of social distancing. This was particularly challenging for people with few social connections, those who did not have family nearby or who were not able to form a support bubble. As a grant holder told us: *'for some users, sessions were their only opportunity to get social contact'*. Some people who had previously overcome loneliness felt they had gone back on their progress and lost their confidence. Loneliness increased not only for some existing service users, but also for some people who had not previously needed support. Grant holders identified how the dramatic social changes had created a *'newly lonely'* group.

- **Anxiety:** Some service users reported feeling anxious during the Covid-19 pandemic. Some service users, particularly those shielding or living with long-term conditions, did not feel safe seeing others due to fears of contracting the virus. Anxiety was heightened by people not always maintaining a two-metre distance in public.[xxxi] Reasons for increased anxiety included miscommunication about the availability of statutory services, confusion around government guidelines and misleading reports on social media. Some grant holders supported service users to understand the changing situation (Section 3.1).

Conversely, we found that the downsides of social distancing were less acute for some people and even had wellbeing benefits for some service users. Reasons given for this were that some people felt they were able to spend more time with family or take up new projects and hobbies. This was particularly true over the summer months of 2020 when people could spend more time outside. Some common factors for those that saw these benefits included fewer financial worries and access to private gardens. As one service user shared: *'the start of lockdown was… really good because [my partner and I are] both very busy people… so we were quite happy to be in our garden, plenty to do, got everything done and actually the stress levels went down.*

A second group for whom the challenges of social distancing were more manageable were people who felt socially isolated prior to Covid-19, for example some older people. This group saw increased social contact through the community outreach that followed the introduction of social distancing measures in March 2020. Grant holders noted that some of their service users felt better supported as a result. Other groups, such as vision impaired or young people with experience of care faced additional challenges because of lockdown.

Grant holders also reported that social distancing had increased anxiety and isolation for some of the people their service users knew. As one grant holder explained: *'[social distancing had] brought other people on [their] level'.* This seemed to reduce loneliness and anxiety for service users by making it easier to talk about their situation, especially after the March 2020 lockdown.

Social distancing created new needs and made existing needs worse

'We saw a huge spike initially for practical support, with more social isolation and loneliness needs and referrals following this.'

BCF grant holder

In the opening months of the Covid-19 pandemic, grant holders involved in our evaluation typically focused on practical support to meet immediate needs (Section 3.1). By May 2020, the focus had shifted to supporting users' wellbeing. It became clear that the Covid-19 pandemic had:

- **Exacerbated needs for people facing poverty:** The Covid-19 pandemic disproportionately affected people already living on lower incomes.[xxxii] Common issues reported through the BCF evaluation included service users losing their income, additional pressure on households due to reduced social care, and limited access to food through lunch clubs or colleges. Service users, including young people, families, and asylum seekers, reached out to grant holders for help with welfare, housing, advice, and food. People on lower incomes were already more at risk of loneliness, which was exacerbated for those who did not have the equipment or data to access digital communication.

- **Widened mental health needs:** Some grant holders saw increased need for mental health support among some service users. Social distancing restrictions contributed to mental health challenges, such as anxiety and loneliness. Some service users experienced additional issues at this time, such as debt and unemployment. In some cases, these issues further impacted their mental health by placing additional strain on people. One grant holder told us *'there's been a lot more sort of crisis, a lot more people having suicidal thoughts'.*

- **Intensifying needs:** Some service users experiencing serious challenges prior to Covid-19 struggled with the loss of support and lack of structure. Increased financial challenges, reduced access to support and increased mental health needs contributed to serious challenges, such as domestic abuse, child protection issues, modern slavery, and immigration support. There were challenges around drug and alcohol abuse, with reports of relapse and drug debt. Some grant holders saw increased referrals from social services but were not always able to support service users with these emerging needs.

- **Heightened need for bereavement support:** Grant holders saw more requests for bereavement support. Some planned to set up peer support groups where service users could discuss their feelings following the death of a loved one. These were to support service users who had lost people to Covid-19 and people who were unable to mourn as they would wish to due to social distancing restrictions.

As social distancing restrictions eased further throughout June-July 2020, there was a second shift in demand from some service users. Some grant holders working with young people reported that some of their service users were keen for face-to-face activities to resume during these summer months because they preferred face-to-face interaction. As restrictions eased, they were able to engage in everyday activities, such as shopping, and found it challenging that services could not

always go 'back to normal' due to reservations about health and safety. As one grant holder told us: '*the biggest frustration is…the world has sort of gone back to normal, Primark's opened, you know, 'why can't we see you?'…and I can't do that'.* Conversely, some grant holders working with older people reported that in some cases their service users were anxious about resuming face-to-face support due to worries about contracting the virus.

From August 2020, more people were meeting up outdoors as lockdown eased. However, some people did not feel safe and were increasingly anxious around the easing of restrictions. Grant holders and service users reported that easing restrictions had not always improved the situation for those who were shielding as they feared the risk of infection and still did not feel safe to go out (see Case study 3). Some people shielding continued to experience increased anxiety and loneliness, as well as frustration at feeling 'forgotten' by society. One service user told us: *'I didn't see a light at the end of the tunnel, which is what the Government was offering everyone else'*.

In depth focus 3: How social distancing affected specific groups

Social distancing presented additional challenges for specific groups. Some of those identified by grant holders as part of this evaluation included:

Carers: Carers experienced several additional challenges. The main factors influencing this were: the cared for person becoming more unwell, the carer becoming ill, anxiety around illness, and the challenges associated with shielding. Carers weren't always able to access the external support they normally relied on and therefore lost opportunities for social interaction and respite from caring responsibilities. Grant holders told us this could negatively affect the wellbeing of carers, for example young carers and those living in smaller accommodation. In some cases, carers felt other people could not relate to their situation. One service user told us: '*I found it very difficult to socialise because these people are living different lives*'.

Young people: A range of additional challenges were reported for young people. Some, such as LGBT+ youth, had to isolate with unsupportive families. In some cases, young people with experience of care felt a loss of independence leading to relationship breakdown with foster families. As their contact with services reduced, young people with experience of care felt abandoned and grant holders saw more people reaching out to their birth families. Young people experienced increased anxiety around education, both when it came to results and around their return to educational settings in September 2020 with increased social distancing measures. As one grant holder explained: '*they are going into college, they are locked in a room, they can't go down to the canteen and… they feel like they've missed a lot of work*'.

People experiencing cognitive decline: As early as July 2020, grant holders shared concerns that service users diagnosed with dementia experienced cognitive decline due to the decrease in social interactions. One grant holder told us: '*[the] lack of routine has affected… peoples' ability to remember the days of the week, count money, tie shoelaces*'.

People experiencing domestic abuse: Service users experiencing domestic abuse have been at increased risk since March 2020, with some having to isolate with their abuser. Grant holders were working more with people on crisis support and referring them to specialised trauma and mental health support services. Users found it harder to leave abusive situations due to issues around joint benefit claims and child protection. Some felt uncomfortable once in refuge. Grant holders reported that some were left homeless. For example, one grant holder described their service user's experience: '*at the very height of lockdown she was sofa-surfing*'.

Service users have mixed feelings on accessing services remotely

'I'll sometimes want it as a Zoom call and see everyone and have a bit of a chat. Other times I'll just want to sit there and type with no pressure and stay in my pyjamas or stay in bed'.

BCF service user

There were mixed views among service users who took part in our evaluation on accessing services remotely, with some significant differences among groups.

For some people, remote services were accessible, sometimes even more so than face-to-face sessions. The move to remote delivery removed barriers around transport and physical accessibility, which was particularly important to people for whom mobility was an issue and journeys were difficult.

For people shielding and most affected by restrictions, online activities were invaluable. As one service user explained: '*I have found the online literally a life saver, talking to someone else has helped me cope'*. As discussed, users with previous experience of digital found it more straightforward to engage online (Section 3.2). Over time, some service users found that online activities taught them how to use technology more generally.

Remote delivery offered some new benefits for service users. These included:

- **Flexibility:** People could engage on their own terms, adapting to their needs and ability to engage at that time; sometimes actively participating and other times taking a more passive approach. For example, some service users reported they found the BANES Carers Centre's phone cafés, easier than face-to-face or online cafés. This was particularly beneficial for some service users, such as people with social anxiety, because they could have more control over their level of participation. As one service user explained: '*The fact it wasn't video meant that you could go and do something else if you needed to or if you wanted to think about an answer you [could]. It felt a lot less pressured. It made it easier to engage'*.

- **Opportunity to connect with shared experience:** Through remote activities, grant holders were able to connect service users from further afield. This was particularly useful for service users who may have been more isolated from their communities, such as LGBT+ service users or visually impaired young people, who valued meeting people with shared experiences. One grant holder working with one of these groups highlighted that '*online has helped* [people] *widen their social circle'.* Remote activities allowed people to draw on these relationships for peer support – as one grant holder reflected: *'we have really worked … to build those relationships in the community and have the understanding of where* [people] *can*

go for support… they know that so and so lives round the corner [and they've got] *those people on Facebook'.*

- **Exposure to support services:** In some cases, people who had not previously been involved in grant holders' activities were able to take part when other members of their household accessed remote services. For example, grant holders reported that some men, who may be less likely to engage with projects to tackle isolation and loneliness, joined in activities with their families.[xxxiii]

However, for some service users' remote services presented additional barriers. Some people found it harder to engage with online activities or had challenges in their home environment such as overcrowding or limited privacy. For example, one grant holder explained that one of their service users *'live[d] in a house with many siblings and found it too difficult to join us virtually'.* This was flagged as a particular issue for younger service users and people experiencing domestic abuse. Some service users were anxious about remote delivery, and grant holders sought to address these concerns where possible ([Section 3.4](#)). Other service users found engaging with remote services challenging due to health issues, including mental health and hearing loss, and limited time.

Remote delivery raised the following intrinsic challenges:

- **Less natural format:** Some service users felt they were not able to contribute in the same way, with the remote format leading to more formal, less spontaneous interactions. For example, one grant holder who had previously run face-to-face peer support groups and transitioned to doing so via video-conferencing reflected that '*that kind of organic experience isn't so readily replicated on Zoom. It's necessarily more structured'.* People also lacked visual conversational cues, which made it harder for some service users to connect with others remotely.

- **Less opportunity for practical support:** Some grant holders had previously focused on supporting service users with practical tasks, such as form-filling. Prior to Covid-19 some had also focused on delivering practical activities, which were favoured by men who tend to prefer services based on their interests and passions.[xxxiv] Grant holders shared concerns that these users could miss out on support as a result of a move to digital services.

- **Emphasis on loneliness:** For some, such as young people with experience of care, remote services were an unhelpful reminder, highlighting the restrictions placed on them by social distancing guidelines. Communicating only via video-conferencing did not come naturally to some service users and frustrations with technology prevented more natural discussions. For

example, H4AL staff told us: *'people are saying Zoom does not improve loneliness and isolation, it just reminds them that it's happening'.*

Case study 3: Learning cohort - Together for Short Lives

TfSL supports families of children with life-limiting conditions. Prior to the Covid-19 pandemic, its Family Hub services were delivered remotely and included a helpline and two parent Facebook groups (one for bereaved parents and one for parents caring for children with life-limiting conditions). TfSL had previously been developing an online group offer as a space for parents to share their experiences and gather information. Following the March 2020 lockdown, TfSL saw increased demand for their helpline and for practical support for parents who accessed its network of children's hospice and palliative care services.

Like other carers, parent carers have been severely affected by the Covid-19 pandemic. One service user explained: *'We have been abiding by the shielding letter and have not left our home not even for a walk for three months now. As you can imagine this has been incredibly difficult for us'.* A study undertaken in partnership with Martin House Research Centre and the University of Southampton found that parents were '*more isolated and alone than normal'* with the majority fearful for their child's health and their ability to access treatment and additional support.[xxxv] TfSL reflected: '*I think also things have got to desperation point for some families…. living in a cramped flat somewhere with a really disabled child'.*

Parent carers experienced additional challenges. Some felt they were '*losing time'* to share life experiences with their child. One parent told us '*I have found it really hard to come to terms with the fact that we've lost seven months of making memories and experiences'.* This was particularly challenging for those who had children in hospice care and struggled with feelings of guilt. One parent reflected: '*not providing physical comfort is upsetting and difficult to explain… I worry that I will never hold or kiss her again before she dies. Should I take her out of the home, bring her home, would I be able to cope?'*

TfSL's online groups aimed to support parents through this. The team continued to refine them to best meet changing needs and establish a format that worked best for parents, for example introducing a new online group just for dads who TfSL were concerned may not have had the necessary support networks. Interviews and focus groups with service users found people enjoyed having a 'social topic' such as football to focus on. They valued the opportunity to talk with others who shared their experience without having to focus specifically on the challenges they were facing.

3.4 What lessons did grant holders learn about changing their delivery model?

The Covid-19 pandemic has been a time of great change and challenge for grant holders. Grant holders have learnt a lot about adapting to support service users and sustain engagement (Figure 6).

The key lessons from this evaluation discussed in this section are:

- Support service users to increase their engagement with online activities.

- Put appropriate safeguarding and privacy measures in place for online activities.

- Offer choice to meet different service users' needs.

- Ensure support is consistent and reliable.

- Collaborate with local actors to avoid duplication.

- Respond to changing service user needs and different social distancing restrictions.

Figure 6 illustrates how these six key lessons are linked to the contextual challenges that the grant holders experienced and were operating in during the Covid-19 pandemic.

Figure 6: Overview of challenges and lessons learnt
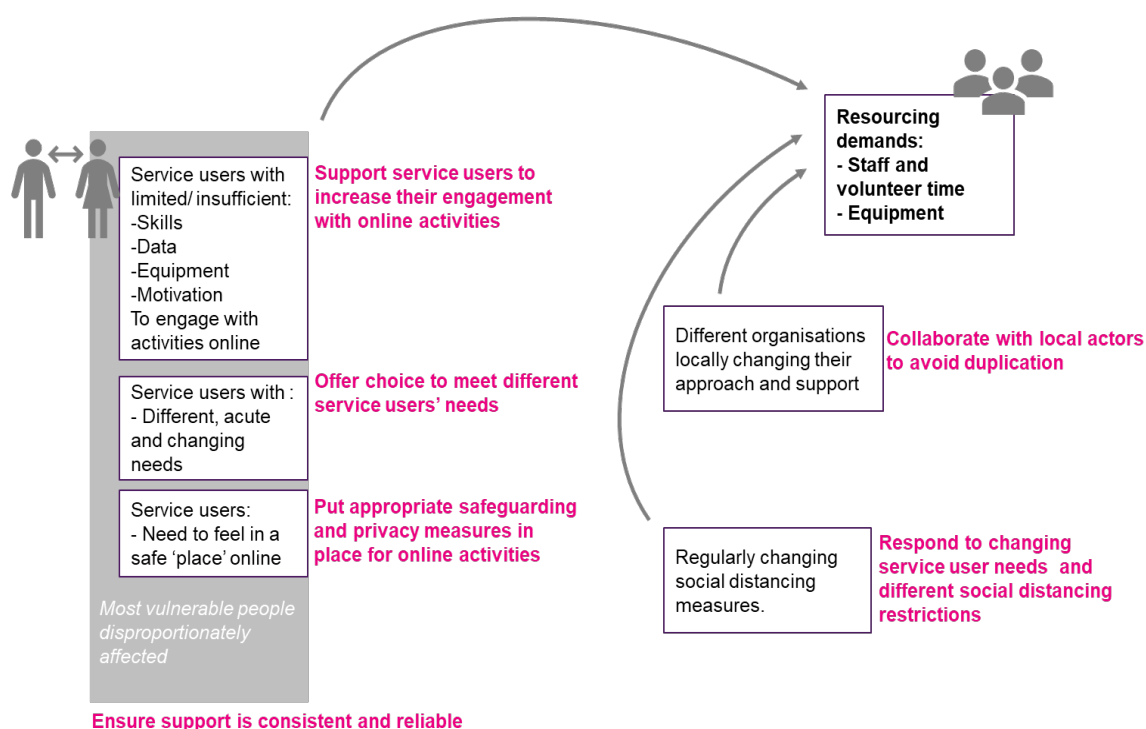
The circumstances in which these lessons have been learnt have put considerable strain on grant holders. Staff and volunteers took on more work, helping more service users and delivering more intensive support, at a time when teams were already at reduced capacity due to caring responsibilities, furlough and staff illness. The longer hours and demanding workload impacted staff wellbeing, and sourcing equipment or data was expensive. In some instances, grant holders reallocated existing BCF funding, whilst others applied for more funding (external to the BCF) to try to meet the need.

Support service users to increase their engagement with online activities

'For those that are savvy, the technology has been great. If you have family or friends to show you that is great, but not everyone can. This is a big challenge for us.'

BCF grant holder

Some grant holders found it harder to adapt in instances when service users faced difficulties engaging with online activities. Whilst some service users had the equipment, data, skills, motivation, and confidence to take part in digital activities, others struggled with one or more of these aspects ('digital exclusion').

Grant holders were concerned that some of the most vulnerable people they worked with were digitally excluded, such as asylum seekers, refugees, older people, carers, people with underlying physical or mental health conditions, and low-income households. Grant holders worried that social distancing disproportionately affected these groups and increased their isolation. As one grant holder reflected: '*The health emergency is highlighting that this significant minority is becoming more excluded than ever before'*.

Some grant holders made it a priority to help service users build skills, motivation and confidence with online platforms. Key lessons shared by grant holders included:

- Keep online activities as simple as possible.

- Develop a 'buddy' system to encourage peer-to-peer learning.

- Provide phone support and talk people through the process. For example, have a 'run through' before online group calls; be patient and expect to offer the same guidance multiple times. One of the delivery partners reflected: *'I think it took about… two to three calls really to get everybody settled'.*

- Reassure people that it is normal to have technical difficulties. As one grant holder told service users: *'actually, it all goes wrong for everybody quite often'.*

Some grant holders working with young people highlighted the importance of providing one-to-one support, alongside group activities to engage their service users in online activities. These grant holders highlighted that this was not always the case when meeting face-to-face, perhaps because there were naturally more opportunities for informal one-to-one conversations, such as before or after meetings. As one grant holder emphasised: *'without that one-to-one support there's no group work… you can't just expect people to just turn up to a zoom group once a week and not need any other support at any other time'.*

Some grant holders bought equipment and data for service users, such as dongles, phones, and computers (Section 3.1).

Put appropriate safeguarding and privacy measures in place for online activities

'There was a lot of feedback about its risks, it's sort of poor security and things like that so we made the decision not to use free Zoom…we worked through a whole risk assessment process for delivering virtually'

BCF grant holder

With the move to remote delivery, grant holders flagged that there was a steep learning curve for safeguarding and privacy, especially for online activities. Grant holders working with young people were especially concerned.

Grant holders learnt how important it was to take the time to understand the appropriateness of different digital platforms for their service users, such as Zoom, Houseparty, Facebook and WhatsApp. Some chose not to use certain platforms because they concluded they were not secure. For example, despite user preferences, H4AL decided against Houseparty in favour of Zoom because video chats on Zoom are encrypted.

Grant holders valued online platforms that create a safe and secure online environment. For example, one grant holder told us: '*Finding a virtual platform that both works for our event needs and is considered safe by local authorities we work with has proved a big challenge'*. Passwords and 'waiting rooms' supported this, for example by giving a trusted host control of who could participate in the session.

Other safeguarding and privacy lessons learnt included:

- Use 'closed' Facebook groups and monitor all posts through an administrator account before they are shared to moderate what kind of information your service users are exposed to in these forums.

- Email service users '*confidentiality statements*' for online meetings in advance and reinforce them by reading them out at the start of the session.

- Teach service users about the privacy settings and features of the online platform, such as displaying names, screen sharing and switching on or off video and audio, and ensure service users are aware of the risks of online activities.

- Train staff running group sessions to read body language in a digital setting to understand non-verbal cues, this is critical where limited privacy at home will mean service users are not able to speak freely (such as people at risk of domestic abuse).

- Create '*safe spaces*' for users to engage. Facilitators should establish ground rules for confidentiality, openness, and bringing people into the conversation.

Some grant holders developed specific policies and guidance for online delivery that aligned with their existing safeguarding and privacy policies. At the time of publication this remains an area for continued attention and reflection, as grant holders continue to be reliant on online platforms that are regularly updated.

Offer choice to meet different service users' needs

'It's about meeting people where they are familiar, where they are at.'

BCF grant holder

Some grant holders learnt to tailor their support to cater to a spectrum of service user needs. As one grant holder noted: *'we've got more options, it allows people to kind of suit their preferences in terms of communication as well as confidence… and self-esteem'*. Such preferences differed widely across user groups. For example, one grant holder highlighted: *'The young people still identify digital space as a sense of a "place" that they go to… perhaps the idea of "place" is different for different service users?'*.

For some, choice meant offering alternative communication channels to bring people together through a combination of different online platforms. For example, one grant holder flagged that they used *'Facebook Live, Facebook Chats, Teams and Webex'* so people could engage in the manner that they preferred.

Some service users still preferred offline activities, for the reasons discussed above (access to equipment, data, skills, motivation, and confidence when accessing digital services). Grant holders supported these service users with phone calls, activity packs and letters (Section 3.1). BANES Carers Centre started a 'phone café', bringing together service users who were unable to use online groups, but gave users the opportunity to access several types of support at once.

Some grant holders found that offering service users choice on the method of communication increased engagement by making activities more accessible. Some grant holders introduced taster sessions for users to get to know the staff and the format prior to joining to help them adapt.

While offering choice and tailoring support was vital, it was significantly more resource intensive for grant holders as it required more staff and volunteer time. One grant holder told us that while this presented '*considerably more work for project staff*', '*our new normal will need to keep a multi-media approach to try to be as inclusive as possible*'.

Ensure support is consistent and reliable

'I just make sure that [the service is] consistent, so, whatever happens, Friday at 3 o'clock, Sunday at 2 o'clock, something is happening'

BCF grant holder

Some service users felt forgotten amidst the first lockdown, especially more vulnerable groups such as young people with experience of care and those shielding (see Section 3.3; Case study 4). Grant holders involved in this evaluation highlighted the importance of close relationships between staff and users and maintaining consistency in services to supporting these users (Section 3.2).

Regular support, whether scheduled Zoom sessions, letters, or the delivery of physical boxes, was found to underpin trust and reassure users that they were not alone. Consistent, personal support was key to maintaining engagement. One grant holder reflected: '*because I can stand at their gate and say hello, it just keeps that relationship going.*'

However, it was also important for grant holders to be clear about what they could and could not do. For example, some grant holders found that as service users lost routine, they would contact staff outside of work hours. It was important to set clear boundaries with service users to avoid disappointment, confusion, and additional strain on staff. As one grant holder told us: '*It is just reiterating to them constantly, … I am not the person to get in touch with if you've run out of gas and electric at midnight on a Friday… They just don't recognise that it's still normal working hours.*'

Collaborate with local actors to avoid duplication

'Getting involved with your local council's project for supporting vulnerable people is a great way of reaching out to those who are in need in the area in which your organisation operates.'

<div align="right">**BCF grant holder**</div>

Grant holders found it tricky to understand what services they could or should provide, and how to avoid duplication with other providers, especially at the beginning of the March 2020 lockdown. Some grant holders reached out to local authorities and their existing networks to share information, resources, and staff time with other organisations to support rapid and effective decision making. For example, working with local social services and other charities to establish effective referral pathways that helped ensure people were able to access support while avoiding duplication and competition between services. However, grant holders found this very challenging and did not always have the time to dedicate.

Local authorities and statutory services relied on some grant holders to connect with service users. As time went on, they referred more people with increasingly challenging needs, who in some cases grant holders did not have the expertise to support. Where they could, grant holders also referred service users to other, more specialised support services. While this helped to support service users' needs, differing information from different services could be confusing. As one grant holder reflected: *'[some people felt] overwhelmed by the number of professionals reaching out'*.

Respond to changing service user needs and different social distancing restrictions

'It is interesting… how those different phases have impacted on behaviour… in March and June we saw quite a high engagement and attendance and then it dipped a little bit and I think from October onwards we might [see] it ramping up in line with the kind of the national measures'

<div align="right">**BCF grant holder**</div>

Grant holders had to continuously adapt their services to maintain engagement as needs changed. Some grant holders invested time and money into improving engagement, advertising services, individually contacting service users and consulting users to tailor support to their needs (see In depth focus 1).

The March 2020 lockdown produced a growing demand for services; but as social distancing restrictions eased over summer 2020, some grant holders saw less engagement as people were able to socialise more freely with each other. Some grant holders said this led to smaller group

sizes, which some of their service users found off-putting due to the increased pressure to actively contribute to the discussion. As one service user described it: '*I think it would have been nice to have a few more bodies on the call*'.

As restrictions began to ease, some grant holders explored how to safely reintroduce face-to-face sessions, carrying out risk assessments to do so. Common challenges were logistical concerns, such as smaller group numbers due to social distancing requirements, accessibility of venues, availability of toilets, and the weather. In some cases, finding suitable venues proved challenging as different types of venues were subject to different kinds of regulations depending on their management policies.

Some grant holders explored alternatives, such as cafes, parks, gardens, and car parks. However, public spaces were not suitable when grant holders needed to have conversations of a more personal or sensitive nature. Grant holders had to make extra efforts to ensure privacy.

Other preparations included ordering personal protective equipment (PPE), holding 'tours' of facilities for service users and introducing booking policies to support increased service user engagement. Some grant holders worried about making changes given the unpredictable nature of the situation. As one grant holder reflected in July 2020: '*face-to-face work could be stopped again in future… and if so whether it is better to remain remote until the situation is clearer*'.

In depth focus 4: The future outlook for grant holders

Grant holders experienced major fundraising challenges due to the Covid-19 pandemic, with some having to use reserves to cover their costs and ensure service continuity. Some grant holders found it challenging to apply for Covid-19 emergency funding due to strict eligibility requirements around activities and financial position, whilst others were worried about future competition for funding.

There were concerns about increased costs. Grant holders who had previously accessed community centres for free worried that they would start charging due to the economic impact of social distancing. There were also concerns about how grant holders could keep up with increased demand; both from service users they were already supporting, and people newly struggling with loneliness and isolation due to the Covid-19 pandemic.

Grant holders reflected on the practical challenges to their projects, including reduced project teams and social distancing constraints on face-to-face group sizes. Even before the Covid-19 pandemic, grant holders noted that it had already been challenging to reach those most affected by loneliness. A grant holder articulated this as a concern about people *'slipping through the net'*. Social distancing restrictions made it harder for grant holders to engage new service users through outreach or 'pop up events'. In the absence of these, grant holders relied on referrals from other organisations or self-referrals. Grant holders who had previously been involved in social prescribing were thought to be less likely to experience future disruption because they were embedded into the statutory response.

The changes grant holders made in response to the Covid-19 pandemic are a valuable opportunity for learning and development. Some grant holders were confident that they had better digital infrastructure in place and more experience delivering services remotely going forward. Some felt their service users were now better equipped to engage with remote delivery. There was a sense that technology would become more important in delivery going forward, with some grant holders planning to offer a blended delivery model. However, those for whom remote delivery was not as effective were hoping to move back to face-to-face activities long term.

Grant holders we spoke to felt that the Covid-19 pandemic had presented opportunities for reflection and highlighted the need for new ways of working to combat loneliness. Some grant holders were keen to increase user involvement and improve how data was shared and used. There was also an appetite for wider peer learning and sharing of best practice across the sector. However, some grant holders felt there was a need for forums to facilitate this.

Case study 4: Learning cohort - Health for All Leeds

H4AL supports young people with experience of care. Prior to the Covid-19 pandemic, H4AL ran a care leavers social group, a crisis café for care leavers and a peer mentoring training programme.

Lockdown was especially difficult for this user group. H4AL staff reported that young people felt '*abandoned*' due to the interruption in support services and struggled with the loss of independence as restrictions dictated what they could and could not do. H4AL shared that their service users faced serious challenges during this time, including issues with housing, drugs and alcohol, and domestic abuse.

As lockdown began, H4AL consulted with service users to re-develop its services. They gathered feedback on preferences for different platforms and, after considering the safeguarding implications of each, moved the groups to Zoom. The team worked with young people to develop ideas for the online groups, including peer facilitated classes and a creative writing project for young people to develop their self-expression and communicate their experience. H4AL gave laptops and mobile phones to service users who had difficulty accessing these items and ran Zoom tutorials to support people to access the groups.

H4AL worked in partnership with Leeds City Council to promote its Facebook page more widely to care leavers in the area. Finally, H4AL staff offered one-to-one crisis support for people facing additional challenges and signposted service users to other local services.

This support has been consistent – the project has continued to hold two online drop-in groups a week and project staff have been there to offer young people support throughout the Covid-19 pandemic. But due to the vastly different experiences in service user needs, H4AL has also been working flexibly to support the young people. H4AL reflected: '*consistency and flexibility, they're the two things that … are really important'.* They have continued to run online groups, varying their frequency to match young people's engagement.

The H4AL team has also been supporting young people who were not engaging online (roughly a third of its service users) through phone calls, postal communication and, where possible, face-to-face individual support.

Staff have also been offering much more crisis support than they would have done previously, as they report other support for young people has been reduced.

3.5 Did the theory of change still hold if the delivery method changed?

The BCF aimed to prevent and reduce loneliness and support people to feel more connected. The original pre-Covid-19 theory of change described how grant holders' activities contributed to intermediate outcomes and long-term impact.[18] The theory of change recognised that grant holders included non-service delivery organisations and those delivering remotely, alongside those supporting service users face-to-face.

The Covid-19 pandemic significantly altered the **activities** grant holders delivered (Section 3.1). When combined with contextual issues, such as social distancing, this made it necessary to revise the theory of change to better articulate how the BCF worked to reduce and prevent loneliness (Figure 5).

This evaluation did not aim to test the theory of change during the Covid-19 pandemic as there were limited opportunities to collect the views of service users.[19] We have instead used this evaluation to map available data from both grant holders and service users and understand which elements were still relevant and what changed during this time. Consequently, this section has greater limitations than the rest of the report (see Section 2.5 for further information on methodological considerations).

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[18] For further information on the original BCF theory of change and how it was developed please see our Part one report.

[19] For example, outcomes were not measured using a pre/post design for service users across the fund, the findings are merely indicative of the outcomes observed by the grant holders and service users involved in this evaluation.

Figure 5: Updated BCF theory of change

Figure 5: Updated BCF theory of change

Activities	Mechanisms of change	Intermediate outcomes	Long term impact

Stigma surrounding loneliness is reduced

BCF provides: funding for staff time and assets; and support for learning and evaluation

Organisations deliver provision aimed at tackling loneliness

Grant-holders deliver direct services
- **Practical support** (e.g. delivering food, medicine, advice and signposting, equipment)
- **Online support** (e.g. arts leisure activities, group sessions, befriending)
- **Offline support** (e.g. befriending, phone calls, postal communication)
- **Face-to-face support** (e.g. socially distanced walks, garden visits, door knocking)

Grant-holders supporting others to deliver services
Eg:
- Infrastructure support
- Building partnerships
- Campaigning
- System-wide activities

Participants trust staff, volunteers & other participants

Participants feel respected

Participants feel empowered to create change in their lives

Participants don't feel judged or punished

Participants feel at ease

Participants feel supported and cared for

Participants feel useful and valuable

Organisations tackling loneliness increase quantity & quality of provision

Participants build trusting relationships with others

Participants build positive long-term relationships

Participants are motivated to connect with others

Participants are more socially connected

Participants have improved communication skills & self-expression

Participants are more confident & have improved self-esteem

Participants basic needs are met

Participants are able to engage remotely

Loneliness is reduced & prevented, people feel more connected

Participants:
- Have improved health and wellbeing
- Take the lead in improving their lives
- Contribute more to their communities
- Improve their employment opportunities (where applicable)

Reduced burden on public services (eg health services)

Communities are more resilient & vibrant, & make their own decisions

Accountability line

Key

Activity	(red)
Change mechanism	(orange)
Outcome	(yellow)
Impact	(purple)
Added post-Covid 19	(star)

54

Impacts

'It had simply become much harder to achieve… it was more about minimising harm and maintaining current levels.'

<div align="right">**BCF grant holder**</div>

Once the Covid-19 pandemic hit, grant holders we spoke to continued to focus on the same **long-term impacts**, namely to reduce or prevent loneliness and support people to feel more connected; with the associated benefits to the individual and to wider society such as improved health and reduced burden on public health services.

The Covid-19 pandemic made this goal considerably harder to achieve. Grant holders noted that their work shifted to **preventing** people feeling lonelier or less connected rather than reducing loneliness. As one grant holder put it: *'it's been more about holding people and trying to prevent a deterioration as opposed to improving'*.

See In depth focus 5 for further discussion on measuring loneliness.

Outcomes

'I think connecting with [other parents was] vitally important because I hadn't had … that kind of connection, that kind of longevity of conversation, or just a social chat… for months… it really did make a difference'

<div align="right">**BCF service user**</div>

Many of the **outcomes** continued to be relevant throughout the Covid-19 pandemic, even though the delivery method had changed. For example:

- **Participants build positive long-term relationships:** Some service users relied on friendships built prior to Covid-19 for peer support during the pandemic. For example, some young people supported by H4AL formed bubbles with each other during lockdown.

- **Participants build trusting relationships with others:** Service users continued to develop relationships with each other when accessing group activities remotely. Some grant holders suggested this outcome was not only maintained but enhanced, as service users were able to exchange shared experiences and build new relationships through remote groups. As one service user told us: '*support from others was very important'*. On the other hand, this experience was not universal; others found it harder to establish new relationships online.

- **Participants are motivated to connect with others:** Grant holders we talked to reported that some service users accessed services to help them connect with others (Section 3.3). As restrictions eased, some service users who were able to meet face-to-face began to do so. Some people who were shielding were motivated to remain connected online by joining local Facebook groups or seeking support from peers following support group sessions. Some service users reached out to others they had met through BCF activities. For example, one grant holder told us '*there was one carer who was struggling in life and the other carers were checking in on her... they arranged that when things had got a bit better, they would go out for a walk in the woods'*.

- **Participants are more socially connected:** This outcome was diminished for service users who were not able to engage with remote services. However, those who could engage built up networks online and continued to feel connected through remote group activities. One service user reflected: '*I find that it does make me feel more connected. I've missed having the face-to-face support group every month'*. People who had been more isolated during the pandemic, such as parent carers, found grant holder activities offered an opportunity to connect with peers and be part of a community.[xxxvi] Service users felt remote activities let them develop social networks. One service user reflected: '*Talking to new, different people opens up your world which has shrunk due to Covid*'.

- **Participants have improved communication and self-expression:** Sharing experiences with others who could relate, whether through Facebook or as part of remote groups, allowed some service users to develop their communication skills without worrying about their knowledge of a subject. Some projects, such as H4AL, focused on developing service users' self-expression through poetry to give them an outlet for their experience.

- **Participants are more confident and have improved self-esteem:** Grant holders reflected that lockdown forced some service users to be more self-reliant and develop their own support networks, which led to increased confidence and self-esteem. Of the service users we spoke with, those who felt they had helped others through peer support or participating in service delivery felt more confident. Our evaluation also highlighted that the more people felt able to contribute to group activities and have their voice heard, the more their confidence developed. However, they did not experience this to the same degree if the format did not suit them.

Additional **outcomes** that the altered activities led to include:

- **Participants basic needs are met:** In response to the March 2020 lockdown, some grant holders offered practical support to service users to help meet their basic needs, including food, housing, finances and access to technology (Section 3.1).

- **Participants are able to engage remotely:** Some grant holders made a considerable effort to help service users improve their digital skills, access equipment and gain confidence to engage with online services. For service users who preferred not to use digital technology, grant holders developed alternate programmes, such as BANES Carers Centre's phone café, and taught users how to take part.

Both additional outcomes were not only valuable in themselves, we think they could also contribute to service users meeting the intended long-term impacts, specifically those related to loneliness, health and wellbeing.

Mechanisms of change

'We just listened, and you could actually see his facial expression change, he became lighter and even said at the end 'That's a weight lifted off my shoulders chatting to everybody'

BCF service user

The **mechanisms of change** (how people experienced activities or engaged with support that made the desired outcomes more likely) remained consistent despite the Covid-19 pandemic, so it was important that grant holders were attentive to them when planning and delivering activities:

- **Participants trust staff, volunteers, and other participants:** Grant holders we spoke to felt trust was particularly important in the changing context. As one grant holder explained: '*trust was still key but … had to be built in a different way online*' (Section 3.4). In some cases, positive relationships between group members established a safe, trusting environment. One service user told the group: '*I've felt valued, worthy and heard after meetings – to give that to somebody is pretty special, and that's from all of you*'.

- **Participants feel respected:** Some grant holders spent a great deal of time engaging with service users to understand their needs (see In depth focus 2). Some service users found that being part of a group helped them feel respected. As one service user explained: '*You're not being judged, you don't have to judge anyone, it's just what you are able to contribute. And even if it's just being there, and no ideas come forward, just being part of the group, our presence is recognised*'.

- **Participants do not feel judged or punished:** Some grant holders shared concerns that those who were unable to connect remotely may have felt judged or punished during this period. Furthermore, the service users who we spoke to highlighted that shared experience between befrienders or group members was key (see Case study 5). One service user reflected*: 'Everyone is in the same situation, everyone is on the same page. If you say something everyone knows the context. You don't have to give all the explanation that you'd have to give to someone else'.*

- **Participants feel empowered to create change in their lives:** Sharing experiences and connecting with others through the activities helped empower some of the service users we heard from. One service user told us: '*[I've been able to] voice how I feel, [the activity made] everyone feel that they are being listened to and heard and I think…that…does give you a sense of power'.* However, others found social distancing restrictions overwhelming and this represented a significant barrier to any change.

New mechanisms of change also emerged, which were important for keeping service users engaged with remote services and for building their confidence and ability to engage with others to strengthen relationships:

- **Participants feel at ease:** Some service users found it challenging to engage online, with conversation not flowing as naturally as it would do face-to-face. Grant holders found when participants felt at ease, they were more willing to share their experience. As one grant holder explained: *'keeping it light-hearted means that people then feel confident to share more personal things'.*

- **Participants feel supported and cared for:** Some grant holders found that even when service users were unable to engage with services, they felt less lonely when they knew someone cared for them. As one grant holder told us: '*carers often feel less lonely simply when they feel 'seen' and understood'.* Grant holders reported that service users appreciated communication from projects, such as through 'keep in touch' calls and newsletters.

- **Participants feel useful and valuable:** Some service users looked for ways they could feel useful by contributing to their community. One service user shared: '*I actually get a lot of satisfaction from helping others and giving them advice and sharing my experience'.* These service users drew a sense of fulfilment from supporting others. One service user reflected: '*being able to contribute by helping others is a way of helping yourself'.* By feeling empowered to create change in the lives of others, they felt more empowered over their own life.

In depth focus 5: Measuring loneliness

Prior to the Covid-19 pandemic, we encouraged grant holders to use the National Indicator of Loneliness to measure their projects.[xxxvii] This measure asks three questions from the UCLA loneliness scale, plus a direct question about feeling lonely. The four questions are:

How often do you feel that you lack companionship?

How often do you feel left out?

How often do you feel isolated from others?

How often do you feel lonely?

Since the start of the BCF some grant holders had expressed concern that it was difficult for staff to talk to service users about loneliness.[xxxviii] Although this was not a universal experience, with others highlighting that whilst staff and volunteers may have some initial reservations, once they started asking service users they found people were happy to answer questions.[xxxix]

However, grant holders we spoke to highlighted that the Covid-19 pandemic made asking these questions challenging for two main reasons.

Firstly, they worried that asking personal questions was inappropriate when working with service user groups who were in some cases negatively affected by the Covid-19 pandemic. Some grant holders emphasised that this was particularly challenging with new service users with whom staff had not yet built up a trusting relationship. Feedback during the pandemic was typically gathered through one-to-one phone calls. Asking these questions could lead to difficult conversations, so staff needed appropriate training and support to do so sensitively and responsibly, and to be able to provide or signpost support as appropriate.

Secondly, some grant holders felt that traditional quantitative outcomes measurement using surveys was inappropriate given the ever-changing context. They questioned the value of collecting data that only illustrated that their service users felt lonelier because of social distancing. At best, they felt the data illustrated a brief snapshot in a rapidly changing world and would need to be regularly updated to show anything meaningful. At worst, when taken out of context, the data could suggest that their projects were making people feel lonelier, because they didn't have a 'control group' for comparison. Response rates for online surveys were much lower than with face-to-face (see In depth focus 2). More time and resources were needed to collect data at a scale big enough to inform decisions.

In general, during the Covid-19 pandemic, grant holders we heard from found it challenging to initiate direct conversations about loneliness with service users as it was a sensitive topic for staff and service users. Some found that an indirect, facilitated approach led to the most significant conversations. For example, allowing conversations about loneliness to open up naturally from other group discussions, using creative mediums such as poetry or storytelling and welcoming, empathetic facilitators.

Case study 5: Learning cohort - The Royal Society for Blind Children

The Royal Society for Blind Children (RSBC) supports visually impaired young people aged 16-25. Prior to the Covid-19 pandemic, the team delivered face-to-face two-hour supper clubs each fortnight in restaurants across London, with some themed discussions and presentations. These supper clubs offered young people the opportunity to socialise and develop peer friendships in a more natural setting than their supervised experience in school.

The RSBC team told us that although the young people they worked with would not identify as lonely, they looked to sessions as an opportunity to improve social connections and connect with peers with shared experiences. Both the social interaction at the clubs and the need to travel independently using public transport offered young people the opportunity to build their confidence outside of their comfort zone.

In the wake of the Covid-19 pandemic the project transferred the groups online to Zoom. They kept the same themed format but cut the sessions down to one hour. While the project had typically supported young people in London, remote groups allowed more users to join from across the UK; this included the West Midlands, Wales, and Kent.

Following the move to remote delivery, the project focussed on the same long-term impacts and similar intermediate outcomes as before (Figure 5). Service users continued to establish relationships through the online groups, with young people sharing contacts and communicating outside the group. In some cases, the challenges of social distancing and the remote nature of the groups facilitated young people's discussions of their experiences of loneliness, easing the stigma around this. As RSBC told us '*everybody is in a sort of difficult situation, everybody is much more vulnerable to isolation… in a way that's made it easier for the young people to talk about it'*.

Staff felt that the online groups had been able to replicate a *'supportive space'* where young people felt at ease and were able to share their experiences. Feeling part of a community was important, particularly for those who might otherwise find it more difficult to engage, such as autistic young people. As RSBC staff told us, it was something new users from rural areas who may have had a smaller network of visually impaired peers benefitted from. The distinct practical challenges associated with social distancing for people with visual impairments made the BCF activities especially pertinent.

4. Conclusions

This section provides a synthesis of the key findings of this evaluation.

The Covid-19 pandemic significantly impacted the Building Connections Fund, as grant holders were no longer able to deliver projects as planned. Some service users' needs intensified, and grant holders had to overcome many challenges as they redesigned their services in the transition to remote working.

4.1 How did Covid-19 change delivery for the BCF's grant holders?

In response to the first lockdown in March 2020, some grant holders provided **practical support**, such as food and medicine, financial assistance, hardware to access online services and signposting to help service users navigate the changing context.

Some grant holders moved to **new online models**, including online group activities to replace the services they had previously delivered face-to-face, sharing training videos and connecting service users through Facebook groups. Other grant holders offered a range of **new offline models** to support service users who were not able to access online services. These included phone support, one-to-one phone befriending, letters, and distributing activities. To improve engagement, some grant holders **blended online and offline models**, making use of distributed items in online group sessions. To meet demand from service users, some grant holders tried to incorporate **face-to-face support** where possible, especially with restrictions easing in summer 2020.

Where possible, grant holders relied on **user involvement** to inform their decision-making. Although some grant holders were able to adapt their services, this was not the case across the board. Some put their **projects on pause** initially but were able to adapt over the course of the first six months. Others had to **stop delivery** altogether. For some grant holders involved in this evaluation, **delivery was unaffected**.

4.2 What were grant holders doing before the March 2020 lockdown that helped them mitigate against the risks to the delivery of their programmes by Covid-19?

Some grant holders were better placed to mitigate against the effects of the Covid-19 pandemic thanks to their previous work. Organisations who had already improved their **digital tools** and the **skills and experience** of their staff and service users had an advantage when it came to adapting to a digital way of working.

Some grant holders who **previously delivered services remotely** experienced minimal interruptions to their projects, while those **previously supporting community run activities** benefitted from the enthusiasm in community mobilisation that the Covid-19 pandemic brought to the fore.

Some grant holders were able to build on previous experience with service **user involvement** to help them adapt their delivery. Grant holders who started **specific planning** in February or March 2020, prior to lockdown but once the potential of the pandemic became clear, were able to adapt more effectively.

4.3 How have social distancing measures affected service users and their feelings of loneliness and the support that they needed? How have service users found accessing services remotely?

Social distancing had different effects for different people. Our evaluation highlighted some service users experienced **increased anxiety and loneliness** after lockdown began in March 2020. More vulnerable groups felt abandoned and forgotten as restrictions affected services. This was especially hard for people shielding. For some service users, the downsides of social distancing were **less acute**. Some factors, such as social isolation prior to Covid-19, having a garden and financial independence contributed to this.

Some service users' needs intensified, for example some carers, young people, people with dementia and those experiencing domestic abuse. Key areas of need included: **poverty, mental health needs, intensifying needs,** and **bereavement support**. The **focus of user needs shifted over time** from practical issues to wellbeing.

Service users were **polarised on resuming face-to-face services**. For example, some younger service users were keen for face-to-face to resume as restrictions eased and they were able to socialise again, despite being more comfortable using online services, whilst some older service users and those shielding typically felt anxious for their safety.

There were also **mixed views about accessing services remotely**. Some people found them easily accessible and liked the opportunities they offered to engage flexibly and connect with others with shared experiences. Others faced barriers to accessing services remotely. They found the format was less natural and that it emphasised their loneliness at this time.

4.4 What lessons did grant holders learn about changing their delivery model because of Covid-19?

Throughout the Covid-19 pandemic, grant holders **continued to adapt their services** to respond to changing service user needs and different social distancing restrictions. Some grant holders made a significant effort to **help service users engage with online activities**. The changing context and online delivery led to some grant holders **revising their safeguarding and privacy procedures to support online activities**.

Service user needs and preferences differed widely amidst changing circumstances. In response, some grant holders **offered choice in services** based on service user feedback to maximise the number of people who could access support. For some grant holders it was a priority to **ensure their support was consistent and reliable,** so service users did not feel forgotten or abandoned.

With everyone rapidly pivoting, some grant holders emphasised the importance of **collaboration with local actors to avoid duplication**. This helped establish effective referral pathways and maximised value to service users. Grant holders adapted their activities, **responding to changing service user needs** as the context shifted.

4.5 Did the theory of change that underpinned the interventions to prevent or reduce loneliness still hold if the method of delivery was changed?

The original pre-Covid-19 theory of change described how the activities of grant holders would contribute to the prevention and reduction in loneliness and would support people to feel more

connected. While Covid-19 **significantly altered the activities** that grant holders delivered, the theory of change largely held true.

The key difference following the Covid-19 pandemic was the **shift in focus from 'reducing loneliness' to 'preventing a deterioration'**. This reduced ambition was particularly evident in the long-term impacts. Not only did many of the outcomes continue to be relevant following the changes in delivery, two **new outcomes** were identified: **'participants basic needs are met'** and **'participants are able to engage remotely'**.

The mechanisms of change **–** how people experienced activities or engaged with support that made the desired outcomes more likely – also remained consistent, although **new mechanisms** emerged: **'participants feel at ease', 'participants feel supported** and **cared for', and 'participants feel useful and valuable'**. These findings were largely based on conversations with grant holders themselves as they found it challenging to collect the necessary data to measure loneliness during this time.

4.6 Looking into the future

The Covid-19 pandemic has changed the way grant holders are working with their service users. The pandemic has catalysed a rapid shift towards online service delivery and we expect this to continue. However, remote services are not appropriate for all service users and activities, and the sector must continue to make alternate, face-to-face options available. Blended models including both online and offline support offer the greatest flexibility.

Covid-19 presented an opportunity to do things differently. The lessons learnt from this evaluation can therefore continue to inform delivery even after the pandemic has ended.

5. Recommendations

This section sets out the implications of our findings for future policy and practice, with suggestions for further research.

The following recommendations are based our interpretations of the evaluation findings, and discussions with grant holders and funding partners throughout the evaluation.

5.1 Implications for funding organisations

To maximise the effectiveness of future projects to prevent or reduce loneliness funding, organisations may wish to consider:

- Providing additional, targeted support for people most severely affected by the Covid-19 pandemic: those shielding, those facing poverty, and those experiencing specific intensifying challenges such as domestic abuse. Loneliness and social isolation are typically just one disadvantage that these groups experience and cannot be tackled without due consideration of the wider context.

- Supporting initiatives that tackle digital exclusion: skills, equipment, data, motivation, and confidence. These are significant barriers to engagement in many services and activities for those who are willing and able to engage online.

- Providing practical support and encouragement to organisations to offer a range of ways to meet different user needs (such as blended models, using both online and offline services) and coordinate with other local actors of all sizes (including small community groups) to avoid duplication. It's also important to work with delivery organisations to better understand and recognise the cost implications of these efforts and allow for these in funding.

- Supporting and encouraging user involvement to inform, and where possible lead, project adaptation and design as the Covid-19 pandemic abates. This will allow organisations to tailor their offering to best meet user needs, and not just revert to 'business as usual'.

To support future learning about what works to prevent or reduce loneliness, funding organisations may wish to consider:

- Supporting and encouraging organisations to upskill digitally, such as providing software to support remote and digital working, Customer Relationship Management systems for data management, and digital equipment for staff.

- Supporting existing forums for peer learning around what prevents or reduces loneliness and encouraging your grant holders to engage with the discussions. There has been a significant amount of piloting, innovation and lessons learnt since March 2020. Organisations may require support to embed these learnings; and share with others.

- Supporting sector learning on safeguarding and privacy for remote service delivery, and facilitating rapid dissemination to avoid duplication and delays.

- Collating, distributing, and championing best practice in online facilitation and engagement among grant holders and in the sector more widely.

- Continuing to provide funding to build organisational monitoring and evaluation capacity of grant holders. Measuring loneliness in a meaningful way is challenging, so take a layered approach based on existing skills. Support organisations to understand how they can use 'easier to collect' user, engagement and feedback data to improve services (rather than focusing on outcomes and impact data unless adequate resources are available).

5.2 Implications for delivery organisations

To maximise the effectiveness of future projects to prevent or reduce loneliness, delivery organisations may wish to consider:

- Blending online and offline delivery to maximise service user engagement and mitigate risks of future lockdowns, recognising that some users may not be able to access remote support or derive the same benefit. Consider whether you are best placed to deliver or if there are other organisations or local community groups you could partner with.

- Providing regular and reliable support, particularly if working with vulnerable user groups. Be consistent in your delivery. For example, schedule activities on the same days and times, and augment this with targeted ad-hoc conversations as required.

- Continuing to address digital exclusion and seeking to address gaps in skills, equipment, data, motivation, and confidence of service users.

- Encouraging and developing peer-to-peer support as part of project delivery. For example, to facilitate sessions, to support with digital training and to catalyse relationships. Build the capacity of small community groups and other self-led peer initiatives to support those experiencing loneliness.

- Developing and rolling out ways to support users with transitioning out of the Covid-19 pandemic. This will be particularly important for people who have been shielding for a long time. Consider ways to remove practical barriers, as well as those associated with fear and reduced confidence in social settings.

- Identifying and removing barriers to users accessing your service. Focus on advertising and working with other local partners (such as statutory services) to identify potential new service users. There may be high demand but fewer opportunities to meet new users offline.

- Reviewing the policies and mechanisms you have in place to safeguard staff wellbeing. Support and encourage your staff to establish reasonable boundaries.

To support future learning about what works to prevent or reduce loneliness delivery organisations may wish to consider:

- Delivering online facilitation training to staff and volunteers where necessary.

- Focusing on monitoring and evaluation, incorporating short feedback loops and opportunities for reflection in the team to continually improve services. Develop ways of systematically capturing 'anecdotal feedback' and use this to inform and adapt your delivery.

5.3 Suggestions for further research

The evidence around what works to combat loneliness remains limited. Whilst this evaluation has been able to document the experience of the BCF grant holders during the first six months of the Covid-19 pandemic and capture insights, the very limited access to service users to hear their thoughts meant it was not possible to fully address the questions: 'what works well, for whom, and in what context?' (see Section 2). This gap remains a key area for further research.

We also make the following recommendations for further research:

- Explore patterns underpinning differences in effects of remote delivery – for whom it supports positive outcomes, and for whom it increases loneliness.

- Uncover who existing services and provisions are not reaching, and the best ways to support these groups.

- Review the existing loneliness measures (National measure) and their use in remote project delivery for smaller delivery organisations.

- Allow for adequate resourcing to collect and analyse data, especially for programmes that involve many, diverse grant holders (as the BCF did).

# Appendix A: Evaluation methods - further details

A.1 Data collection

The developmental evaluation was structured over three phases:

1. Explore and design

2. Learn, share and reflect

3. Report and review

Three key groups were involved in data collection: all grant holders, a learning cohort, and the funding partners. Figure A provides an overview of when the data was collected, with which stakeholder group and during which phase. Figures 3-5 in the main report also provide additional information. Here we describe each of the phases in further detail.

Figure A: Overview of different data collected during each of the three phases
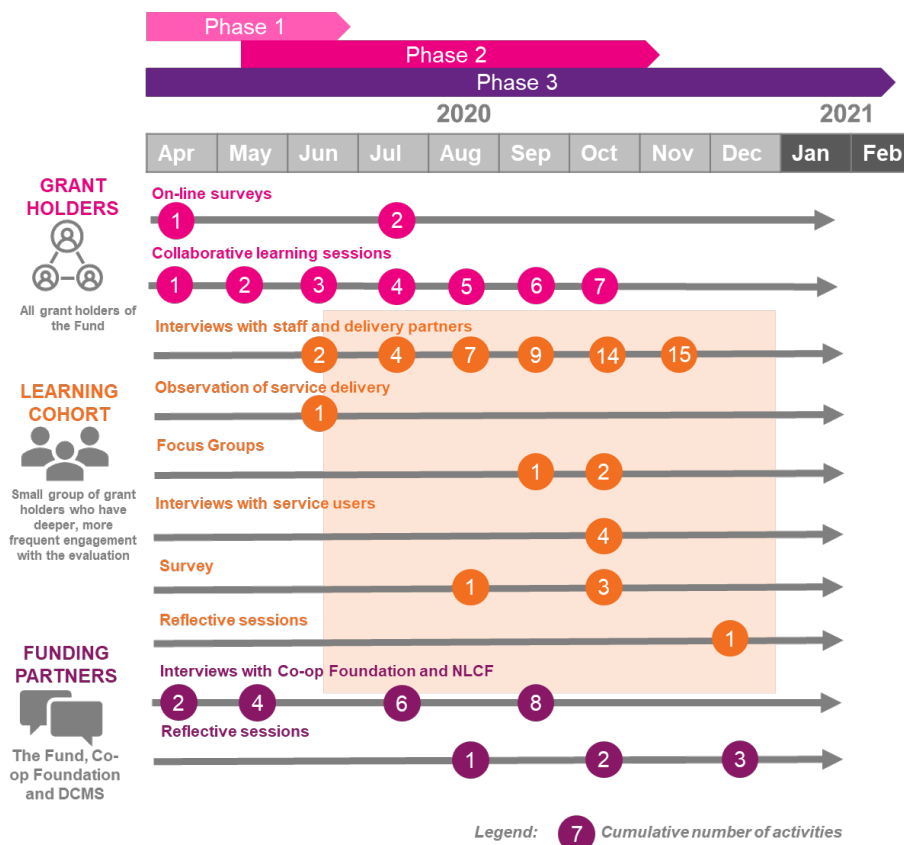
Phase 1: Explore and design

The first phase took place throughout April and May 2020. Evaluation activities included an online survey for grant holders, two collaborative learning sessions and monthly semi-structured interviews with funding partners. Programme documentation shared by The Fund and the Co-op Foundation was also reviewed. Of the data collection activities undertaken by us:

- **Online survey:** We shared the online survey with all BCF grant holders via email. Several reminder emails were sent. The survey asked eight questions- it included a range of check boxes (allowing respondents to choose multiple options), multiple choice (allowing respondents to select one option) and free text boxes. The survey was designed to take 5-10 minutes to complete.

- **Collaborative learning session:** We invited all BCF grant holders to the collaborative learning sessions. The sessions were a mixture of presentations, either by NPC or grant holders themselves, and discussions in either plenary or smaller 'breakout' groups. The sessions lasted 60 minutes and were recorded. Notes for each session were written up and shared with all grant holders, alongside any PowerPoint slides that were used, for verification (by those that attended) and to disseminate the emerging insights (with grant holders who were not able to attend).

- **Interviews with funding partners:** Researchers interviewed staff from the funding partners who were responsible for overseeing and/or learning from the BCF. Interviews took place via videoconference and lasted 40-60 minutes. Topic guides were used to ensure a consistent approach across encounters and between members of the research team. Comprehensive notes were taken by the interviewer and shared with the interviewees so that they could verify the accuracy of the data.

All three of these data collection activities continued through Phase 2.

These activities informed the development of an interactive, live document that brought together good practice around key areas of concern for grant holders (such as safeguarding) and signposted helpful external services and support. Our *Emerging tips to help your remote project tackle loneliness and improve wellbeing* guide was shared and added to by grant holders, NPC, and our partners throughout the evaluation period.

In May and June 2020, we had initial conversations with grant holders who had expressed an interest in joining the learning cohort. Potential cohort members were approached based on several key criteria, including their willingness and capacity to participate in the evaluation, as well as the diversity and range of services and people who accessed them.

Phase 2: Learn, share, and reflect

The second phase took place between May and November 2020 and was based around two cycles of inquiry that framed the evaluation.

The first cycle from June to August 2020 was initiated with a basic descriptive enquiry approach to understand: What? Why? When? How? Where? and Who?[xl] Semi-structured interviews were held with each member of the learning cohort to understand how the Covid-19 pandemic had affected their work, who they worked with, map the decisions they had made, the data they had available and explore their future plans. We also worked with each of them to develop a bespoke plan to collect and analyse the data that was required to inform their delivery decisions. This included data that we collected on behalf of the learning cohort members, data that the learning cohort members collected themselves with our support, and additional impact measurement advice and support.

The second cycle adopted a fundamental evaluative thinking approach.[xli] This built on the first cycle, by recapping What? (reflecting on changes in the last 3 months) and exploring in depth by asking 'So what?' and 'Now what?' to encourage further analysis (double-loop thinking) and highlight action for the next stage of development. This line of enquiry was undertaken through interviews and a workshop with the learning cohort, reflective sessions with the funders, and collaborative learning sessions with all grant holders. The results helped shape the conclusions and recommendations.

Of the data collection we carried out during this stage:

- **Online survey:** We shared a second online survey with all BCF grant holders via email. Three reminders emails were sent. The survey asked ten questions and included a range of check boxes (allowing respondents to choose multiple options), multiple choice (allowing respondents to select one option), and free text boxes. The survey was designed to take 5-10 minutes to complete.

- **Interviews with grant holders and delivery partners:** We interviewed staff from each of the five learning cohort members who were responsible for overseeing and/or delivering the BCF project, and the delivery partners working with one organisation. Interviews took place via videoconference and were 40-60 minutes long. Topic guides with open and nonleading phrasing were used to ensure a consistent approach across encounters and between members of the research team. The interviews were recorded and transcribed.

- **Interviews with service users:** We interviewed one service user on behalf of one of the grant holders. A member of staff responsible for overseeing the BCF project was present during the interview. The grant holder then used these materials to undertake further interviews (see below) and their presence at the NPC-led interview aimed to ensure greater consistency between the different interviewers. The interview took place via videoconference and lasted 60 minutes. A topic guide with open and nonleading phrasing was used and the interview was recorded and transcribed.

- **Focus groups:** We facilitated two focus groups on behalf of grant holders, with seven and six service users attending each respective group. A member of staff responsible for overseeing and/or delivering the BCF project was present during each focus group to allow for real time learning. The focus groups took place via videoconference and lasted 90-120 minutes. A topic guide with open and nonleading phrasing was used and the focus groups were recorded. We transcribed the focus group for one session and made detailed notes from the recording of the other.

- **Direct observation:** We observed an online group held by one of the grant holders with nine service users. The group took place via videoconference and lasted 60 minutes. An NPC researcher made detailed notes during the session.

Of the data collection activities undertaken by grant holders:

- **Interviews with service users:** One grant holder went on to run a further three interviews with service users themselves. We had planned to facilitate a focus group with service users but had to change our approach in favour of interviews due to low turnout for the group. This allowed us to mitigate the risk of data loss, gathering more data within the time and budget, and helped build the grant holders' evaluation capacity. The interviews took place via videoconference and lasted approximately 60 minutes. The same topic guide with open and nonleading phrasing was used to ensure a consistent approach between researchers at NPC and the grant holder staff undertaking the interviews. The grant holder researcher made detailed notes and shared these with us for analysis.

- **Online survey:** Online surveys for service users consisted of a mixture of qualitative and quantitative questions. They were shared with users online or over the phone with a member of staff (for those who were unable to respond online). The surveys took 5-10 minutes. Anonymised data was shared with us in line with the organisations' privacy policy.

In addition to the data collection activities detailed here and Figure A we also planned to support grant holders to collect data using further surveys and focus groups and had developed the tools to

do so. However, this was not possible due to limited staff capacity (see Section 2.5 for further details on methodological considerations).

Finally, we supported some members of the learning cohort to build their monitoring and evaluation capacity. This support was available to all members of the cohort but only some of the grant holders had the need or time to engage within the evaluation timeframe.

Phase 3: Report and review

Phase three applied throughout the entire evaluation to ensure continuous learning and adaptation of the developmental approach.

Throughout 2020, emerging insights were shared and discussed with grant holders in the collaborative learning sessions (see detail above). They were also shared and discussed with the learning cohort and funding partners in reflective workshop sessions.

All the funding partners attended three reflective workshop sessions, and the learning cohort attended one. The workshops were a combination of presentations by NPC and group discussions. The workshops lasted 120 minutes and comprehensive notes were taken.

Early analysis and emerging insights were shared via email with all grant holders and saved in a shared Google Drive folder. Where possible, information was also posted on NPC Labs, an open innovation space for sharing ideas, experiments and project development. Figure B contains the details of the secondary data sources.

We wrote this final evaluation report between November 2020 and February 2021 to consolidate all the findings so they could be accessed and referenced by future policy makers and practitioners. Grant holders in the learning cohort and the funding partners reviewed the drafts of this report and provided comment and feedback to check the accuracy of the findings and to ensure that no key data was missing.

Figure B: Complete list of secondary data

	When was the data collected?	What data was collected?	What was the format for data collection? (e.g. monitoring form, blog, internal document, etc.)	What organisation did the data come from?
1	01/03/2020	BANES Carers Centre, The Fund Monitoring	Monitoring doc	BANES Carers Centre
2	01/03/2020	Connecting Conversations, The Fund Monitoring	Monitoring doc	Connecting Conversations
3	01/03/2020	TfSL, The Fund Monitoring	Monitoring doc	TfSL
4	01/05/2020	Emerging Insights on the Response to the Covid-19 Crisis (The Fund analysis based on completed monitoring forms)	Internal document	The Fund
5	07/05/2020	Common BCF Issues Youth Strand	Internal document	Co-Op Foundation
6	20/05/2020	Summary note for interview	Internal document	The Fund
7	01/06/2020	RSBC blog	Blog	Co-Op Foundation
8	01/07/2020	TfSL SHARE study press release	Press release	TfSL
9	13/07/2020	BANES Carers Centre blog	Blog	BANES Carers Centre
10	13/08/2020	Grapevine Coventry and Warwickshire Blog	Blog	NPC
11	11/09/2020	Document for Co-Op Foundation Strategic Governance Group	Internal document	Co-Op Foundation
12	Ongoing	Coronavirus Response Logs	Internal document	The Fund

A.2 Data analysis

Data was managed and analysed using the Framework approach.[xlii] It's defining feature is its matrix-based data management, providing a rigorous and transparent structure for systematic data coding and organisation around key themes and sub-themes to support in depth analysis. The Framework approach enables data saturation within and across case studies.

For questions 1, 2, 3 and 4 we inductively developed a set of codes that were organised into themes and sub themes. The NPC evaluation team regularly discussed and updated the codes throughout the analysis to ensure they most accurately reflected the data.

For question 5, the BCF's theory of change formed the initial framework for the analysis. New codes were generated for any activities, mechanisms or outcomes that were not previously identified in the original theory of change.

A.3 Consent process

We shared copies of the BCF Evaluation Information Sheets and consent forms with potential participants prior to and on the day that the data was collected. This was done by the learning cohort members when working with service users. Informed consent was obtained for all interviews and focus groups through an online survey as a more efficient and user-friendly way of collecting consent. Service users gave verbal consent in the session for our observation of an online session, having previously received copies of the BCF Evaluation Information Sheets and having had the chance to ask questions.

When collecting data themselves, for example the survey data, Connecting Conversations shared the BCF Evaluation Information Sheet and users gave their consent for the data to be gathered and shared anonymously. BANES Carers Centre collected and shared user data in line with their Privacy Policy.

Explicit consent was not requested for the reflective workshop sessions nor the Collaborative Learning Sessions, but attendees were advised that the meetings were being documented and the discussed shared and included in this evaluation. Participants were also advised that the information they shared would be anonymised and they would not be identifiable as the source.

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