

Tackling Loneliness with Transport Evaluation Report

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Glossary

Term	Definition
Activity	The activities that pilots and sub-pilots provided to beneficiaries (e.g., community transport).
Beneficiary	<p>Primary beneficiary: A person who directly took part in an activity that was funded by the Programme.</p> <p>Secondary beneficiary: A person who may have indirectly benefitted from an activity that was funded by the Programme e.g., the service user of somebody who received training.</p>
Business case	Document outlining each pilot's proposed activities, beneficiaries and budget, which was sent to the Department for Transport (DfT) in order for DfT to decide which pilots were funded.
Common Minimum Dataset (CMD)	The minimum set of variables that all pilots and sub-pilots had to collect data on through a data form, which was then aggregated to report programme level data. This was the primary source of monitoring data for the evaluation.
Community transport	Accessible alternative transport solutions in response to local unmet needs, often aimed older and/or disabled people. Typical services include, but are not limited to, voluntary car schemes, community bus services, school transport, hospital transport, and dial a ride.
Contribution analysis	Contribution analysis is used to understand the likelihood that activities and programmes have or have not contributed to an outcome observed (e.g., reduction in loneliness; increase in social connections). It does this through a step-by-step process, which explores how the contribution would have come about. It is particularly useful in situations where the programme is not experimental.
Counterfactual	A counterfactual is what would have happened in the absence of an intervention. This is estimated using experimental or quasi-experimental methods to reduce selection bias. A comparison is then made between the intervention group (i.e., those who took part in the activity and/or programme) outcomes and the counterfactual to infer the impact of an intervention.
DfT	The Department for Transport.
Evaluation reports produced by pilots	Evaluation reports produced by the following four pilots using external evaluators: Bikeworks, Living Streets, Leeds Older People's Forum and Transport for West Midlands. The evaluation reports were produced by independent, external evaluators or academics commissioned by the pilots themselves.
Framework/framework method	A method for extracting and analysing data, whereby each row represents one paper, and each column represents a research question or sub-question.

Term	Definition
Impact evaluation	Investigates the impact of effects of the programme asking questions of a causal nature (i.e., whether or not observed impacts are due to the activity and/or programme being evaluated and to what extent) in order to understand beneficial or detrimental outcomes and whether the programme is the cause of these.
Logic Map	A graphic depiction that presents the shared relationships among the resources, activities, outputs, outcomes, and impact of a programme.
Loneliness	"A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want." ¹
Partners	Organisations working alongside pilots and sub-pilots to deliver the activities, an element of an activity or refer beneficiaries.
Pilot	One of the 12 programmes awarded a grant by the Fund.
Process evaluation	Investigates the different stages of fund and pilot implementation to understand what was provided, how this was done and why, as well as what different groups think about how this process worked.
Qualitative data	Non-numerical data (e.g., data from interviews).
Quantitative data	Numerical data (e.g., age).
Quasi-Experimental Design (QED)	A quasi-experimental design (QED) constructs a counterfactual using statistical methods. These typically involve either a comparison with a group that is unaffected by an intervention or comparing outcome trends over time.
Semi-structured interview	A data collection method that asks a mixture of pre-planned and unplanned questions. Unlike structured interviews, the pre-planned questions do not have to be asked in a specific order and do not have to be asked using the same wording.
Shared Outcomes Fund	"A UK government fund testing innovative ways of working across the public sector with an emphasis on thorough evaluation." ²
Social Return on Investment (SROI)	A type of Value for Money (VfM, see below) assessment that employs qualitative methods to take a more exploratory approach to identifying the costs and benefits of a project than a traditional Cost-Benefit Analysis approach would, whereby outputs and outcomes (benefits) are converted into monetary terms.
Sub-pilot	Often led by a separate organisation, sub-pilots were created or provided funding by the pilot to deliver services.
Value for Money (VfM) assessment	A consideration of the relationship between the social benefits of a policy or intervention and its costs, in current value terms while also weighing up the risks to these costs and benefits.

¹ Drawing on Perlman, D. and Peplau, L. A. (1981) Toward a Social Psychology of Loneliness. In R. Gilmour & S. Duck (Eds.), Personal Relationships: 3. Relationships in Disorder (pp. 31-56). London.

² UK Parliament (2022). Shared Outcomes Fund: questions for Treasury. Available at: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-10/100532/#:~:text=The%20Shared%20Outcomes%20Fund%20is,an%20emphasis%20on%20thorough%20evaluation.>

Term	Definition
Vulnerable person/people	Vulnerable people were identified by pilots in different ways, including children and young people, people with physical or mental health problems, people with a learning or physical disability, and asylum seekers and refugees.

Pilots supported by the Fund

This section outlines the 12 pilots, including the key activities being delivered under each one, lead delivery partners and wider partners, and the targeted beneficiaries.

Travelling Companions – Age UK

Grant: £496,674

Age UK's pilot, Travelling Companions, aimed to support socially isolated older people through a process of matching them with a trained volunteer travelling companion for journeys on public transport. Additionally, the travelling companions aimed to help beneficiaries identify their barriers to travel, set goals, and support them to overcome issues. This included activities such as helping with travel pass applications. The pilot was implemented in seven locations spread across rural, urban and coastal regions of England, working with local Age UK branches in each location and in partnership with the walking charity, Living Streets (eight pilot delivery partners in total).

Ride Side-by-Side – Bikeworks

Grant: £330,304

Ride Side-by-side was a pilot delivered by Bikeworks in East and West London. It aimed to address the negative physical and mental impacts of loneliness through providing an e-cycle 'ride along' programme, an alternative to typical "dial-a-ride" or taxi services. The cycles were 4-seaters, and individuals or organisations could book seats for up to three passengers per cycle. The programme could be used by beneficiaries for practical trips, such as travel to GP appointments, as well as for leisure trips, such as an exploration of the local area. The pilot was focused on supporting people who disproportionately experience loneliness and social isolation including carers, disabled people, people with long-term health conditions, and older people.

Communities Tackling Loneliness with Transport in Hampshire – Community Action Hampshire

Grant: £564,876

Community Action Hampshire's pilot, Communities Tackling Loneliness with Transport in Hampshire, involved three sub-pilot interventions which aimed to support older people across Hampshire. Specifically, people experiencing high levels of loneliness and poverty, and people with vulnerabilities, such as long-term health conditions. The three interventions included:

- **Go To:** an electric bike community delivery service run by Good Neighbours Network;
- **Sustainable Transport:** a scheme, delivered by Age Concern Hampshire, supporting people to use public transport independently through volunteers who help users increase confidence with public transport and access relevant information; and
- **Community Cars:** paid-for environmentally friendly electric community car and minibus schemes run by the voluntary, community, and social enterprises (VCSE) sector.

Engaging Young People Through Rail – Community Rail Network

Grant: £238,722

Community Rail Network's pilot, Engaging Young People Through Rail, aimed to help young people gain travel skills and confidence in using trains by encouraging them to increase public transport use (e.g., through rail-based excursions and youth-led projects). The pilot was implemented in three locations across England. Each location was supported by local partners who utilised their knowledge of the area, these being:

- Catch-22 in Newcastle and County Durham;
- Community Rail Lancashire and local colleges and schools in Blackburn and wider Lancashire; and
- Severnside and Gloucestershire Community Rail Partnerships in Bristol and wider Gloucester.

Tackling Loneliness through Community Transport – Community Transport Association

Grant: £498,000

Community Transport Association (CTA) funded community transport-focused projects through their Grants Plus programme. Eighteen sub-pilots were funded, with the majority focusing on providing community transport services using cars and minibuses. They predominantly supported older people and disabled people in a range of locations across England. CTA administered grants to projects alongside a package of support, with the aim of ensuring the success and sustainability of the projects. In conjunction with the grants programme, CTA aimed to set up a peer-to-peer support network and a knowledge hub, which included resources and toolkits, to further support the projects and encourage knowledge-sharing.

Tackling Loneliness with Transport in Devon – Devon County Council

Grant: £493,894

Devon County Council's pilot involved several initiatives, including a publicity campaign, specialised "travel trainers" for unconfident travelers, Chatty Bus (a bus that visits different locations and offers people a place to warm up, have a hot drink and chat), driver awareness training, and a community grants fund. The pilot aimed to support older people (aged 55+) and younger people (aged 16-24) across County Devon, with some initiatives focusing on transport areas with poor access to transport. Devon County Council engaged a range of partners, including local community transport organisations, public transport operators, North Devon voluntary services, and NHS Clinical Commissioning Groups, who aimed to utilise their local expertise to identify beneficiaries and their needs as well as help deliver services.

Travel Connections – Leeds Older People Forum

Grant: £422,000

Leeds Older People Forum (LOPF) delivered 12 projects through their Travel Connections pilot. Each of the projects fell under one of the following categories: buses, taxis, active travel, community transport, or travel conversations. These were described in the business case as "creating conversations between older people and decision-makers so that older people's voices are heard at strategic city levels". Projects included age friendly and dementia friendly taxi services, days out, and shared outings. LOPF directly delivered five projects and commissioned six delivery partners to deliver the other seven projects. The pilot aimed to support older people in Leeds with some projects operating city-wide, and others in Aireborough, Bramley, Cross Gates, Headingley, Richmond Hill, and Seacroft.

Walking Connects – Living Streets

Grant: £497,213

Living Streets' pilot, Walking Connects, aimed to encourage walking as a social activity and tackle barriers to walking with the overall aim of reducing loneliness through walking activities and resources. The pilot aimed to support older people and disabled people in four locations in the North West of England, selected due to high levels of deprivation and loneliness, and low levels of walking. Activities included volunteer-led walks, walking groups, delivering resources to encourage walking, volunteer walk leader training, and support for identifying and addressing barriers to walking in neighbourhoods. Overall, the interventions took the same format across locations, but were adapted to the needs of each local area identified through action research.

Overcoming Loneliness: Driving Change for Autistic People – The National Autistic Society

Grant: £267,391

The National Autistic Society (NAS) produced online, interactive training e-modules for transport providers' frontline staff, centred on improving their awareness, understanding, and knowledge of autism. Through the pilot, NAS aimed to create and distribute the e-module to ten transport providers across England and across a wide range of types of transport, such as bus, local rail, and trams. The e-module aimed to provide a basic understanding of autism, the potential challenges someone with autism may face in a travel context, ways to identify when someone with autism may be struggling, and actions someone can take to support them. In addition, transport providers were to provide tangible evidence that they put their learning points into practice to receive accreditation of an "Autism Friendly Award".

Let's Chat: Connecting People across the West Midlands – Transport for West Midlands

Grant: £460,469

The Let's Chat pilot aimed to support people with certain protected characteristics in five areas of the West Midlands, chosen based on high levels of reported loneliness. These were: Birmingham, Coventry, Sandwell, Walsall, and Wolverhampton. A key focus of the pilot was signposting beneficiaries to other services, including debt management and healthcare advice. Transport for West Midlands (TfWM) also worked in partnership with charities and other organisations to enable effective signposting. Pilot activities were composed of three main elements:

- Mobile community hub units going to deprived communities as somewhere to access advice, assistance, and provide social contact;
- Community meeting spaces in five local bus stations; and
- Door-to-door transport using community transport minibuses.

Transport Interventions Supporting Lonely People with Sight Loss – Vista (in partnership with Go Travel Solutions)

Grant: £329,973

Vista, in partnership with Go Travel Solutions (GTS), aimed to deliver a pilot focused on making local transport networks more accessible for people with sight loss in Leicestershire and Rutland. The pilot consisted of three interventions:

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- Mailing out local transport information to people with sight loss in the local area. This came in a range of different formats such as braille, large print, and audio;
 - Educating and training transport providers on awareness of people with sight loss and actions they can take to make transport more accessible for people with sight loss; and
 - Making physical improvements to transport hub-based issues identified through audits carried out by Vista.

Connect+Go – Volunteering Matters

Grant: £299,783

Volunteering Matters' pilot focused on providing companionship for young people (aged 16-25) through opportunities for communication and connection. The pilot aimed to deliver a community transport service through a paid-for minibus transport service and paid-for tuk-tuk transport service, the latter of which involved full-time volunteer companions. "Connect+Go" was based in Nuneaton and wider Warwickshire, focusing on supporting young carers, asylum seekers, and refugees. To identify and reach beneficiaries, Volunteering Matters worked with local partners including Linking Futures and Warwickshire County Council's Leaving Care Team.

Structure of report

Below is an outline of what each section in this report will cover.

- **Section 1** is an introduction to the report and provides details of the context and the aims and objectives of the evaluation.
- **Section 2** provides an outline of the methodology for this evaluation (see Appendix A for a more detailed methodology). This includes an overview of the evaluation, the questions the evaluation sought to answer, a description of the contribution analysis, data collection activities, data management and analysis, and ethics.
- **Section 3** presents findings from the process evaluation, based on interviews with pilots and DfT staff, and pilot workshops. These findings include experiences of the grant application and management process, pilot implementation, identifying and reaching beneficiaries, facilitators and barriers, the impact of external factors, and DfT and Pilot experiences of the monitoring and evaluation process.
- **Section 4** presents findings from the theory-based impact evaluation by the three contribution statements (see section 2.5). These are broken down by increased social connection and reduced loneliness; increased travel confidence and reduced anxiety; and increased travel awareness and autonomy.
- **Section 5** presents findings from the Value for Money (VfM) assessment. The outcomes reported by beneficiaries will be provided, before discussing the valuation of these outcomes, limitations, and reflections.
- **Section 6** sets out the overall conclusions and lessons learned from the evaluation.

Executive Summary

Introduction

In October 2018 the UK Government launched its Loneliness Strategy³, which identified loneliness as a significant social concern due to its negative impact on wellbeing and health outcomes. The Tackling Loneliness with Transport Fund (hereby referred to as the “Fund”), supported through HM Treasury’s (HMT) Shared Outcomes Fund and led by The Department for Transport (DfT), aimed to develop the evidence base for how transport can help to alleviate loneliness.

Under this Fund, DfT provided a total of nearly £5m in grants to 12 transport-based pilots that aimed to tackle loneliness among different groups. These pilots provided a range of services including, but not limited to, community transport, walking activities, training, and travel companionship and advice. The services were sometimes delivered by a range of sub-pilots, often led by a separate organisation, which were created or provided funding by the pilot. Grants were awarded in May 2022 and pilots were originally due to end in May 2023, however this was extended to July 2023. DfT commissioned The National Centre for Social Research (NatCen), in partnership with RSM UK Consulting LLP (RSM), to undertake an evaluation of these pilots. A scoping report with evaluation recommendations was delivered in June 2022 and an evaluation plan was agreed in December 2022. The agreed evaluation plan included a process evaluation, theory-based impact evaluation applying contribution analysis, and Value for Money (VfM) assessment applying a Social Return on Investment (SROI) approach.

The evaluation aimed to understand how the Fund was designed and delivered by DfT, how pilots were set-up and implemented, how and to what extent beneficiaries were reached, and lessons learned from each stage. In addition, it aimed to understand how pilot activities contributed to intended beneficiary outcomes, particularly what, if any, contribution transport can make to alleviating loneliness and other transport-related outcomes.

This report presents the evaluation findings, which are based on:

- A Common Minimum Dataset (CMD);
- Focus groups with beneficiaries;
- Interviews with DfT staff;
- Interviews with strategic pilot staff (those with overall accountability for the pilot), operational sub-pilot staff (those responsible for day-to-day pilot delivery), volunteers, and beneficiaries;
- Secondary analysis of pilot survey data; and
- Workshops with strategic pilot staff.

³ HM Government (2018), *A connected society A strategy for tackling loneliness – laying the foundations for change*. Available at: https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

Findings

Please see below for an outline of the evaluation findings:

Pilot and DfT experience of the application and funding process

- Pilots reported strong alignment with the overall fund objectives. The grant allowed some pilots an opportunity to trial new ways of working via the inclusion of a loneliness dimension to transport pilot design and delivery. For example, pilots already delivering community transport were able to enhance their offering to tackle loneliness.
- Pilots had mixed views on the application process. Some found it clear and proportionate, positively citing DfT's engagement sessions during the Expression of Interest (EOI) stage and guidance at the business case stage. Pilots working with sub-pilots or onward delivery partners found it challenging to gather data required for the business case stage.
- DfT's grant management process was viewed positively by pilots, who highlighted clear communications, pragmatic monitoring and reporting, and flexibility in managing adaptations to planned activities. Some pilots felt that they and DfT could have benefitted from more networking opportunities with other pilots, which was an aspect they expected more of.
- DfT received a higher than expected EOIs, totalling 248. Although a light touch review informed immediate rejections to reduce the number to a manageable level, DfT staff suggested future projects could mitigate this, for example, by setting a minimum bid amount.
- Pilot evaluability was a key focus during the application process. The selected projects, while diverse in terms of activities, location, and beneficiaries, were not suitable for the more robust evaluation approaches, such as Quasi-Experimental Designs (QED) which had been DfT's original ambition.

How pilots were implemented, influence of external factors, and facilitators and barriers

- Pilots experienced delays to their intended start-date due to set-up challenges. This included setting up data sharing agreements with sub-pilots and partners, procuring electric vehicles, and identifying and recruiting beneficiaries. Pilots also cited the overall timeline (12 months) as being insufficient to meet the intended targets set out in business cases and priority outcomes around loneliness. In some cases, this was due to the unforeseen extended time required for set up, which reduced time for delivery. Although DfT extended the timeline by two months, the timing of this decision meant that not all pilots were able to benefit from this.
- Local community groups, Voluntary, Community, and Social Enterprise (VCSE) networks, local councils, and professional service organisations were cited as critical stakeholders for success and enhanced outcomes for beneficiaries (e.g., through referrals and establishing trust). Some of these partnerships were formed on an ad-hoc basis and led to new relationships beyond the pilot period.
- Pilots that focused on accessibility standards (e.g., wheelchair accessibility; signage) found it challenging to develop partnership agreements with transport companies. These pilots reported additional external challenges affecting the transport companies, including lack of staff resource and extensive industrial action.
- Key facilitators for pilots included support from DfT during the grant management process, benefits of pre-existing partnership working, and pre-existing experience of pilot staff and volunteers of working with target beneficiary groups.
- The main barriers for pilots included a shorter-than expected delivery period, low uptake of transport services due to projects starting in the Autumn/Winter season, challenges in setting up partnership agreements, and challenges in recruiting and training staff and volunteers. A hesitance and/or caution among some beneficiaries to travel following the COVID-19 pandemic and during the cost-of-living crisis presented additional challenges, whereby some experienced difficulty paying for subsidised activities.

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- Pilots had mixed views on their experiences of the monitoring and evaluation processes. Positive aspects included pragmatic monitoring during the pilot period. However, pilots experienced challenges in gathering outcome data around loneliness, particularly for one-off interventions or with beneficiary groups they deemed to be vulnerable. Others cited limited capacity of sub-pilots and partner organisations to collect the necessary data.

How and extent to which targeted beneficiaries were reached

- Beneficiaries were reached in different ways. Some pilots used existing activities and partnerships to identify beneficiaries, while others developed new partnerships with organisations working with target beneficiary groups locally. Some pilots cited challenges to working with new partners, such as setting up agreements, which resulted in delays. Proactive targeting via community outreach and transport services was also found to be effective.
- Additional unforeseen time was required to establish trust and build relationships with beneficiaries. Many pilots adapted their approach to reach beneficiaries they deemed to be vulnerable (e.g., disabled people, including those with mental health challenges) and required greater lead-time to establish trust, particularly those working with new beneficiary groups. Some pilots adapted their approach to offer more intensive support to fewer, harder to reach beneficiaries, which hindered the achievement of beneficiary targets set out in their respective business cases.
- Some pilots reported difficulties in identifying beneficiaries at risk of and/or experiencing loneliness. This included a lack of understanding of loneliness among partners and referral organisations.
- According to the monitoring data collected using the Common Minimum Dataset (CMD):
 - Across the Fund, at least 8,391 unique beneficiaries were reached, which is almost one-third (31%) of the total target number set out in business cases.
 - Of those pilots where data is available, three pilots (Community Rail Network, Leeds Older People Forum, and Living Streets) overachieved their target beneficiary numbers. The remaining six pilots that collected CMD data reached between 7% and 89% of their target beneficiary number, as set out in their respective business cases.
 - Apart from the Community Rail Network and Volunteering Matters pilots, beneficiaries tended to be older, White, female, and 54% reported living with at least one disability.
 - The average frequency of beneficiary interactions with activities ranged between 1.8 (Community Rail Network) and 4.4 (Transport for West Midlands).
 - The six pilots that could take advantage of the two-month delivery period extension (May 2023 to July 2023) recruited between 16% and 51% of overall beneficiary numbers during said time.

If and how pilots contributed to outcomes for beneficiaries

- Qualitative evidence indicated some positive outcomes for beneficiaries' experience of social connections and loneliness:
 - Community transport activities provided accessible transport in a way that facilitates socialisation;
 - Travel companionship activities supported people to use transport can help them to build and maintain social connections;
 - Group walking activities can enable people to meet others and share experiences to build deeper social connections.

- While the above findings were positive, it was not possible to corroborate this evidence with other quality sources. For instance, although pilots conducted surveys to collect loneliness data, confidence in these findings is low due to small sample sizes and the way by which surveys were implemented. This resulted in the level of evidence to make causal claims being categorised as weak.
- Some pilots were found to have increased confidence to travel and reduced travel anxiety among beneficiaries, although the evidence is indicative. Qualitative evidence indicates that community transport pilots increased travel confidence. The Travelling Companions' pilot also showed indicative findings that the delivered activities increased reported travel confidence and reduced anxiety among beneficiaries, with some continuing to travel by bus.
- There was some indicative qualitative evidence that pilots increased travel awareness and autonomy among primary beneficiaries. This included community transport pilots increasing beneficiary travel autonomy by visiting familiar places, discovering new places, and attending health appointments. Regarding travel companionship, there was evidence that beneficiaries' travel autonomy increased through continued use of public transport, with volunteers reporting that some beneficiaries were less reliant on friends and family for transport as a result of the activity. Small but important steps were observed towards beneficiaries' increased travel awareness, such as finding out where the nearest bus stop is. Increased travel awareness was reported by Living Streets' beneficiaries who participated in the Community Street Review (CSR) surveys, which made them more aware of barriers to active travel for themselves and others.
- Much of the evidence for the beneficiary outcomes above relied on the qualitative data collected by the evaluation and findings could not be corroborated. This resulted in the level of evidence to make causal claims being categorised as weak. This does not mean that the observed impacts were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim.

To what extent pilots delivered value for money

- A VfM assessment was undertaken applying a SROI approach to monetise the value of outcomes experienced by beneficiaries for four pilots and sub-pilots: Bikeworks Ride Side-by-Side; Community Transport Association (CTA) Tackling Loneliness with Community Transport, Derbyshire; Walsall Community Transport (WCT) Let's Chat; and Living Streets Walking Connects, Wigan.
- The benefits valuations ranged from £130 (Living Streets) to £1,600 (Bikeworks). For CTA and WCT: Let's Chat, the valuations were each £620. Valuations depended on whether a person was a frequent or an infrequent user of the services, with frequent beneficiaries providing higher outcomes valuations than those who used activities infrequently.
- It must be stressed that there is considerable uncertainty around these estimates, since the valuation of benefits is based on the results of a Value Game exercise approach with a small number of participants. In addition, the estimates of aggregate benefits are dependent on the number of frequent and infrequent users identified by the CMD data provided by the pilot, the quality of which was mixed. Any undercounting of beneficiaries in this data would lead to an underestimate of aggregate benefits.
- Due to limitations in the available cost data, overall VfM assessments (based on a Benefit to Cost ratio) were only possible for two of these pilots: Bikeworks and CTA. The Benefit to Cost ratio for Bikeworks was 0.87; the same ratio for CTA was 0.23. This implies that the costs outweighed the benefits.
- SROI is an approach that can work well to assess VfM in similar contexts and for similar projects. However, it relies on consistent cost data and benefits from a mix of qualitative and quantitative data. In this case, in addition to a lack of cost data for two pilots, there was also no consistent survey data which could have been used to refine the valuation. Consequently, there is a degree of uncertainty in the analysis and findings should be interpreted as indicative.

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- Valuations and ratios should be used with caution because it is likely that the ratios would improve over time (e.g., because capital costs reduce), but also due to the low quality of available data.

Lessons learned

- Pilots that successfully started delivering activities quickly tended to employ a tried and tested partnership approach. This was based on previous activities or leveraged existing local partnerships and networks, which already worked with target beneficiaries or in target areas. For some, this enabled beneficiary recruitment to start sooner, especially those considered difficult to reach (e.g., disabled people).
- Many pilots highlighted that building peoples' confidence to use transport is an essential prerequisite to engaging them in activities. Pilots worked with socially isolated beneficiaries, some of whom had not left their homes for long periods due to illness, frailty, poor mental health, lack of public transport options, or geographical location. Some pilot activities were specifically designed to build transport confidence (e.g., travel companionship), while others did so as a result of the services they offered. For example, community transport activities enabled beneficiaries to feel safe while using transport and catered to special needs.
- Pilots expressed that the one-year delivery period was insufficient to realise beneficiary outcomes, especially given the required set up time. The decision to extend pilot activities from May 2023 to July 2023 was made in mid-May 2023. This resulted in not all pilots being able to take full advantage given the constraints of short-term staff contracts as per the original delivery timeline. Therefore, extra time could have helped those pilots that had concluded their services if it had been built into the original timetable or had the decision to extend the Fund been announced earlier.
- When conducting transport activities, it could be beneficial to start delivery in summer months rather than winter months, as it can be more difficult to achieve initial engagement with people during winter. To support this, it can be useful to use winter months to plan activities, set up during spring and start activities during late spring or early summer. Although this is supported by the CMD data, pilots were also running at full capacity by this time which could have contributed to higher levels of engagement in spring and summer. Of those pilots that were able to continue services during the extension and for which data was available, between 16% and 51% of their overall beneficiaries were recruited during the two-month extension period.
- Most pilots noted that the one-year intervention period was not sufficient to alleviate beneficiaries' loneliness. The outcomes perceived by pilots included reduced social isolation, increased travel confidence, and improved mental and physical wellbeing, particularly for older beneficiaries. There is some indicative evidence from the impact evaluation that activities had a positive impact on beneficiaries' experience of loneliness. However, for some this change was temporary as they regressed between participating in activities, whereas for others it was unclear if this impact was sustainable. Furthermore, it is unclear if many beneficiaries experienced chronic loneliness or not, as this was not assessed during pilot onboarding.
- Pilots observed that transport cannot address all the factors that contribute to people experiencing loneliness, citing additional caring responsibilities or cost-constraints as barriers the pilots could not fully address. Social prescribing and onward referrals were some mitigations used by pilots to fully support service users.
- Some pilots found the focus on monitoring and evaluation at the application stage challenging. These pilots felt there was a lack of clarity around the monitoring and evaluation requirements at the beginning, especially regarding the approach to collecting data on loneliness. This was compounded by the time frame between being awarded a grant (May 2022) and the evaluation plan being confirmed (December 2022). Pilots had already designed their own evaluations by this time and planned to collect a range of outcomes measures in different ways. This limited the influence the evaluators had on pilot evaluation design (e.g., survey design and implementation plans), to support the quality of sources used for evidence corroboration.

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- Pilots found it challenging to collect beneficiary data, particularly if activities were one-off or ad-hoc, the burden of which was perceived as disproportionate and provided less time to get buy-in to the evaluation process from beneficiaries.
 - DfT staff reported that the delivery timeframe made it challenging to onboard evaluators earlier to help select, prepare, and advise pilots for evaluation. If possible, it is recommended that future funds at this level (e.g., the Tackling Loneliness with Transport Fund) and the overarching level (e.g., the Shared Outcomes Fund) build in time to allow for this. Specifically, to:
 - Define the objectives of the Fund and identify what evaluation questions they seek to answer, prior to awarding funding or pilots commencing
 - Assess the readiness, capacity, and knowledge of pilots to support evaluation during the application process (e.g., existing data collection practices, staff experience of evaluation, time to work on the evaluation)
 - Agree a common set of outcomes measures (e.g., standard loneliness measures); and assess the standard of evidence that can be generated given pilot designs upon application and/or award.

1. Introduction

1.1 Context, aims and objectives

In October 2018 the UK Government launched its Loneliness Strategy⁴, which identified loneliness as a significant social concern due to its negative impact on wellbeing and health outcomes. The Tackling Loneliness with Transport Fund (hereby referred to as the 'Fund'), funded through HM Treasury's (HMT) Shared Outcomes Fund and led by The Department for Transport (DfT), aimed to develop the evidence base for how transport can help to alleviate loneliness.

Under the Fund, DfT provided a total of nearly £5m in grants to 12 transport pilots that aimed to tackle loneliness among different groups (see section 2.2). These pilots provided a range of services including, but not limited to, community transport, walking activities, training, and travel companionship and advice. Grants were awarded in May 2022 and pilots were originally due to end in May 2023, which was extended to July 2023. DfT commissioned The National Centre for Social Research (NatCen), in partnership with RSM UK Consulting LLP (RSM), to undertake an evaluation of these pilots. A scoping phase was subsequently conducted to understand pilots in more detail, develop a fund Logic Map (see section 2.1), and conduct an assessment of viable retrospective evaluation options (including the possibility of Quasi-Experimental Design⁵ (QED)). A scoping report with evaluation recommendations was delivered to DfT in June 2022 and an evaluation plan was confirmed in December 2022.

The agreed evaluation plan set out to conduct a process evaluation, theory-based impact evaluation applying contribution analysis, and a Value for Money assessment applying a Social Return on Investment (SROI) approach (see section 2.7). This evaluation aimed to understand how the Fund was designed and delivered, how pilots were set-up and implemented, and lessons learned from each stage. It also aimed to understand how pilot activities contributed to or hindered intended beneficiary outcomes, particularly what, if any, contribution transport can make to alleviating loneliness, how, and who for including:

- Individuals who are lonely: reducing loneliness experienced by individuals within the lifetime of the interventions, which run for less than a year; and
- Individuals who are at risk of becoming lonely but may not experience loneliness at the time of the intervention: reducing the likelihood that at-risk individuals become lonely.

The latter group forms the primary focus of most of the pilots that have been funded, due to challenges around identifying and engaging individuals experiencing loneliness in the general population. This evaluation aimed to understand which types of interventions are successful at achieving the above aims and how.

⁴ HM Government (2018), *A connected society A strategy for tackling loneliness – laying the foundations for change*. Available at: https://assets.publishing.service.gov.uk/media/5fb66cf98fa8f54aafb3c333/6.4882_DCMS_Loneliness_Strategy_web_Update_V2.pdf

⁵ Quasi Experimental Design evaluations aim to establish a cause-and-effect relationship between an independent and dependent variable by assigning groups using non-random criteria.

2. Methodology

This section presents a high-level description of the scoping phase conducted to inform the evaluation plan, and the methodology for this evaluation (see Appendix A for a detailed methodology).

2.1 Scoping phase

A detailed scoping assessment was conducted between May and September 2022, with the aim to agree on an evaluation plan. Each element of this scoping is detailed below.

2.1.1 Document analysis

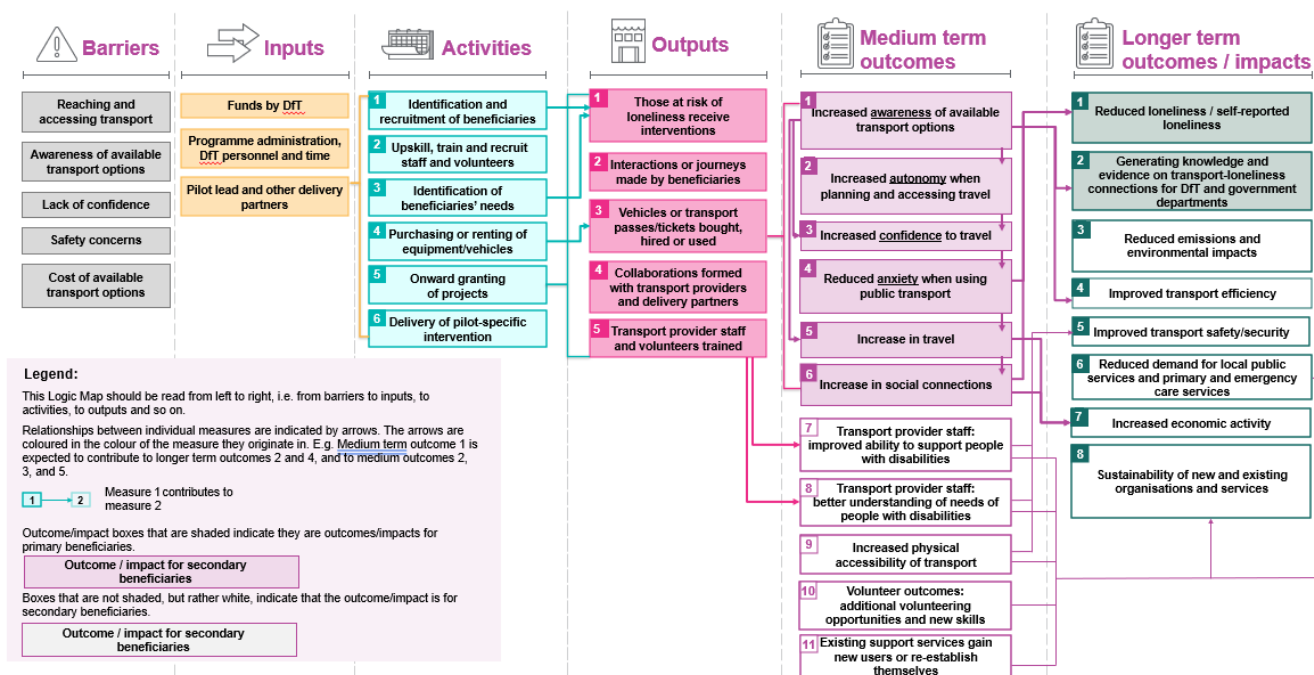
This stage included a rapid literature review on how loneliness has been measured, what interventions to reduce or prevent loneliness with a focus on transport-based solutions already existed, and achievable outcomes. The literature review findings guided the development of the evaluation plan and Logic Map (see below). Other key documents reviewed included the business cases of the 12 selected pilots. These were summarised in Excel into a framework that outlined the focus of each pilot, including the types and mode of delivery of planned activities, pilot location, targeted beneficiaries, and pilot outcomes. Summary findings from previous DfT commissioned research, as well as DfT meeting notes on transport and loneliness were also reviewed.

2.1.2 Logic Map

A Logic Map was co-developed with the 12 pilots and DfT. Twelve 90-minute workshops with each of the lead pilot partners were conducted. These covered the pilots' aims and objectives, target beneficiary groups, expected primary and secondary outcomes for beneficiaries, longer-term pilot impacts, and key dependencies and assumptions. Pilots' plans for data collection, monitoring, and evaluation were also covered. These workshops informed the development of an indicative Logic Map that outlined the inputs, activities, outputs, medium-term outcomes, longer-term outcomes/impacts, and barriers of the pilots. A Logic Map workshop was subsequently conducted with the DfT project team, in which the findings from the literature review were discussed and potential outcomes were presented. This was finalised following subsequent iterations and discussions with DfT (see Appendix B).

The Logic Map (see below) provided the theoretical basis for the evaluation. Whereby, it illustrated how pilots were expected to contribute to beneficiary outcomes, as well as any wider societal, economic, or environmental outcomes.

How to read the Logic Map diagram: the main direction to interpret the Logic Map is from left to right, i.e., from barriers to impacts. However, reflecting the complexity of the portfolio of projects, arrows indicate how individual activities lead to outputs, outcomes and then impacts. In addition, brackets indicate that the combination of, e.g., inputs lead to the combination of, e.g., activities. For reporting, the evaluation team reflected on the Logic Map and identified any unintended consequences. These are outcomes or experiences that the beneficiary might have experienced after engaging in the intervention, which were not principle aims of the intervention delivery.



2.1.3 Counterfactual assessment

The feasibility of a counterfactual impact evaluation was assessed in the scoping phase for pilots that planned to collect outcome data via their own surveys. Counterfactual approaches use experimental or quasi-experimental design (QED) methods to assess what would have happened in the absence of the intervention (i.e., pilot), and compare this against what actually happened to determine what the impact of an intervention is. Due to the design and implementation of the pilots, an experimental approach was not feasible as it was not possible to influence assignment (i.e., allocate beneficiaries) to the intervention. For example, many pilots recruited beneficiaries on an ad-hoc, one off, or referral basis. The counterfactual assessment concluded that none of the 12 pilots were feasible for QED evaluation for reasons including, but not limited to, lack of available comparison data and small sample sizes. Consequently, a theory-based impact evaluation was recommended.

2.2 Evaluation overview

The recommended approach, agreed with DfT, was to conduct a process evaluation, a theory-based impact evaluation applying contribution analysis⁶ with a subset of sub-pilots, and a VfM assessment applying an SROI approach with a sub-set of pilots. The evaluation had seven data collection elements (see section 2.6 and Appendix A for a more detailed description), which informed the process and impact evaluation: a Common Minimum Dataset (CMD), interviews with pilots, workshops with pilots, interviews with DfT staff, and case study interviews with pilots' operational staff, volunteers, and beneficiaries. Pilots also conducted their own evaluations to varying degrees (from case studies to mixed method evaluations), the findings from which were also planned to inform this evaluation, particularly survey data, as part of the agreed evaluation plan. The evaluation team provided advice and guidance for these evaluations; however, this was limited due to many being designed or having already started once the Fund-level evaluation plan was agreed.

⁶ HM Treasury (2020). Magenta Book: Central Government guidance on evaluation. Available at: https://assets.publishing.service.gov.uk/media/5e96cab9d3bf7f412b2264b1/HMT_Magenta_Book.pdf

As set out in the introduction (see section 1.1) this evaluation aimed to understand how the Fund was designed and delivered, how pilots were set-up and implemented, the lessons learned from each stage, and to understand what, if any, impacts the pilot activities had on beneficiaries. To meet these aims, the evaluation set out to answer the research questions presented below.

2.3 Process evaluation

The process evaluation questions are presented below.

- What is the grantee/DfT experience of the application and funding process, and what are their lessons learned?
- How were pilot activities implemented, and what worked well/not so well? (e.g., Impact of funding, timelines and objectives, and role of partnerships in delivery).
- How were target beneficiaries reached? (i.e., Barriers, facilitators, adaptations).
- Which types of beneficiaries were reached by the pilots and to what extent?
- How did external factors influence the implementation and delivery of pilot interventions?
- What learnings can be drawn for delivery of similar projects?
- What learnings can be drawn for future monitoring and evaluation activities for similar projects? (i.e., transport projects focused on measuring impact on loneliness and/or social isolation).

To answer these questions, data was drawn from the CMD, pilot and DfT staff interviews, and pilot workshops (see section 2.6).

2.4 Theory-based impact evaluation

The impact evaluation questions are presented below.

- Have pilot activities made an important contribution, if any, to any observed loneliness outcomes?
- Have pilot activities made an important contribution, if any, to outcomes other than loneliness?
- How did contribution, if any, vary by pilot activities and beneficiary groups?

2.5 Contribution analysis

The Logic Map (see section 2.1 and Appendix B) provided the theoretical basis for the evaluation. Whereby, it illustrated how pilots were expected to contribute to beneficiary outcomes, as well as any wider societal, economic, or environmental outcomes. The Logic Map is reflective of the portfolio of pilots as a whole and informed the overall fund hypothesis, this being:

Pilot projects will help people who are lonely, or at risk of feeling lonely, by undertaking activities that increase people's opportunities for social connections/interactions. As a result, their feelings of loneliness will reduce in the longer term.

The Fund commissioned a vast and diverse programme of work. The scoping phase established that within the 12 pilot projects, a minimum of 49 different activities were offered, and that these activities were delivered by at least 38 sub-pilots and 85 delivery partners (see Appendix C for an overview of the Fund's structure). The evaluation aimed to capture as much as possible of this vast and diverse programme while ensuring that it remained methodologically rigorous, that claims beyond what was possible were not made, it could be completed within the time and budget available, and met DfT's data and policy priorities and requirements. To do so, the theory-based impact evaluation applied contribution analysis to a sub-set of pilots (see Appendix A for

how they were selected). The original subset included in the evaluation plan required revision due to a variety of factors, including selected pilots no longer collecting quantitative data, capacity to support the evaluation, and low beneficiary numbers. The resultant sub-set of pilots were (see section 4 for a description of each one):

- Age UK: Travelling Companions;
- Community Transport Association: Swan Transport;
- Community Transport Association: Nidderdale;
- Devon County Council (One Northern Devon): Tarka Line Creatives;
- Devon County Council (Devon Communities Together): Travel Training;
- Living Streets: Walking Connects, Stoke-on-Trent;
- Living Streets: Walking Connects, Lancashire;
- Transport for West Midlands: Let's Chat, Community Transport Group (CTG); and
- Transport for West Midlands: Let's Chat, Shencare Community Transport.

Contribution analysis provides a pragmatic framework for evaluators to make credible causal claims where the Logic Map, or theory of change, is complex. This enables evaluators to infer whether the pilot made a difference and contributed to the impacts observed. The approach revises theories about how particular outcomes arose by refining contribution statements, with evidence collected to confirm or discount any alternative explanations. Data from the CMD, staff and volunteer interviews, beneficiary interviews, pilot evaluation findings (where available), and pilot survey data were brought together to inform the contribution narrative and its assessment. This assessment was framed by three 'contribution statements' which were based on the logic model and developed by the evaluation team in collaboration with DfT.

- **Contribution statement one:** The Fund enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, contributed to **increased social connections and reduced feelings of loneliness among primary beneficiaries.**
- **Contribution statement two:** The Fund enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, contributed to **increased travel confidence and reduced reported travel anxiety among primary beneficiaries.**
- **Contribution statement three:** The Fund enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, contributed to **increased travel awareness and autonomy among primary beneficiaries.**

Through qualitative interviews, beneficiaries often linked or expressed interchangeably two closely related, but somewhat different, phenomena (i.e., social connection and loneliness; travel confidence and travel anxiety; travel awareness and travel autonomy). For the purpose of analysis and the clear presentation of findings, these phenomena were combined in each statement (e.g., social connections and reduced feelings of loneliness), enabling perceived overlap, nuance, and separation to be accounted for. Relevant evidence that supported or conflicted with each statement was identified. This enabled an assessment of whether the assumptions behind the Fund's effectiveness were plausible, whether it was implemented as per the logic model, and whether the chain of expected results occurred.

2.6 Process and theory-based impact data collection

The data collection activities that informed the process and theory-based impact evaluation were conducted between January 2023 and September 2023. There are outlined in further detail below.

2.6.1 Common Minimum Dataset (CMD)

The CMD template (see Appendix D), developed in collaboration with DfT, provided a way to ensure that there was uniform data collected across all pilots delivering activities to primary beneficiaries. The CMD collected data on beneficiary demographic information (including age, gender, ethnicity, and disability), as well as activity level data (including the type of activity engaged with, frequency of interaction, mode of transport of the activity, and the postcode of the intervention). This data was available at primary beneficiary level across 10 out of the 12 pilots. The remaining two pilots, Vista and the National Autistic Society, did not contribute to the CMD due to the composition of their pilot activities (i.e., solely providing resources and training to secondary beneficiaries). The data returned by pilots was not consistently completed according to the template guidelines, and there was a substantial amount of missing data, or in some cases, ambiguity in the data. The datasets were checked and cleaned but the limitations of the data should be kept in mind when interpreting the descriptive statistics. After cleaning, the data was analysed using Excel to understand which types of beneficiaries were reached and to what extent (see section 3.6 and Appendix D for CMD findings).

2.6.2 Pilot interviews

In-depth interviews with strategic staff at lead and sub-pilots (n=48) were conducted across two time points during the evaluation: 24 interviews in January, February, and March 2023 and 24 interviews in July and August 2023.

Eleven lead pilots were interviewed twice, once at each time point, and one was interviewed at the first time point. The remaining 25 interviews were conducted with sub-pilots who were either interviewed at each time point, once, or not at all. Factors considered for sampling included the number of sub-pilots in each pilot, sub-pilot grant amount, geographical location, and target beneficiary groups.

Interviews lasted up to 60 minutes. A semi-structured topic guide was developed in collaboration with DfT and covered areas of interest for this research. The topic guide for the first round of interviews focused on experiences of applying for the funding, setting up the pilots (including partnership working and identifying beneficiaries), and lessons learned to date. The second set of interviews focused on the full range of process evaluation questions (see above).

2.6.3 Pilot workshops

Two 'pause and reflect' workshops with staff from lead and sub-pilots were conducted. The workshops provided an opportunity for staff delivering lead and sub-pilots to share learnings on what worked and did not work and highlight key successes and failures. Each workshop lasted 90 minutes and used a semi-structured topic guide and accompanying slide deck, developed in collaboration with DfT, to facilitate discussions.

The first workshop, held in May 2023, consisted of seven participants from a range of interventions relating to community transport and focused on their experience identifying and reaching beneficiaries, barriers and facilitators to delivery, and observed impacts. A purposive sampling approach (non-random participant selection which, in this instance, was based on their role and pilot type) was used to select workshop participants directly involved in interventions related to community transport to ensure they could provide insights specific to the community transport workshop theme.

The second workshop, held in September 2023, included 15 participants and focused on the role of partnerships in delivery, the process of recruiting/targeting beneficiaries, the extent to which projects employed new approaches or used existing models to reach beneficiaries, as well as lessons learned, recommendations, and suggestions on how transport can improve social connections. A convenience sampling approach (non-random participant selection based on availability, access and willingness to take part) was adopted for this workshop, as strict sampling criteria were not feasible due to limited availability of potential participants. This approach ensured that there was a viable sample size for the workshop. Participants of the second workshop represented a range of pilots and sub-pilots. These were not limited to community transport related activities, as was the case in the first workshop.

2.6.4 DfT interviews

Four depth one-to-one interviews and one paired depth interview were conducted with members of the DfT team in September 2023. The interviews lasted up to 90 minutes. A semi-structured topic guide was developed in collaboration with DfT and covered fund design and delivery models chosen, pilot eligibility criteria, oversight and management processes, and risk management.

2.6.5 Case study interviews

Nine case studies were conducted with a subset of sub-pilots to explore beneficiary outcomes and impacts (see Appendix E for a write up of each case study). These were selected based on DfT's priority areas (e.g., community transport) and the quantitative data collection plans of the broader pilot each belonged to (see pilot survey data section below) due to requirements set by the Shared Outcomes Fund to include quantitative impact data. The case studies included semi-structured interviews with operational staff (n=16), volunteers (n=12) and beneficiaries (n=44), while recognising the possible overlap between the latter two. These focused on the impact the activities had on beneficiaries on their social connections, loneliness, and experiences around transport. See Appendix E for a write up of each case study.

The research team liaised with each sub-pilot to set up the respective case studies, which included sharing recruitment materials, providing advice on recruitment, and organising the secure transfer of participants' contact details. The research team then invited volunteers to participate via email or telephone, subsequently setting up a screening call to assess their eligibility, answer any question they had, gain further informed consent and, if appropriate, set up the interview. Interviews lasted up to 60 minutes and all beneficiaries were offered a £20 shopping voucher as a small thank you for their time and contribution. Please see section 2.8 for details regarding data management.

2.6.6 Pilot survey data

As part of the evaluation, six pilots planned to conduct beneficiary surveys to understand changes to self-reported levels of loneliness during the delivery period. All or, in some cases, a selection of beneficiaries were invited to complete one survey before taking part in the project (i.e., a baseline survey) and another on leaving the pilot (i.e., a follow up survey). A measure of loneliness was collected at each timepoint to observe how far people's loneliness had changed over that period, if at all. Of the six pilots where surveys were conducted, four collected a sufficiently large sample for analysis to be possible: Age UK, Devon County Council, Community Transport Association (CTA), and Living Streets. However, CTA data was not analysed for this evaluation due to being unable to link surveys completed at baseline (i.e., a survey before participating in any activities) and follow up (i.e., once the pilot ended and/or after the beneficiary's last involvement with the pilot activity). In addition, data collected by Transport for West Midlands was not analysed for this evaluation due to the small sample size.

The evaluators received the raw data from pilots and information about how they were conducted. This data was then cleaned before conducting analysis using R (software for statistical data analysis). There were a range of limitations to the survey data (see Appendix A for more details and the impacts these have) due to low response rates and how the surveys were implemented. The limitations to surveys included:

- Inconsistent implementation;
- Inconsistent time between baseline and follow up, both within and between pilots;
- Different beneficiary eligibility criteria between pilots;
- The inclusion of convenience samples, which are likely to contain those most willing to take part and easiest to recruit. Consequently, there is a risk that those who responded are not representative of the whole population of people who took part in the pilots, and the lack of a control group to provide a counterfactual.

Given the range and extent of these limitations, there is very low confidence in the survey findings. See Appendix F for a full presentation of the survey findings.

2.7 Value for Money (VfM)

Please see below for the VfM assessment question:

- To what extent have pilot activities delivered VfM?

2.7.1 Social Return on Investment (SROI)

VfM was assessed using an SROI approach for four pilot projects. SROI employs qualitative methods to apply an exploratory approach to identifying the costs and benefits of a project. The SROI method was selected over a more traditional Cost-Benefit Analysis (CBA) approach to examine the nuance of outcomes between different pilots on metrics wider than monetary value, given the evaluation timeline, social value aims, and data availability.

It was not possible to value the key benefits of each project using a traditional CBA approach. Two approaches to valuing benefits through a CBA approach were considered. A Stated Preference Approach, based on surveys of beneficiaries, was infeasible due to difficulty reaching a sufficient sample size which, given the demographic of beneficiaries, would have required phone and in-person surveying which was not possible with the evaluation timeline or budget. A wellbeing approach to valuing changes in loneliness (as developed by Peytrignet et al. (2020)) was also considered but was ruled out due to concerns about the level of monetary valuation this approach attached to changes in loneliness.

2.7.2 VfM Data Collection

Pilots were selected for a VfM assessment based on their priority for evaluation by DfT and the quality of available pre and post survey data. The four selected pilots were: Bikeworks Ride Side-by-side; Community Transport Association (CTA) Tackling Loneliness Through Community Transport; Wallsall Community Transport (WCT): Let's Chat; and Living Streets Walking Connects. Feasibility of including other pilots within the VfM assessment was not tested. However, given that the chosen pilots tended to be ones with high beneficiary numbers and that data collection among these pilots proved challenging (as described in section 6), it may have been that including other pilots within the assessment would not have been feasible.

Interviews were conducted with operational pilot staff from WCT: Let's Chat (n=5) and CTA (n=1) pilots, and one beneficiary of the Living Streets pilot. Four focus groups were conducted with beneficiaries from each of the other selected pilots. The fieldwork took place in July and August 2023. Interviews with staff and the beneficiary

lasted around 45 minutes and beneficiary focus groups lasted around 90 minutes. Focus groups identified beneficiary outcomes, established impacts (i.e., understand to what extent outcomes can be attributed to pilot activities), and informed the value of outcomes (i.e., what value was attributed to the impact beneficiaries experienced, if any). To do so, a 'Value Game'⁷ approach was applied, whereby participants selected a 'wish list' of products they would be interesting in buying, and then compared the value of the outcomes they experienced with products on their wish list. Please see Appendix A for details of how the VfM analysis was conducted and Appendix G for the results of the Value Game exercise.

2.8 Qualitative data management, analysis, and interpretation

Interviews were conducted via telephone or Microsoft Teams. Interviews were then transcribed and analysed using the Framework approach⁸, whereby each row represented one interview or focus group and each column represented a topic of relevance. Relevant information from each interview was written into the corresponding cell. This grouped information around each evaluation question/contribution statement, enabling the evaluation team to assess the relevant evidence.

The aim of qualitative research was to access the breadth and diversity of participants' experiences and views. Views from a range of participants were obtained, but these may not be representative of all potential participants. The qualitative data in this report does not provide numerical findings, since qualitative research cannot support numerical analysis. Instead, the qualitative findings provide in-depth insights into the diverse range of views and experiences of participants and verbatim quotes are used to illustrate these. Experiences of interviewees were informed by a range of factors, including demographics and life circumstances, which culminated in unique experiences for each individual. While this report comments on the impact of demographics and wider factors (e.g., age and disability), this focuses on qualitative insights (i.e., how and why demographics impact experiences) rather than making quantitative claims that certain experiences are more or less common in different groups.

2.9 Ethics

This evaluation was approved by NatCen's Research Ethics Committee. The research team sought to reduce any risk of psychological harm for those participating in interviews, focus groups, and workshops. All participants received information that set out the purpose of the research and explained what would happen to their data. A staged approach to informed consent was taken, whereby participants were asked for their consent and reminded of their right to withdraw during recruitment, as well as before, during, and after the interviews. For the beneficiary interviews, participants were also signposted to a list of organisations they could contact if the subject matter of the interview prompted any upset or distress.

2.10 Limitations

There are four main limitations of this evaluation which are detailed below.

Timing: the DfT project team were in post in September 2021, pilot EOI applications opened in December 2021, closed Jan 2022, and pilots were selected following a business case stage prior to the evaluation's inception in April 2022. Initial pilot evaluation plans were built into business cases. The evaluators did not provide evaluation advice and guidance during the selection process. A scoping report with evaluation recommendations was

⁷ Scholten, P. (2019), Value Game exercise, A method for involving customers in valuing outcomes, Social Value UK. Available at <https://www.socialvalueuk.org/wp-content/uploads/2019/03/ValueGame-Documents-FINAL.pdf>. Accessed 02 10 2023.

⁸ Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R. eds., 2013. Qualitative research practice: A guide for social science students and researchers. Sage.

prepared by the evaluators in June 2022 and the evaluation plan was confirmed in December 2022. At this time, pilots had begun to implement their evaluation designs. The evaluation team was resultantly unable to work with pilots extensively to design their evaluations. In particular, we did not inform evaluation questions, provide advice and guidance on data collection design and implementation plans (e.g., surveys), or agree a common set of outcome measures. Consequently, the number of quality, consistent and complementary sources for evidence corroboration was limited.

Causal claims: while there is indicative qualitative evidence that pilots positively influenced beneficiary outcomes, this evidence could not be corroborated to enable the evaluation team to make causal claims around impact. This does not mean that the observed impacts were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim. It was not possible for this evaluation to include a counterfactual (i.e., a participant group that did not take part in any pilot activities), therefore it does not investigate what would have happened in the absence of an intervention.

Fund extent and diversity: the Fund supported a diverse programme of work through a complex structure, which included 12 pilot projects, a minimum of 49 different activities, and these activities were delivered by at least 38 sub-pilots and 85 delivery partners. While the evaluation aimed to capture as much as possible while maintaining methodological rigour within the time and budget available, it was not able to investigate and assess all end-delivery activities.

Unsuccessful pilots: there is an absence of data from organisations that were unsuccessful in applying for funding, did not know about the funding, or for other reasons did not receive funding from the Fund. Therefore, these findings do not capture reasons for not applying or the experiences and understandings of unsuccessful pilots for funding.

3. Process Evaluation

The process evaluation draws on a total of 48 interviews with lead and sub-pilot staff, two ‘Pause and reflect’ sessions with a selection of pilot staff, four interviews with DfT staff, the CMD data, and insights drawn from a review of the evaluation reports produced by the pilots. The process evaluation sought to explore stakeholder perceptions around the application and grant management processes, pilot set up, and monitoring and evaluation requirements. It also provided insights into how pilot activities were delivered, including which beneficiaries were targeted and how, external factors that influenced delivery, what worked well and less well, and key lessons learned around transport and loneliness.

3.1 Fund background and context

Table 3.1 presents a timeline of key set up and delivery steps for the Fund, including planned dates and actual dates. This section draws on the available evidence to explain some of the delays and the impacts these had on design, delivery, and progress towards target outcomes.

Table 3.1: Set up and delivery timelines

Fund set up and delivery steps and stages	Planned date	Actual date
DfT delivery team in post	Apr-21	Sep-21
Project inception	Apr-21	Sept-21
Stakeholder Roundtable	Nov-21	Nov-21
Application window opened	Dec-21	Dec-21
Application window closed	Jan-22	Jan-22
Evaluation set up stage	Mar-22	Apr-22
Finalisation of evaluation plan	Apr-22	Dec-22
All grants released in full	May-22	May-22
All grants spent in full by pilots (project delivery complete)	May-23	Jul-23
Final monitoring data collected	Mar-23	Aug-23
Closure of project	Sep-23	Oct-23

3.2 Application and funding processes

DfT received applications from lead pilot organisations. Of these, some proposed to work in partnership with sub-pilots directly or via onward grants. This section predominantly draws on interview data from DfT staff and lead pilot organisations, although the experience of some sub-pilots who applied to the lead partner for funding are also included.

3.2.1 DfT experience of the application review process

DfT intended for the fund and pilot level evaluations to capture a strong evidence base, including lessons learned, at all stages. Prior to launching the application processes, DfT recognised that better understanding of loneliness and the existing evidence was required to identify evidence gaps. To support this, DfT negotiated a three-month delay with HMT colleagues to conduct stakeholder consultations with researchers, academics and the Department for Levelling Up, Housing and Communities and commissioned a rapid evidence review of transport and loneliness. This helped to ensure that DfT set out proportionate applicant monitoring and evaluation requirements that could add to the existing evidence base.

“One of the things that I would really commend the team on is that early recognition that [loneliness] was not an area where we were the experts and we needed other people to help guide us.” – DfT staff

DfT designed a two-stage application process for the Fund. The application process included an Expression of Interest (EOI) stage, followed by a business case stage for successful EOIs that demonstrated their ability to add to the existing evidence base. DfT received a total of 248 EOIs, which was higher than expected but represented a wide range of geographic locations, target beneficiaries, activity types, and outcomes. DfT interviewees suggested that this oversubscription was likely due to the EOI phase allowing a broad range of eligible activities. Interviewees also suggested that additional or tighter criteria, such as setting a minimum project value, could have helped reduce the number of EOIs received.

“We had more applications than we had bargained for, definitely...in retrospect, we should have been more...prescriptive in what we were looking to fund, even at that expression-of-interest stage.” – DfT staff

DfT's EOI assessment criteria included evaluability, geographic location, beneficiary characteristics, and intended outcomes. To reduce the number of applications for full review to a more manageable level, DfT assessed the first few sections of each EOI to identify immediate rejections. This reduced the list to 50 EOIs, which were then subject to an in-depth review.

When shortlisting applications from these 50 EOIs, DfT intended to achieve a good regional spread and reach a wide range of beneficiary groups through a variety of activities. Pilot variety and the extent to which some included numerous sub-pilots raised concerns around their evaluability. However, it is not clear how these concerns were addressed at the EOI stage, particularly to support one of the Fund's main aims of adding to the evidence base.

“[The pilots] were very diverse...the fact that within the pilots there were multiple mini-pilots...from an evaluation perspective, causes issues. I think from a policy side, it's a remarkable thing because we're doing even more with that money. Sometimes it's better to do less and learn from that than do lots of things.” – DfT Staff

Twelve applicants were shortlisted and invited to submit a full business case. These reflected a diverse range of activities, beneficiaries, and geographic areas. DfT funded pilots covering a wide geographical spread (1 in each of the following regions: London, South East, South West, Yorkshire and the Humber, North West, East Midlands, 2 in West Midlands and 4 operating in multiple regions) and each aimed to support different groups of people. This included older people, carers, young people, people with autism, people with visual impairments, refugees and asylum seekers, minority ethnic communities, and disabled people.

DfT took a collaborative approach with applicants in the business case stage. This involved tailored feedback based on the assessment from the EOI stage, in-depth sessions with applicants to improve the evaluability of

their projects, and guidance to develop a full business case. Some pilots required additional support from DfT to gather information for the business case. For example, providing additional clarification for the data requirements or guidance around how to structure data sharing agreements with partners.

3.2.2 Pilot experience of application process

Pilots generally reported strong alignment with the Fund objectives. Some reported that they were already working with people experiencing loneliness and social isolation, while the Fund enabled them to trial the inclusion of transport in their existing activities. Community transport providers reported strong alignment with the Fund's objectives around increased transport, citing additional opportunities to tackle loneliness by enhancing their existing transport services. Other pilots working with those experiencing social isolation suggested the funding provided them an opportunity to test and learn different ways to engage new beneficiary groups (e.g., young people).

“A lot of what we do encompasses loneliness in general, but we don't have any specific programmes at the moment that focus on loneliness. To my knowledge, we've never done a transport-related programme, so I think it was probably good timing.” – Pilot

There were mixed views around pilots' experiences of the application process. Some pilots felt the application process generally worked well, citing it as “straightforward and proportionate” relative to other funding received previously elsewhere. Pilots that found the process easy also reported that DfT's EOI stage engagement sessions were helpful. Pilots cited positive communications and support from DfT at the application stage, noting they were responsive to questions and provided additional guidance and support when needed.

“From EOI submission to getting a green light, and then being provided with what was a very large business case... There was a methodology attached to it and literally a blueprint of all the things that they wanted from you. It was like unpacking a massive dissertation, so it was challenging because we're quite a small team, but we got that submitted. The communication around that, I have to say, was absolutely fantastic.” – Pilot

Some pilots felt that the level of detail required at the business case stage was disproportionate to the EOI stage. However, that this ultimately facilitated implementation as it provided structure and direction for delivery and measurement.

Of those pilots that provided onward grants, it was felt that DfT's business case requirement could have better incorporated this approach, as it required extensive data gathering and detail on awarded sub-pilots. Other pilots that found the business case difficult had to draw on external support due to capacity gaps. They also required additional DfT support to help define project outcomes and propose a measurement approach.

“Being honest, [the application process] felt heavy... perhaps one of the learnings...is that we're a big well-resourced organisation that's used to putting together business plans, and we still had to employ a consultant to come and hold the pen, because it was a capacity thing.” – Pilot

3.3 Oversight and management processes

3.3.1 Grant management

DfT supported pilots in myriad ways through grant management. This included guidance to review and approve design and implementation adaptations (e.g., changing the location of activities), as well as to respond to concerns, collect monitoring data, and conduct quarterly catchups. Pilots felt that DfT formed a trusted working relationship through being responsive, supportive, and approachable. As a result, pilots had largely positive

views of their overall relationship with DfT. Other pilots reported a preference for DfT to be more engaged during the early implementation and end stages of the pilot period.

“I think it's been really positive. They've always been positive, helpful and responsive to emails. They have always offered meetings if we want to discuss [any challenges].” – Pilot

Some pilots suggested they would have benefitted from sharing common challenges and best practice with other pilots, feeling that this was missed opportunity. This sentiment was expressed despite two pause and reflect sessions conducted by the evaluators in April and September 2023, in which lead pilots were convened to discuss their lessons learned and common challenges. Other pilots reported that monitoring requirements did not accommodate qualitative or anecdotal data, resulting in insufficient opportunities to showcase their evaluation findings to DfT.

“I think that they were rightly challenging at the beginning before we put in the business plan. I think that generally they were supportive, I would say. I thought that they were a little bit vague as well, which doesn't help on a project, in that they didn't ask for a report at the end.” – Pilot

3.4 Pilot implementation

3.4.1 Timelines

There were delays to the intended start dates of activities for many pilots. Some interviewed DfT stakeholders stated that the Shared Outcomes Fund provided a two-year period for DfT to set up and deliver the Fund. They suggested that this limited the time they would ideally have needed to set up the Fund, while leaving enough time for delivery.

“I think if we'd have started [the Fund] on time, we would have given [pilots] a three-month mobilisation period to get equipment and stuff bought because... That proved a stumbling block for a couple of [pilots] in terms of actual delivery.” – DfT staff

The Fund initially planned for a 12-month pilot delivery period. However, multiple pilots required more time to identify and reach beneficiaries and effectively implement their activities, due to starting delivery later than originally planned (see section 3.4). To address this, DfT decided to extend the pilots by two months from 31st May to 31st July; however, this was not announced until mid-May 2023 due to the time DfT required to clear the decision. Pilots welcomed the extension and used it to extend their services in terms of volume of activities, number of beneficiaries supported, and geographical reach of support. According to the CMD data, between 16% and 51% of overall beneficiaries were recruited during the two-month extension period for the pilots that could take advantage of the extension and for which there is data available.

“Thankfully, DfT gave us that extension, which really, really helped, and I would say the numbers have been a lot steadier since March time. We've been able to help a lot more people.” – Pilot

Some pilots were not able extend activities, due to short-term staff contracts as per the original timeline. Others suggested the extension period did not provide sufficient time to boost beneficiary recruitment, due to the time required to build new relationships and establish trust. Had the extension been built into the original timetable, or the decision to extend the fund been announced earlier, the extra time could have helped those pilots which had already concluded their services.

“I see it as having been a project that's been rolling for about six or seven months [rather than 12 months], because of a lot of delivery and operational issues... we've not hit the targets we were given, but when we look at the wider context of the other things that happened, we think that we've hit it over the period that we've actually been delivering the project.” – Pilot

There was also a demand for pilot activities to be more widely available, operating on a broader geographical basis, later into the evening, and available seven days a week. For example, one pilot identified increased engagement during Spring, however budget constraints at this stage led to a decrease in the events they ran. This unexpectedly high demand for services could not be met, partially due to limited capacity of pilots to expand services, but also due to delivery starting later than expected in some cases.

3.4.2 Working in partnership

More than half of the pilots included partnership working in their design. These varied from a few partners to a broader network of partnerships with different organisations. Some pilots implemented multiple activities and required partners to support individual activities. Partnerships with sub-pilots, where services were delivered by a separate organisation which was created or provided funding by the pilot, were well established and formally defined at the outset in the business case. Pilots also reported informal partnerships that were established on an ad-hoc basis when required throughout delivery. For example, to assist with reaching harder to reach beneficiary groups (see ‘3.4.3 Leveraging the Local Ecosystem’ below). This sub-section presents an overview of the role of partnerships in the set-up phase of the pilot. Other aspects of partnership working are explored separately in this chapter.

Pre-existing partnerships were key to successful pilot delivery, due to time saved in setting up agreements and building trust with beneficiaries, as they could draw on an existing approach and benefit from lessons learned. The pilot-level reports highlight how regular partner communications were vital, using a variety of contact methods including email, phone, and face-to-face engagement. Partnerships as a facilitator to successful delivery are explored further in ‘3.7.1 Facilitators’ below.

“Just having [access to local stakeholders] infrastructure there to support the project [and] strategically networking...has played a big part in what we've done and in what we've achieved.” – Pilot

Pilots valued convening sub-pilots and delivery partners to share challenges and best practice, such as reaching and onboarding beneficiaries. Wider networks were also leveraged to build new partnerships, such as with onward referral organisations or community organisations that could support the pilot (see ‘3.4.3 Leveraging the Local Ecosystem’ below for further detail on partnerships as a means of recruitment of service users).

“Partnerships were a very strong way of building our project. This is just a sort of off the top of my head estimate, I'd say that probably 70 per cent of our journeys were booked through partnerships with other organisations or groups or businesses, whereas 30 per cent would have been through individuals.” – Pilot

Not all pilots had positive experiences with forming partnerships. Some pilots explained that delays in funding agreements with partners exacerbated knock-on effects of other unexpected external delays (further detail on the challenges of partnership working are explored in ‘3.7.2 Barriers’ below).

3.4.3 Leveraging the Local Ecosystem

Pilots reported that relationships with local stakeholders were, in some cases, essential for beneficiary recruitment and added value to activities. Councils and local transport providers were pivotal in signposting

beneficiaries and providing advice on logistics (e.g., insurance), which were particularly important for community transport activities. A minority of pilots built new and lasting relationships; for example, with local transport, taxi companies, and voluntary, community, and social enterprises (VCSE) service providers. While these partnerships were beneficial, challenges to engaging new partners included the unanticipated time required for induction and training, and a misunderstanding of the pilot's objectives which resulted in inappropriate referrals.

"We've got tonnes of drivers now that have leaflets in the back of their cars that are for us. That's all about building our rapport and building our presence so that people know about us. You never know who's going to talk to somebody else and at what point they might want our services, so all of that was good." – Pilot

Pilot interviews revealed that some used the funding to explore new opportunities for collaboration and new lines of activities. In some cases, partnerships created additional opportunities beyond the Fund, including the delivery of new activities.

"One of the take-outs of this project, is that we're looking at joint bids now with other charities for similar type projects. Those new partnerships with the voluntary sector are opening up opportunities for more formal collaborative work...It's been really beneficial in that respect." – Pilot

3.5 Identifying and reaching beneficiaries

Pilot interviews explored how beneficiaries were identified and reached. Leveraging existing networks and outreach via community groups were cited as successful ways to reach people, which helped some pilots begin activities sooner. Other pilots relied on existing networks and relationships (e.g., with social prescribers), to successfully increase and develop referrals.

"[Community] groups have trust and confidence of local people and are key to success. [Aside from] a few issues around capturing data, data management, forms etc. [and having] to manage individuals who feel it is 'their' group... [Partnership working] has been one of the real successes of this project." – Pilot

Some pilots and sub-pilots developed marketing campaigns, proactively reaching beneficiaries in locations that they were likely to frequent (e.g., via flyers distributed in churches or women's groups). Proactive targeting through transport and other existing services was also reported to be effective. Although this was seen as a positive approach overall, pilots had to manage these relationships carefully and make efforts to earn buy-in to support with monitoring and data collection activities.

"I would say most of them had come from pre-existing groups that we'd managed to contact, but we did get a lot of new people that wouldn't normally come on to some of our activities because they didn't tick the boxes of what they wanted to do." – Pilot

More time was needed than originally anticipated to establish trust and build relationships with beneficiaries. Pilots working with some groups they deemed vulnerable such as children and young people, people with physical or mental illnesses, people with a learning or physical disability, and asylum seekers and refugees. This required more preparatory work than anticipated, relying on community groups and existing networks for engagement. Many pilots adapted their approach to reaching these beneficiaries, who required specialised support and a greater lead-time to establish trust, through consistent, long-term relationship building activities. For some, this meant working with fewer beneficiaries to engage them in a more meaningful way, which reduced progress towards initial beneficiary target numbers.

During interviews toward the end of the delivery period, pilots were asked to reflect on the successes and challenges around beneficiary recruitment. Some pilots felt their initial target numbers were optimistic and that they were able to focus on delivering a higher quality intervention to fewer beneficiaries. However, it was not clear how this differed from the level of quality originally proposed. Pilots that did not meet their intended target numbers cited multiple factors, including lower than expected engagement from target groups, difficulties in establishing partnerships, and external factors (e.g., seasonality, industrial action, and supply chain issues).

“Unfortunately, this project came at a really bad time...all the strikes were happening in every single transport provider setting. Our project involved them committing staff training and a lot of time and resources...a lot of them were working on skeleton crews, having to constantly adapt to the different strikes and things that were happening.” – Pilot

Some pilots adapted their existing services to provide for beneficiary groups new to their organisation. For example, by offering age-friendly dementia and first-aid training to community transport drivers and focusing on confidence-building outcomes for young volunteers experiencing loneliness. Interviews with DfT staff further emphasised that pilots were required to exhibit a higher degree of sensitivity when working with these groups.

Some pilots found it difficult to identify beneficiaries at risk of and/or experiencing loneliness. This was attributed to a lack of understanding among pilots and their partners around what defines loneliness and at-risk groups or individuals. For example, some of the partners signposting beneficiaries to pilots assumed that all older people were at risk of and/or experiencing loneliness, rather than specifically targeting those who were at the highest risk of experiencing loneliness. In response to this, pilots supported partners to refine their understanding of loneliness by providing beneficiary eligibility criteria.

“One of our [sub-pilots] was intending to recruit young volunteers...It was fairly soon into their delivery that we picked up that there were issues in terms of the challenges of getting young people who were potentially experiencing loneliness, it's not your standard young-person volunteer. They were not going to be anywhere near close to meeting their targets, so we reworked their project with them.” – Pilot

Pilots reported beneficiary recruitment challenges around the stigma attached to loneliness. Whereby, branding activities as loneliness-reduction efforts may have deterred potential beneficiaries by casting activities in a negative light. To mitigate this, some pilots re-branded their activities as opportunities for social engagement. Others attracted beneficiaries via a transport service, which enabled an additional social element or group setting to access events and places.

Some pilots found that beneficiaries did not self-identify as being lonely. Only after engaging with the pilot and conversing with the staff and volunteers did they recognise, in some cases, their experience of loneliness. Pilots working with older service-users observed that this was especially true for men, who were hesitant to self-identify as lonely due to the prevalent stigma associated with loneliness in their demographic. Pilots noted successful strategies to engage this group involved packaging and promoting activities as social gatherings, rather than framing them as groups to discuss loneliness for men. In contrast, pilots observed that older women were more comfortable discussing loneliness openly.

“[A challenge for targeting service-users was] thinking about how to approach groups around the subject of loneliness, without wanting to put any stigma on those groups of people. [It was] difficult to know how to engage without saying, 'Are you lonely and isolated?' People probably don't want to identify themselves in that way.” – Pilot

Some pilots focused on supporting beneficiaries indirectly (National Autistic Society and Vista Blind) through providing training and accessibility support to transport companies, rather than directly supporting beneficiaries. These pilots faced unique challenges to supporting beneficiaries through their work with transport companies. This included external factors affecting transport companies, such as lack of staff resource and industrial action.

“Transport companies outside the target areas: I think also promoting [the instructional videos] nationally, that is one of the things that I was really pleased about, some of the bus companies were that keen and they loved the videos so much that they've gone national with it.” – Pilot

3.6 Extent pilots reached different types of beneficiaries

This section presents CMD findings on the extent to which pilots reached different types of beneficiaries overall (see Appendix D for individual pilot findings on beneficiary types). This includes the overall number of beneficiaries reached by pilots, the frequency of interaction, and beneficiary age, gender, ethnicity, and disability. Please see section two for limitations to this data.

Ten out of the 12 pilots (those which were directly targeting people experiencing or at risk of loneliness) were provided with a project-specific CMD template, in which they were asked to record in a standardised format:

- Beneficiary demographic information (including age, gender, ethnicity, disability); and
- Activity level data (including the type of activity engaged with, frequency of interaction, mode of transport of the activity, and the postcode of the intervention).

The aim of the CMD was to have consistent data at a level to explore what types of beneficiaries were reached and the extent of pilot engagement (see Appendix D for the CMD template). Nevertheless, there were inconsistencies in the way the data was recorded by pilots and missing or ambiguous data in some cases. The CMD datasets were cleaned to account for these inconsistencies (see Appendix A for more details on data cleaning process and mitigations). Detailed findings by pilots are presented in Appendix D, where we have indicated the sample size (n) for each characteristic being reported.

Missing data

As described above, data was missing for some variables and has been excluded from the figures. Table 3.2 below indicates the missing data for each demographic variable.

Table 3.2 Missing data

Variable	N	%
Age	927	11.0%
Gender	514	6.1%
Ethnicity	588	7.0%
Disability	2613	31.1%

Base: n=8,391.

Note: The majority of the missing data noted above originated from two pilots: Bikeworks and CTA. For additional details see Appendix D.

Across the Fund, at least 8,391 unique beneficiaries were reached, according to the data returned in the CMD by pilots. Almost one-third (31%) of the original target number of beneficiaries was achieved across all pilots. Three pilots exceeded the stated targets set out in their respective business cases, while the remaining did not meet their target. Devon County Council confirmed that they did not set a target number of beneficiaries in their business case. See table 3.3 for an illustration of the target number of beneficiaries stated in each business case, the number of beneficiaries reached according to CMD data, and the proportion achieved.

Table 3.3 Beneficiary target numbers and achieved numbers by pilot

Pilot	Target N stated in business case	N reached	% achieved
Age UK	900	209	23%
Bikeworks	12,960	871	7%
Community Action Hampshire	175	155	89%
Community Rail Network	170	350	206%
Community Transport Association	2,842	2,322	82%
Devon County Council	No target set	784	N/A
Leeds Older People Forum	706	903	128%
Living Streets	225	350	156%
Transport for West Midlands	8,315	2,331	28%
Volunteering Matters	600	116	19%
Total	26,893	8,391	31%

Many pilots required more time to reach beneficiaries and effectively implement their activities, due to starting delivery later than originally planned. To address this, DfT decided to extend the pilots by two months from 31st May to 31st July 2023. Table 3.4 shows the number and proportion of unique beneficiaries engaging with the pilot activities during the extension period. Age UK (209 unique beneficiaries) and Community Rail (350 unique beneficiaries) are excluded from the table below because the date of first engagement with the activities was not clear in the CMD dataset. Furthermore, CTA and Leeds Older People Forum are excluded from the table as they were not able to take advantage of the extension, due to pre-existing contracts in place and the time it was announced.

Table 3.4 Beneficiaries who engaged with the activity after 31/05/2023 as a proportion of all unique beneficiaries – data from six pilots

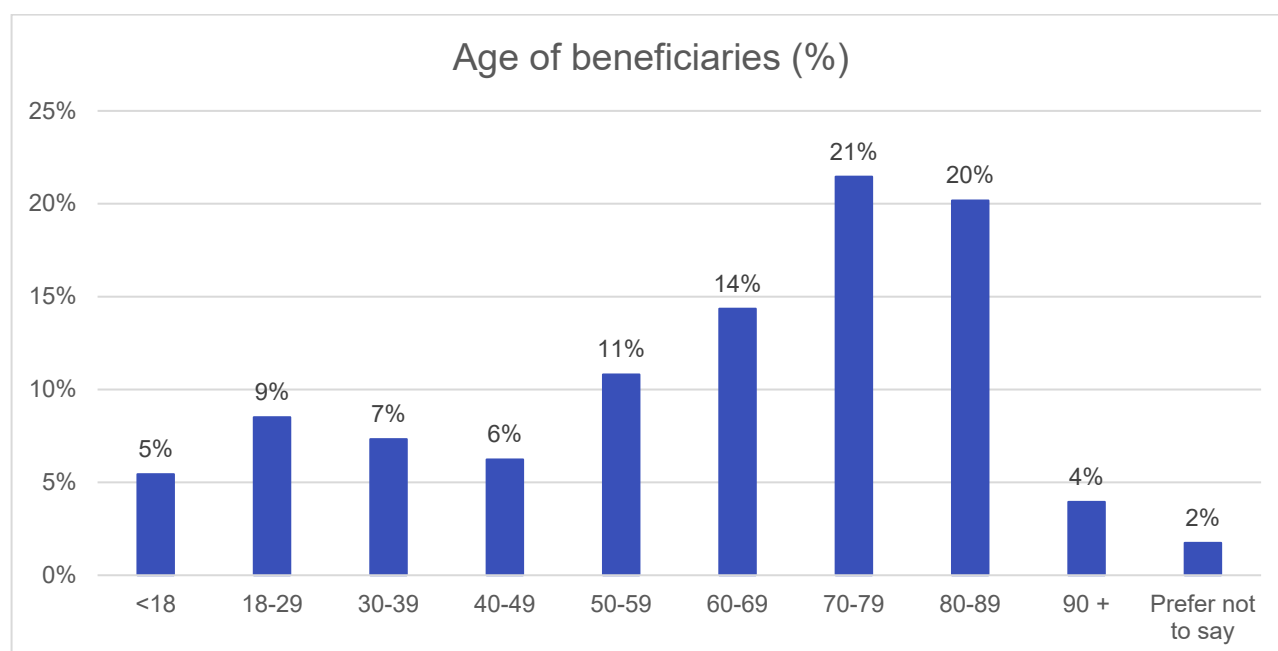
Pilot	Total unique beneficiaries	Beneficiaries engaging after 31/5/23	Proportion of beneficiaries who engaged after 31/05/23 (%)
Bikeworks	871	140	16%
Community Action Hampshire	155	41	26%
Devon County Council	784	168	21%

Pilot	Total unique beneficiaries	Beneficiaries engaging after 31/5/23	Proportion of beneficiaries who engaged after 31/05/23 (%)
Living Streets	350	123	35%
Transport for West Midlands	2,331	635	27%
Volunteering Matters	116	59	51%
Total (six pilots)	4,607	1,166	25%

Age

The average age of beneficiaries as recorded in the CMD data across all ten pilots was 61 years and varied from 3 to 101 years old. Across all pilots, the largest proportion of beneficiaries was between 70 to 79 as shown in the figure below.

Age of beneficiaries



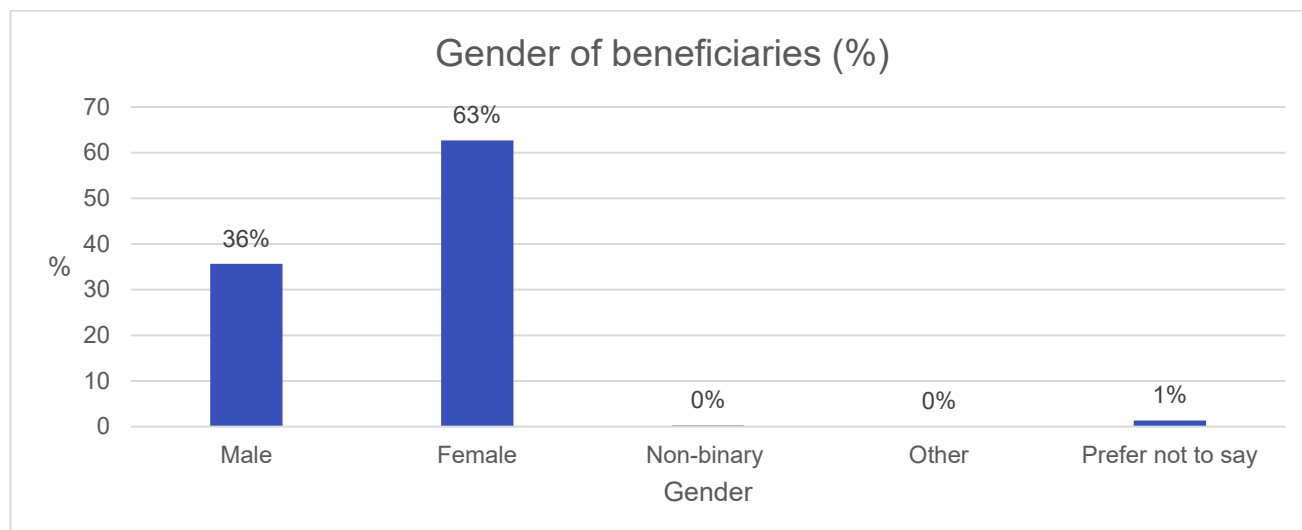
Base: n=7,464.

Note: Prefer not to say responses (n=130) have been included. Missing data has been calculated as n=927 and excluded. The missing data is made up of blank cells (n=121), CTA volunteers who did not take part in activities (n=181), and Bikeworks' age responses recorded as Prefer not to say but assumed to be missing (n=625).

Gender

As part of the CMD, data on gender was collected with the following options provided: Male, Female, Non-Binary, Other/Self Define, and N/A. Across all pilots, the CMD data indicated that the majority of beneficiaries were female (63%) compared with 36% who were male. Less than one per cent (combined) of beneficiaries were recorded as Non-Binary or Other, while one per cent preferred not to say.

Gender of beneficiaries



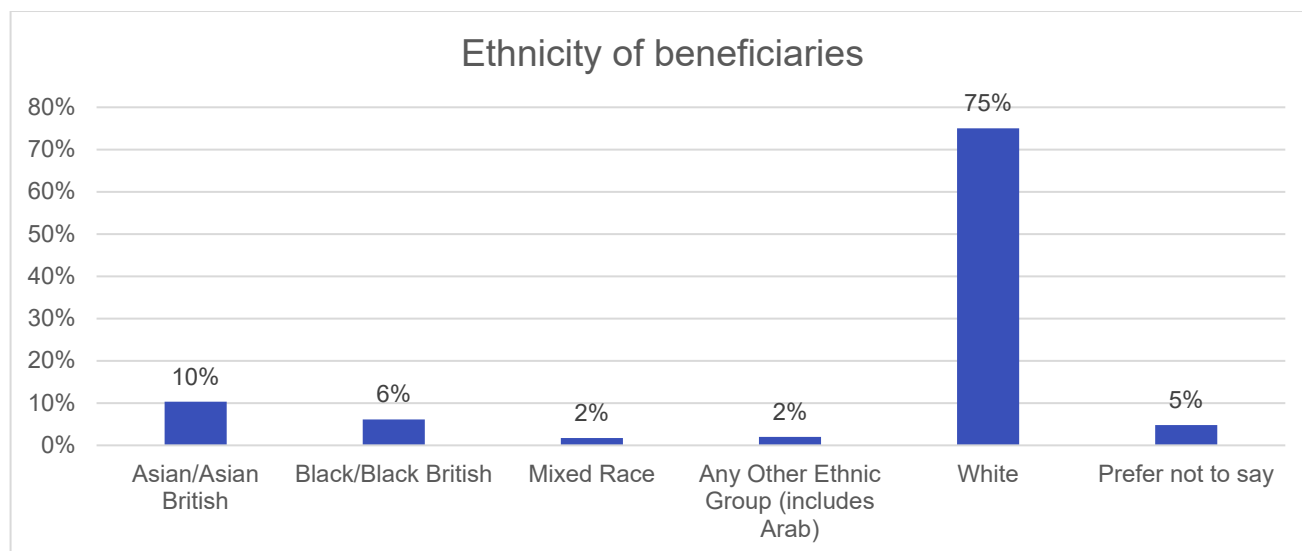
Base: $n=7,877$.

Note: Prefer not to say was selected or provided for 107 beneficiaries and is included above. There was also missing data for 514 beneficiaries, which has been excluded.

Ethnicity

Across all ten pilots, most participants were from a White ethnic background (75%). Beneficiaries from Asian/Asian British backgrounds made up 10% of overall beneficiaries, those from a Black/Black British background (6%), those from a Mixed Race background (2%) and people from Any Other Ethnic Group (2%). One in twenty (5%) preferred not to say their ethnicity.

Ethnicity of beneficiaries



Base: $n=7,803$

Note: Prefer not to say was recorded for 375 beneficiaries and has been included above. There was missing data for 588 beneficiaries, which has been excluded.

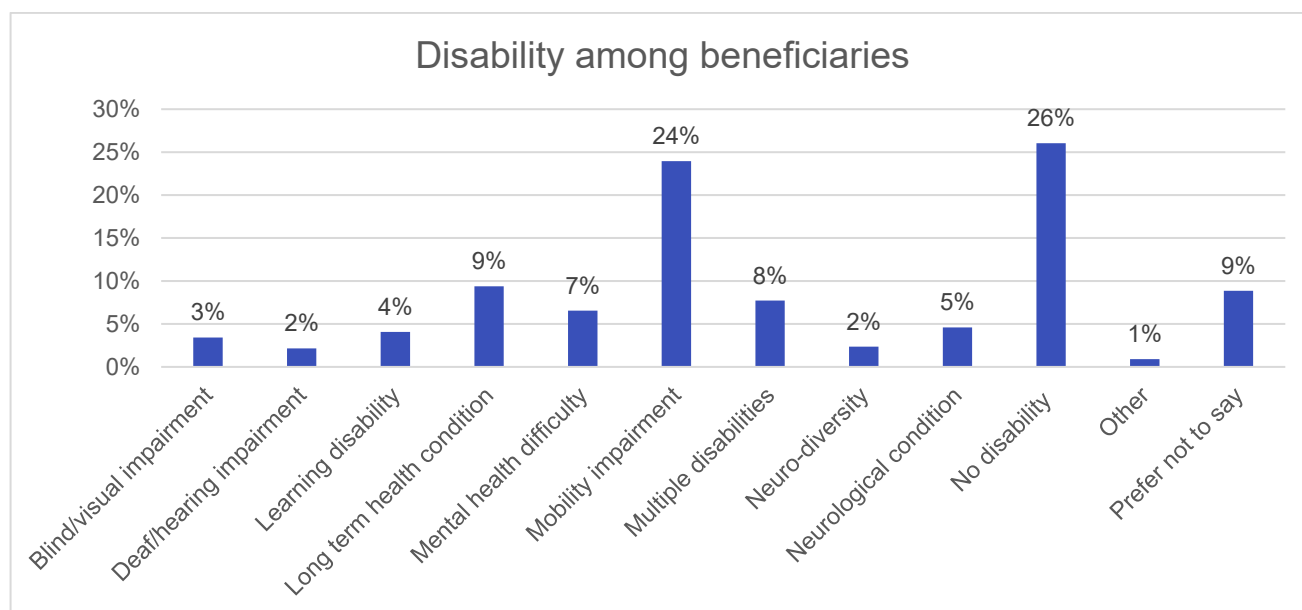
Disability

Among beneficiaries for whom CMD data on disability was recorded, across all pilots, 26% had no disability and 9% were recorded as prefer not to say. A mobility impairment was the most commonly reported single disability,

at 24%, followed by a long-term health condition (9%), having multiple disabilities (8%), and a mental health difficulty (7%). See below for the full range of health conditions recorded.

There was a substantial amount of missing data on disability across the pilots, which has been excluded: there was no data (blanks) recorded about disability for 273 beneficiaries; for a further 1,793, N/A was recorded and in some cases it was unclear whether this had been used, as instructed, to indicate that data had not been collected, or whether it represented 'No disability' despite that option being available in the template; and finally, one pilot had 548 cases of 'Prefer not to say', which was an outlier and so has been treated as missing data.

Disability among beneficiaries



Base: $n=5,778$.

Note: Prefer not to say was recorded for 512 beneficiaries and these have been included in the table above. There was also missing data for disability in the CMD datasets which has been excluded from the figure above (272 beneficiaries with no data, 1,793 beneficiaries for whom disability was marked as N/A, and 548 'Prefer not to say' responses from one pilot which have been treated as missing data).

Frequency of interaction

Across all pilots, the average (mean) number of interactions per beneficiary was 3.1 interactions. The maximum number of interactions was reported by TfWM Let's Chat, which recorded one beneficiary as having 130 interactions with the Let's Chat community hub service. There were a further seven Let's Chat beneficiaries who had 100 or more such interactions. Table 3.5 illustrates the mean and maximum beneficiary interactions per pilot.

Table 3.5 Average (mean) and maximum interactions of beneficiaries with pilots

Pilot	Average (mean) interactions	Maximum interactions by a beneficiary
Age UK	3.2	21 *
Bikeworks	3.9	44
Community Action Hampshire	3.3	31
Community Rail Network	1.8	5
Community Transport Association	2.0	30
Devon County Council	2.7	6
Leeds Older People Forum	3.8	43
Living Streets	2.1	31
Transport for West Midlands	4.4	130
Volunteering Matters	4.1	17

*Note: The pilot offered up to six sessions with each beneficiary. It is therefore unclear why the maximum number of interactions by a beneficiary was 21.

3.7 Facilitators and barriers

Pilot interviews explored **facilitators** and **barriers** to implementation and delivery during their interviews, which are discussed below.

3.7.1 Facilitators

Support from DfT

A key facilitator for almost all lead delivery partners was the positive relationship and support provided by DfT. Pilots specifically highlighted DfT's responsiveness and, in several cases, the flexibility and understanding exhibited regarding delays, which benefited the delivery of pilots. DfT had access to two dedicated staff members who managed the Fund and provided tailored support to pilots. Interviews with DfT staff highlighted this as a significant facilitator for the pilots. They referenced the positive feedback received regarding their communication with pilots, for example with providing a single point of contact for pilots that remained consistent throughout the fund duration.

“The communication [from DfT] I have to say, was fantastic. Obviously, DfT colleagues would have been equally challenged, so everyone was very clear on deadlines/expectations.” – Pilot

Partnership working

Partnerships were a key facilitator to delivery for both lead pilots and sub-pilots. Pilot level evaluation reports highlighted the importance of partnerships in understanding and engaging with local people in target areas (see '3.4.3 Leveraging the Local Ecosystem'), evident through pilots working with local authorities and other community transport operators to establish a network of contacts. Some pilots felt that the strongest part of the project was partnership working with local organisations in each area (see section 3.4).

Utilising existing networks and relationships promoted the sharing of skills, knowledge, and resources preventing duplication and optimising community assets. For example, community hubs applied a social prescribing model to signpost people at risk of loneliness to pilots, while transport providers provided logistics advice and vehicle

insurance to community transport pilots. Existing partnerships also facilitated faster set-up and delivery of projects, enabling these pilots to deliver within the 12-month delivery period (see section 3.4).

“It's all down to those community groups, to be honest with you. When you get all these amazing people who know their area so well, it's fantastic, and they can really help you engage with the communities there.” – Pilot

Expertise and experience

Internal expertise was cited as a key facilitator, particularly for pilots that continued or adapted existing approaches. These pilots' staff and volunteers had expertise and knowledge of the local VCSE sector, local transport provision, local service user groups' needs, operational proficiency, and valuable networks of contacts that could be leveraged for partnerships.

“I think that the specific on the ground knowledge of the staff that we have who have worked within the charity for a long time was really crucial to growing the project... It was that sort of expertise that came with being a community-based charity that really helped to get the ball rolling on that.” – Pilot

3.7.2 Barriers

Short delivery period

Pilots explained that a key challenge was the short delivery time-period as a result of delays, particularly in the setup phase for pilots trialling new approaches leaving them with a reduced period for delivery. Many pilots felt that activities had just gained momentum as the closedown period had started, impacting their ability to meet objectives, which is a notion supported by DfT staff interviewees. A key learning for pilots and DfT stakeholders was that a one-year delivery timeframe should incorporate additional project set-up time, including recruitment, procurement and time taken to understand what is required to deliver.

“By the time we got to the point where we had to close down, because word of mouth had got out there and people heard about how much the service was helping people, only then did we really have a steady stream of people...we'd built up a really good number of volunteers, and then we had to close the service down.” – Pilot

Seasonality

An associated barrier was the seasonality of activities. Since the setup phase took several months most activities commenced during the winter, rather than earlier in the summer or autumn as originally intended. Some pilots encountered difficulties with transportation modes, such as bicycles or walking, due to snowy and icy conditions. This particularly impacted beneficiaries with mobility issues. For several pilots, the delivery phase only gained momentum in spring 2023, leaving them with a reduced timeframe for delivery. The effect of poor winter weather is echoed by the pilot level evaluation reports when discussing walking and public transport activities. Pilots that worked with older beneficiaries explained that encouraging people to leave the house in wintery conditions was challenging. Furthermore, some target beneficiaries were reluctant to engage at a time when they were at higher risk of exposure to slips on untreated pavements or when the weather was inclement, increasing risk of illnesses.

“Most of the delivery was over the winter months which was really difficult... A large majority of the people involved in the service had mobility issues, so there was a real fear of falling and making that situation worse. So, we had a lot of dropouts then.” – Pilot

Challenges with new partnerships

While partnerships were acknowledged as a key facilitator, some pilots who established new partnerships for delivery encountered several challenges. Setting up new partnership agreements required additional administrative time and resource. Some pilots faced challenges in developing Memoranda of Understanding (MoU) with new partners, for example, pilots working with private transport and rail companies cited lengthy internal partnership agreement processes and bureaucracy. Another challenge was the need to seek permission from stakeholders such as local authorities to deliver existing work or activities in new ways, or to deliver new activities. These contributed to unexpected delays in setting up and starting pilot delivery compared to pilots working with existing partners. Others raised the need to provide practical guidance to partners that may have been less familiar with their ways of working or in working with target audiences (see section '3.4.3 Leveraging the Local Ecosystem').

Recruitment and training staff and volunteers

Pilots and sub-pilots faced significant challenges to recruit staff and volunteers. This was a particular issue for organisations with limited capacity and for volunteer-led pilots, where reliance on volunteer availability to lead the activities was far from guaranteed. This resulted in slow and challenging recruitment. A significant challenge with the recruitment of volunteers was finding people with the requisite skills to run the pilots. For example, the ability to work with beneficiaries they deemed to be at risk or vulnerable, those with lived experience of loneliness, or those with the fitness required to ride the bikes used in the interventions all day. Challenges with the recruitment of volunteers is supported by pilot level evaluation reports, which reported an observed decrease in the volume of volunteers applying for opportunities in recent years.

Pilots reported challenges relating to the training of volunteers and staff, particularly in finding time for the project manager or delivery-lead to provide comprehensive training while also juggling project management responsibilities.

3.7.3 Impact of local context and external factors on implementation and delivery of pilot interventions

Pilot interviews explored the influence of the local context and external factors on pilot delivery.

The aftermath of the COVID-19 pandemic

One theme that emerged across a few pilots was the challenge of delivering services in the aftermath of the COVID-19 pandemic. Pilots observed that, following the pandemic, beneficiaries from groups they deemed to be vulnerable exhibited low confidence and increased anxiety around activity participation. This included going outdoors, using public transport, travelling to new places, and engaging in social interactions. Consequently, challenges around the recruitment of these beneficiaries were exacerbated, resulting in resource intensive recruitment processes for pilots.

“The younger generation have quite a lot of anxiety there [with using public transport], and I think COVID has made that worse. I think for anybody who struggled with anxiety anyway, COVID pushed them over the edge.” –

Pilot

Cost of living

The cost-of-living crisis impacted numerous pilots. Despite offering free or affordable transport to activities, some beneficiaries were unable to afford to participate in the actual activity. Some pilots reported a decline in beneficiary numbers at the start of the year due to the increased living expenses.

“I think that COVID definitely has had an impact on confidence levels and cost of living definitely has also. When we say we’ve got this activity available and we’re happy to provide the transport, passenger assistant and the driver... people were saying, ‘well, that’s lovely but we can’t afford our entrance fee’. That was a major part of our learning.” – Pilot

Other external and local factors

Other external factors included transport industrial action, which posed challenges for pilots reliant on trains and had adverse effect on beneficiaries according to pilot level evaluation reports. The disruption caused by the Russian invasion of Ukraine (February 2022) also affected the availability of vehicles and related equipment.

“The strikes obviously impacted hugely on those things, because a lot of the leads that were working with us had to go off and cover and do alternative work.” – Pilot

Pilots using electric vehicles encountered limitations on the number and length of the journeys, due to a lack of fast-charging points. Furthermore, inadequate availability and the unreliability of public transport in some areas posed significant challenges for pilots in assisting beneficiaries with using public transportation, a challenge more prevalent in rural locations. Challenges with public transport such as unreliability, industrial action, and low staff, were generally unforeseen and not anticipated by pilots, and therefore not factored into the original pilot plans.

Pilots and sub-pilots interviewed reported that their pilots were impacted by local authority budget cuts, which resulted in reduced provision of community and public transport services. This, in turn, affected pilot initiatives which relied on these services for their implementation. A few pilots that used cycling or walking activities cited road works as an obstacle to some of their activities. Some pilots mentioned that this was unforeseen, and they had not factored this into their delivery plans. They expressed their intention to consider this risk in future programmes.

3.8 Experience of monitoring and evaluation processes

Pilots and sub-pilots interviewed had mixed views on the monitoring and evaluation processes. Some pilots found the focus on monitoring and evaluation at the application stage challenging. For context, pilots received grants from DfT in May 2022, a scoping report with evaluation recommendations was delivered to DfT in June 2022, and the evaluation plan was confirmed in December 2022. This resulted in some pilots citing initial confusion over the evaluation requirements including how they would capture data from beneficiaries they deemed to be vulnerable. A potential lesson learned for future programmes could be to effectively manage applicants’ expectations early on in the process around the types of monitoring they are likely to be required to do.

“There was confusion at the start [around monitoring requirements], and [we were] not quite sure what [DfT] wanted. They’re not measuring the impact so much. It’s more the demographic data.” – Pilot

Some pilots indicated positive experiences of the regular monitoring and reporting processes for DfT, suggesting they were straightforward and proportionate. For this group, a positive factor was the pragmatic nature of the process through the delivery period of the pilot. This allowed pilots to dedicate more time to delivery rather than monitoring and reporting.

“In terms of DfT reporting it was quite a light-touch approach which was beneficial because it felt like we could actually get on with the work.” – Pilot

A key challenge faced by some pilots was difficulty in collecting loneliness and wellbeing data, particularly for one-off interventions or in activities that involved beneficiaries deemed to be vulnerable. Pilots felt that the volume of data required from beneficiaries was too sensitive and disproportionate for one-off interventions, considering that the nature of the data could be seen as intrusive and potentially off-putting.

While pilots had discussed evaluability with DfT at the business-case stage, some found unexpected challenges during implementation. For example, a mobile hub that offered drop-in signposting services found it challenging to ask a person exhibiting thoughts of suicide for their information. The pilot level evaluation reports reinforce this sentiment with some finding it difficult to measure impact on loneliness, due to lack of participant response or lack of expertise in the delivery team. Pilots found it difficult to measure impact due to staff absences, and some pilots prioritised project activities over collecting data. This was mitigated through approaching the research in a way that was more comfortable for the beneficiaries. This included conducting in-person surveys and training staff to ask sensitive questions; however, these solutions often required additional resources from the pilots. A DfT stakeholder also expressed concern around pilots' ability to collect data on intangible and indirect outcomes, and the subsequent impact this could have on the evaluation of pilots.

“Particularly with journeys that had a lot of people on board, there’s a lot of pressure on the [driver] to do all these questionnaires with each person, and if they’re doing a short trip, it could be four/five minutes per person to go through the questions... Also, with some demographic groups that we work with, particularly if there’s some neurological conditions, Alzheimer’s, dementia, that can be tricky to get the data accurately.” – Pilot

Some pilots felt the VCSE organisations they partnered with lacked the capacity and knowledge to undertake extensive monitoring and reporting. For example, many pilots had to collect data from individual beneficiaries, rather than in a group or via an online survey and had to manually input data from paper to digital. A DfT stakeholder highlighted that DfT faced challenges in supporting smaller organisations to set-up evaluations when they had limited capacity.

Some pilots felt DfT could have taken a deeper interest in the findings of their pilots. Several pilots expressed a strong desire to demonstrate their impact beyond numerical data, through more opportunities to present qualitative data and case studies to DfT. This demand for more qualitative reporting is reflected in pilot level reports, with some suggesting that priority should have been given to repeat attendance of beneficiaries rather than number of beneficiaries engaged.

“They asked for very minimal qualitative evidence from us and I didn’t feel comfortable doing that because you can’t reduce a programme like this... down to a spreadsheet...I would have liked them to ask me for more qualitative stuff: stories, case studies, photographs, summaries of what projects have been doing. I’d probably like more of an acknowledgement.” – Pilot

4. Impact Evaluation

Theory-based contribution analysis

This section presents the impact findings based on the contribution analysis (see section 2.5 and Appendix A for methodology) applied to a sub-set of pilots (see below). The sub-sections below include a summary of evidence for each contribution statement, a strength of evidence rating, and an overview of relevant evidence by pilot typology (community transport, travel companionship and advice, and group activities) for each contribution statement to support comprehension. Please see Appendix E for a descriptive presentation of findings for each sub-pilot case study. As detailed in Appendix A, a sub-set of pilots were chosen for impact evaluation. Please see below for a description of each sub-pilot:

Community transport

- **Community Transport Association (CTA): Nidderdale**
Nidderdale Befriending Through Transport Pilot Project, was delivered by Nidderdale Community Transport and funded by CTA as one of eighteen sub-pilot projects. The project focused on providing cars and minibuses, predominantly supporting older people and disabled people living in rural North Yorkshire. The project provided a community bus service to connect people experiencing social isolation and loneliness with each other and the environment, through regular trips to local towns and activities, along with day trips to places of interest.
- **CTA: Swan Transport**
CTA worked with multiple partners, including the Swan Advice Network, which provided the Young Volunteers project through its Swan Transport scheme. Swan Transport was already established as a long running community transport service based in Radstock, Somerset. The Young Volunteers project aimed to engage young people (aged 18-25) experiencing loneliness and social isolation by offering them volunteering roles. The activity connected the volunteers with older people who were regular service users of Swan Transport services.
- **Community Transport Group (led by Transport for West Midlands): Let's Chat**
Let's Chat was an initiative by Transport for West Midlands (TfWM) to tackle loneliness through transport. The activity was delivered by Community Transport Group (CTG) in four locations: Coventry, Dudley, North East Birmingham, and West Bromwich. Let's Chat was a 12-month initiative starting in September 2022 that aimed to connect people and their community through transport to reduce loneliness. It did so through three strands: local community hubs situated in bus stations, mobile units, and subsidised transport for groups.
- **Shencare Community Transport (led by TfWM): Let's Chat**
Let's Chat was an initiative led by TfWM, which partnered with Community Transport Group, Walsall CTG and Shencare Community Transport to deliver the activities. This case study focusses on the activity delivered by Shencare Community Transport, located in South West Birmingham. Let's Chat was a 12-month initiative starting in September 2022, which aimed to connect people and their community through transport to reduce loneliness. It did so through two strands: mobile hubs and subsidised transport.

Travel companionship and advice

- Age UK: Travelling Companions

Age UK provided the Travelling Companions pilot through seven local Age UK partners. This case study draws on the pilot activities in five areas: Calderdale and Kirklees, Norfolk, Richmond upon Thames, Stockport, and Wiltshire. The aim was to help older people who had lost confidence to travel independently on public transport following the COVID-19 pandemic or other life events. The activity helped beneficiaries to find out about and use local buses to make journeys to places and activities that they wished to access.

- Devon County Council: Travel Training

Devon County Council invited pilot initiatives and organised these under a county-wide project called Connecting You. One of the Council's partners, Devon Communities Together, delivered the Travel Training project across Devon (apart from Plymouth and Torbay). Travel Training targeted organisations working with clients aged 16–25 years and 55+ years who did not frequently use public transport and who were at risk of loneliness. The aim was to increase staff's confidence to help their service users travel independently and to reduce social isolation. This case study partly focuses on one service for young people who were isolated from their families and anxious about using public transport alone.

Group-led activities

- Devon County Council: Tarka Line Creatives

Devon County Council invited pilot initiatives and organised these under a county-wide project called Connecting You. The Tarka Line Creatives project worked in partnership with One Northern Devon to tackle loneliness through transport in areas such as Barnstaple, Umberleigh, Eggesford and Crediton. Tarka Line Creatives ran from December 2022 until April 2023, working with two groups which it identified as experiencing loneliness and isolation in the local area, young people aged 16–24 and people aged 55 and over. Groups of up to six beneficiaries took part in three supported train expeditions on the Tarka Line. These involved travelling by train from Barnstaple to the countryside, where beneficiaries could explore new areas, meet new people, take photographs, and produce a creative writing piece inspired by nature. A final photo exhibition was organised by project volunteers.

- Living Streets: Walking Connects, Stoke-on-Trent

Walking Connects, Stoke-on-Trent, was one of four Walking Connects pilots delivered by Living Streets in different locations across the North West of England. These areas were selected due to their high levels of deprivation and loneliness, as well as low levels of walking. The activities engaged adults aged 50+ to participate in walking groups, and train to become Volunteer Walk Leaders and Community Street Reviewers, which involved surveying the local walking environment. The aim of the walking groups was to improve participants' social connections, reduce loneliness, and improve their physical and mental health. Street reviewing aimed to identify, report, and thereby help to remove barriers to walking in local streets.

- Living Streets: Walking Connects, Lancashire

Walking Connects, Lancashire, was one of four Walking Connects pilots delivered by Living Streets in Burnley, Blackburn with Darwen and Fleetwood. Activities delivered included walking groups, volunteer walk leader training and support to carry out street reviews, which assess the suitability of local pathways for walking.

Strength of evidence

Data collected across all evaluation activities detailed in section 2.5 was drawn on to assess the strength of evidence for each contribution statement. Strength of evidence is assessed by the number of sources of evidence there were for each statement, whether data supported or conflicted with the contribution statements, and how far the different sources of data supported each other. Drawing on this, strength of evidence for each contribution statement was assessed as 'Strong', 'Moderate', or 'Weak':

- **Strong:** numerous sources of evidence, with high convergence of findings;
- **Moderate:** moderate amount of evidence, with general convergence but possibly with conflicting results; and
- **Weak:** limited evidence, with limited convergence of findings.

Please see below for a presentation of impact findings by contribution statement.

4.1 Summary of evidence to support contribution statement one

Contribution statement one: The funding programme enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, **contributed to increased social connections and reduced feelings of loneliness among primary beneficiaries**

Overall, there is **weak** evidence to conclude that the Fund contributed to increased social connections and reduced feelings of loneliness among primary beneficiaries. This does not mean that the observed impacts were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim.

A range of transport services were provided, and the qualitative data captured social connection and loneliness outcomes for beneficiaries. In particular, that:

- Community transport activities provided accessible transport in a way that facilitates socialisation;
- Travel companionship activities supported people to use transport that can help them to build and maintain social connections; and
- Group walking activities can enable people to meet others and share experiences to build deeper social connections.

However, this is based on a small number of interviews and findings could not be corroborated with other quality evidence sources, such as reliable survey data and methodologically rigorous evaluations. Specifically, the small sample size and way by which surveys were implemented give low confidence to the resultant data. Furthermore, the evaluation reports produced by pilots did not provide comprehensive detail on the link between transport, social connection, and loneliness. There was little data collected on the two Devon pilots (Travel Training and Tarka Line Creatives) resulting in there being limited evidence to draw on. Finally, it should be noted that for Living Streets: Walking Connects and the community hubs element of TfWM's, Let's Chat (its most engaged with activity), no transport services were provided. It was therefore unfeasible to determine how transport services were provided as a mechanism to build social connection and alleviate loneliness.

4.1.1 Community transport

TfWM, Let's Chat; TfWM, Shencare; CTA, Swan Transport; CTA, Nidderdale

As explained in section 2.6, survey data for CTA and TfWM was not analysed for this evaluation, due to an inability to link baseline and follow up surveys and small sample size, respectively. According to CMD data, the CTA and TfWM pilots reached beneficiaries who could be considered at risk of reported loneliness, particularly women and disabled people. CTA and TfWM reported that their overall beneficiary groups were mostly female (67% and 62%, respectively). However, where TfWM reported that, overall, 52% of beneficiaries reported having at least one disability, for CTA this is difficult to calculate due to the high amount of missing data.

During qualitative interviews, beneficiaries reported a range of barriers to building social connections. This included their location (e.g., living in a village), anxiety around contracting COVID-19, changing circumstances (e.g., living with a new disability or recently widowed), and lack of available public transport, which resulted in difficulty meeting existing friends and family, as well as new people.

"Till I found out about Swan [Transport], I wasn't going anywhere, I wasn't doing anything, so I was stuck. So it's a lifeline." – Beneficiary

Beneficiaries reported myriad ways that community transport helped build their social connections. For some, drivers' friendliness provided an opportunity to converse and build connections, noting that driver consistency enabled weekly conversations, which, in turn, supported getting to know one person in-depth. This was particularly welcomed compared to public transport and Ring and Ride schemes, for which driver interaction was perceived as uncommon. Beneficiaries also met people during journeys (e.g., to go shopping), with some building connections on a weekly basis to expand their social circle and perceiving shopping trips as a 'social outing'. This was achieved in a range of ways, including being greeted onto the bus by other beneficiaries, another beneficiary providing newspaper for their fire based on a previous discussion, and meeting the same people from separate organised activities (e.g., coffee mornings, see below). It was felt that building connections was facilitated by there being a small group of people on the bus, who were also on their own, and there for the same purpose.

"The friendliness of the drivers, you could have a driver who just sat there, put the radio on, and didn't even speak to you, but their drivers are not like that. You feel as though they're part of your family." – Beneficiary

Community transport was often combined with an organised activity, whereby a bus provided excursions to social events (e.g., coffee mornings, craft activities, and to eat fish and chips), often on a weekly basis. Beneficiaries reported looking forward to these activities, which enabled them to connect with people other than their family and neighbours, build confidence in speaking to new or different people, socialise, and experience eating dinner with others (compared to their usual routine of eating alone). For some, this was supported by meeting different types of people and hearing other opinions; for example, speaking to younger generations about new topics, which was the focus of one activity.

One project supported beneficiaries to maintain existing social connections made outside of the activity, by providing individual trips. This included supporting one beneficiary to attend a carers group and another who visited a friend that they otherwise would not see due to their local bus service being stopped.

As well as providing group transport activities, one pilot (TfWM) provided mobile and static community hubs for people to meet, drink hot beverages, and participate in social activities (e.g., playing board games). While beneficiaries reported finding this helpful to build social connections, none took part in the group transport

activities. According to the overall CMD data for the TfWM pilot, the community transport hub had the most engagement with 72% of beneficiary interactions with the service recorded against that activity. By contrast the door-to-door Community Transport had 22% of total interactions and the Let's Chat community bus had seven per cent. While it is not possible to establish how many beneficiaries took part in both the community hub and community transport, for those who only interacted with the former it is unclear what the role of transport as a mechanism to build social connection was.

"There's loads of people there and they're all friendly. We all chit-chat and they do little games as well, there's a raffle. It's just really nice to be out amongst the people, basically your own age, where you can talk to. It's nice, yes. It's had a lovely impact on my life, it's made me, well, I'm not so isolated now.... it's really made me, so I look forward to our outing tomorrow. I think, ooh, going out tomorrow." – Beneficiary

The qualitative evidence around impact on beneficiary loneliness is limited. Of those beneficiaries who explicitly expressed feeling lonely, impact on their medium-term feelings of loneliness were mixed. Some generally felt more positive about the number and quality of social connections that they had. However, others reported that services provided short term relief through sociability, but often that they returned to feeling lonely while looking forward to the next session and did not have contact with other beneficiaries in between. Many activities were offered weekly and in absence of other services, with some participants experiencing their only social interaction through the project. Of those who did not feel lonely, friends and family often lived close by and alternative service provision (e.g., pensioners clubs) were often available and/or participated in.

"That's one of the nice things about the service, that I've already got new friends, which is lovely. It's nice to be greeted every time you get on the bus. Everybody is very friendly. So it's lovely. We look forward to it now. It's great, yes." – Beneficiary

4.1.2 Travel companionship and advice

Age UK Travelling Companions

According to the overall survey data across the pilot, 43% of respondent beneficiaries reported feeling lonely "often", which fell to 9% at the follow-up timepoint. A statistically significant reduction was also observed across the indirect measures of loneliness. However, as explained in section 2.6, there is low confidence in these results due to the range and extent of limitations regarding the sample and survey implementation. According to CMD data, the overall pilot reached beneficiaries who could be considered at risk of loneliness in terms of older people (average age of 79 years old), of whom 82% reported having at least one disability.

Those interviewed reported wide-ranging limitations to making social connections. These included being reliant on family for transport, low travel and social confidence, being housebound, and the expense of other transport services. Volunteers and beneficiaries expressed that some people had not used public transport and/or not ventured outside of their home or town for an extended period of time, which left them feeling isolated.

"I just felt completely isolated I think and I just needed to get out and I had lost that confidence to get out." – Beneficiary

Travel companionship helped beneficiaries build social connections in a number of ways. This started with the travel companion themselves, where the first activity consisted of a chat to understand beneficiary needs and their interests and build rapport, resulting in an initial increase in social confidence for some. Beneficiaries and volunteers felt that this continued to strengthen with each session, through making journeys together, sharing stories, discovering different areas, and being informed of other available services based on their interests. For

some, social connections were reestablished during companioned trips. This included being recognised by a bus driver they had not seen for a long time who shared their timetable; another beneficiary, reported by a volunteer, reconnected with people they knew at a bus stop and interacted with another bus driver who was an old friend.

During later sessions, some beneficiaries and volunteers both talked about companioned trips to organised activities. These included support groups (e.g., for anxiety), lunch clubs that provided a social hot meal, fitness clubs, bingo, and choirs. Beneficiaries felt that these enabled greater social connections with others through conversation, as well as reconnecting with people they had not seen for a length of time.

“I know I can go to the lunch club every other Wednesday and have a full-cooked meal, meet lots of people, enjoy their company. Going to the fitness club, that's helped me a lot, just sat around chatting.” – Beneficiary

Some beneficiaries continued to use public transport and/or attend activities independently. Of those who did, the project had a lasting impact on some who reported feeling lonely prior to taking part. The resulting social confidence and improved connections led to their reported loneliness being alleviated, as they became more satisfied with the number and quality of local social connections. This included having better relationships with family who they visited using public transport, socialising with neighbours on the bus and feeling closer to them, and attending a choir discovered on the project with a wider group of friends to share the experience. It should be noted, however, that this finding is based on a limited number of interviews and could not be corroborated with other sources.

“When the break came and they were huddled together doing - I don't know - having teas and coffees, they were... Several of these ladies were around her, if you know what I mean, and she was smiling. Her face - it was lovely really, she was involved in conversation.” – Volunteer

Devon County Council: Travel Training

The survey was not completed by the secondary-beneficiaries (i.e., the service users of those trained), nor was CMD data collected for this group. Qualitative evidence on how Devon County Council's Travel Training pilot impacted secondary beneficiaries' social connections and loneliness is limited, albeit available evidence being positive about the pilot's impact. This is due to the small number of interviews conducted, quality and availability of corroborated evidence, and limitations to identifying secondary beneficiaries (i.e., those who trainees engaged with). Those trained did report some anecdotal evidence around how, by applying the training, they were able to engage two of their service users to start using public transport. For one, this resulted in maintaining an existing social connection by visiting a friend once a week, whereas the other joined a gym and established a social connection with the manager there. The project evaluation report by Devon Communities Together also reported that some trainees engaged service users to start using public transport, providing two further successful anecdotal examples around transport use, however the impact this had on social connection and loneliness was not reported.

4.1.3 Group-led activities

Living Streets: Walking Connects

As explained in sections 2.6 and Appendix D, very few (n=25) respondent beneficiaries had complete baseline and beneficiary data. Consequently, it was decided not to conduct a pre and post analysis of the survey findings. It is unclear from the CMD data if the pilot reached demographic groups who are at greater risk of loneliness. For instance, whereas the majority of beneficiaries were female (69%), who are at greater risk of loneliness, the average age was 55 years, which falls within an age group at lower risk of experiencing loneliness. Furthermore, 41% of beneficiaries reported having “No disability” and nearly one third (31%) chose “prefer not to say”;

therefore, the extent to which the pilot reached disabled people (an at-risk group for experiencing chronic loneliness) is unclear.

Beneficiaries of the Walking Connects project reported existing barriers to building social connections, including poor physical and mental health (particularly anxiety and depression), anxiety around socialising after the COVID-19 pandemic, isolation following COVID-19 restrictions, being new to the area, and retirement.

During interviews, beneficiaries in walking groups reported a positive impact on the number and quality of their social connections in different ways. Firstly, the activity gave beneficiaries the opportunity to meet people with different life experiences (e.g., outside of their religious community) and perspectives. Beneficiaries also expressed that regular activities with the same people helped to build deeper social connections over time. For example, one beneficiary started to exchange experiences of living with anxiety with another, deepening the connection they had. In addition, beneficiaries reported that meeting for a hot drink before and/or after the walk, the act of walking itself, and group activities (e.g., reciting their favourite poem, origami, and singing) helped to make new or enhance existing social connections made on the walks.

“Walking is not just simply the physical exercise, it’s the engagement with people which is so important. It’s just been a real pleasure to share my stories and listen to other people’s stories as you’re walking along.” –

Beneficiary

Beneficiaries reported that some social connections continued independently, indicating medium-term impacts. Living Streets’ end of project report found that “comments were made around planning future activities with participants”, and the beneficiaries interviewed as part of the Fund evaluation confirmed that such activities took place. This included a coastal trip with other beneficiaries and meeting for a separate walk with their respective partners. Beneficiaries also reported being invited by others to attend different services (e.g., a church lunch and pensioners club), which they now attend, as well as building the confidence to seek other services out independently (e.g., a bowling club).

“The chat before and afterwards and seeing people that I have seen on a reasonably regular basis. So I think all that is very good for you socially. It’s lifting. I’ve done a bit of exercise, which always makes you feel good. ... It’s a bit like having a neighbour you can go and see if you’re fed up... If I haven’t been out for a couple of days and I’m thinking, oh, it’s the walk on Wednesday, I’ll go for the walk. You see people and they chat to you and that is lifting...I’m seeing people and getting to know them. That’s really pleasant because I’m quite a sociable person so I value getting to know other people and connecting with them.” – **Beneficiary**

There are indicative findings that walking groups improved beneficiaries’ social connections, which, in some cases, alleviated their feelings of loneliness; however, it is unclear how the activity directly applied transportation as a mechanism to alleviate loneliness. While there are indicative findings that the activities encouraged increased independent walking and active travel (see Contribution two findings below), beneficiaries attributed impacts on social connection and loneliness to the walking groups, which centered on leisure, fitness, and building social connections, rather than utility journeys (e.g., to the shops, work, clubs, or school).

Devon County Council: Tarka Line Creatives

There is limited, albeit positive, qualitative evidence that indicates outcomes for beneficiaries feeling of social connection. Beneficiaries reported feeling socially isolated and lonely prior to engaging with the pilot. One beneficiary had moved to the area to live closer to family but found it difficult to meet others; whereas another experienced an injury which impacted their confidence. During interviews, beneficiaries recounted building

social connections with others, which was facilitated by the creative tasks and group leader. For one, the activity made them realise how lonely they were, however they were able to make “very good friends” who they kept in contact with. Another beneficiary made a friend on the activity, whom they now meet once a week and reported being able to openly share their feelings with each other.

4.2 Summary of evidence to support contribution statement two

Contribution statement two: The funding programme enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, **contributed to increased confidence to travel and reduced reported anxiety using public transport among primary beneficiaries.**

There is **weak** evidence to conclude that the Fund contributed to increased confidence to travel and reduced reported anxiety using public transport among primary beneficiaries. This does not mean that the observed impacts were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim. Qualitative evidence indicates that community transport pilots increased travel confidence. It was not the aim of community transport pilots to increase travel awareness and, as expected, no evidence was gathered to support this. The travel companions pilot did show indicative findings that the pilot increased reported travel confidence and reduced anxiety among beneficiaries, with some continuing to travel by bus. However, this could not be corroborated with any other evidence. Some Living Streets project staff, volunteers, and beneficiaries reported feeling more confident walking around their local area, with some doing so for everyday journeys. This was supported by findings from Living Streets’ own evaluation report, including survey data in which there is low confidence (see section 2.6). There was limited evidence available regarding the two Devon Communities Together pilots: Travel Training and Tarka Line Creatives

4.2.1 Community transport

CTG, Let’s Chat; Shencare, Let’s Chat; CTA, Swan Transport; CTA, Nidderdale

There is limited, albeit positive, findings on increased travel confidence. Beneficiaries reported initial low travel confidence regarding public transport and driving. Community transport activities did not aim to increase confidence in these areas, but rather provide a service that beneficiaries felt was more suitable and, in turn, felt more confident using as an alternative. Reported feelings around increased confidence were reported by beneficiaries and volunteers, whereby people felt safer taking the community bus and, in some cases, it was their only viable option to travel due to accessibility needs.

“I think in terms of transport need, I think most of our passengers really rely on community transport because that for them is their only option. It might be that the bus stop is ten minutes’ walk from their house, and they can’t walk ten minutes.” – Volunteer

4.2.2 Travel companions and training

Age UK Travelling Companions

The beneficiaries interviewed reported having low travel confidence prior to project engagement, which was supported anecdotally by volunteers. Beneficiaries felt that the small steps made during each session built their confidence throughout the project (each eligible for up to six sessions), which was facilitated by reflecting on their achievements with the travel companion each time. Generally, increased travel confidence was manifested by using public transport with the travel companion at the start of the project, before progressing to make journeys independently. Other examples include feeling more confident driving to hospital appointments; if public

transport was still inaccessible (e.g., due to a disability) progress was made around active travel, whereby they felt more confident walking to places (e.g., the shops) in the local area. Beneficiaries and volunteers reported that these outcomes had an ongoing impact following pilot engagement.

“I think really [what] made it a success for me was having that programme first where I was out and about with somebody else, building my confidence up. I think that was critical to me actually being able to get on the bus for the first time in 20-odd years on my own, travel.” – Beneficiary

Devon County Council: Travel Training

Evidence on end-beneficiary outcomes around travel confidence and anxiety is limited, particularly as no beneficiaries were interviewed. There is some qualitative anecdotal evidence from those trained, who reported an upturn in their beneficiaries using transport more confidently, which was partly attributed to being taught to use landmarks for orientation and being provided with a travel passport (an orange wallet where beneficiaries can store their maps, travel prompts, travel passes, and tickets).

4.2.3 Group-led activities

Living Streets: Walking Connects

While beneficiaries expressed that the activity itself focused on leisure, fitness, and building social connections (as opposed to utility trips), staff and volunteers reported that some beneficiaries felt more confident to participate in active travel as a result of the walking groups. This was supported by beneficiaries, who reported increased levels of independent walking as a result of the activities, mostly for leisure, and also to make journeys (e.g., to the shops). The Walking Connects end of project report reports survey data that, across the four projects, beneficiaries increased the number of minutes they walked per week by 65%, or by 261 minutes, on average (it is not clear if this is independent of the walking groups they participated in). However, as noted in section 2.6 there is low confidence in these findings due to the small sample size and implementation. Anecdotal feedback from other trainees also suggests that end-beneficiaries built travel confidence and experienced reduced travel anxiety.

Reducing anxiety around using public transport was not an aim of the Walking Connects project. The project did aim to improve understanding of accessibility issues among transport operators and planners through training, which could theoretically result in reduced anxiety among beneficiaries. According to the Walking Connects end of year report this aim was partially met; however, it is unclear what impact this had on beneficiaries' travel anxiety around using public transport, if any.

Devon County Council: Tarka Line Creatives

The limited number of beneficiary interviews indicated some positive outcomes for beneficiary travel confidence. For example, as a result of participating in the pilot, one respondent gained confidence to travel by other modes.

“...because most of us now have a bus pass, and that's something I would never have done on my own, so it's led to other things. Yes, I got an enormous amount from it.” – Beneficiary

4.3 Summary of evidence to support contribution statement three

Contribution statement three: The funding programme enabled pilots to provide people at risk of and/or experiencing loneliness with transport services (such as community transport, travel companionship, and active travel) which, in turn, contributed to increased travel awareness and autonomy among primary beneficiaries.

There is **weak** evidence to conclude that the Fund contributed to increased travel awareness and autonomy among primary beneficiaries. This does not mean that the observed outcomes were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim. There is some indicative evidence that community transport pilots increased beneficiary travel autonomy by visiting familiar places, discovering new places, and attending health appointments; however, this could not be corroborated with any other evidence sources. It was not the aim of community transport pilots to increase travel awareness and, as expected, no evidence was gathered to support this. Regarding travel companionship, there was some indicative qualitative evidence that beneficiary travel autonomy increased through continued use of public transport. Furthermore, volunteers reported that some beneficiaries were less reliant on friends and family for transport as a result of the activity. Small but important steps were also observed towards increased beneficiary travel awareness, such as finding out where the nearest bus stop is. Although positive, these findings were based on a small number of interviews and could not be corroborated with other evidence sources. Increased travel awareness was reported by those Living Streets' beneficiaries who participated in the Community Street Review (CSR) surveys, which made them more aware of barriers to active travel for themselves and others. There was limited evidence available about the two Devon Communities Together pilots (Travel Trainers and Tarka Line Creatives).

4.3.1 Community transport

TfWM, Let's Chat; TfWM, Shencare; CTA, Swan Transport; CTA, Nidderdale

Beneficiaries' existing experiences of transport were varied. Public transport presented challenges around travel autonomy, due to being unreliable (e.g., being cancelled/not turning up), unavailable (e.g., running hours apart and/or only until the early afternoon, local bus routes stopped), unsuitable (e.g., school children on the same bus or uncomfortable experience given health conditions), and impractical (i.e., they did not go where beneficiaries needed them to). Of those beneficiaries who had access to a car, it was reported that this was becoming less of an option due to lack of enjoyment and reluctance to drive. One alternative were taxi services, which were perceived as being highly expensive.

"I don't go out, you see. I'm frightened of falling, of tripping up the kerb. The bus drivers anyway never wait till you sit down. You can just go flying, which I have done a few times." – Beneficiary

The community transport services impacted beneficiaries' travel autonomy in three ways: continued visits to familiar places (e.g., hairdressers, nearby towns, supermarkets), discovering new places (e.g., restaurants and coffee mornings), and attending health appointments. The service supported this by operating at convenient times and took direct routes to nearby towns compared to public transport, giving beneficiaries more time at the destination. Furthermore, the community bus was perceived as safer and easier to use than public transport, due to its door-to-door service alongside drivers who assisted beneficiaries with boarding. Of those beneficiaries who also relied on family for transport, the service enabled them to travel at times that their family were not available (e.g., on weekdays) or in instances where they had moved away. These factors increased beneficiaries' travel autonomy by providing transport that was more convenient, accessible, affordable, and at time when other options (e.g., family) were not available.

“I enjoy it so much and am so grateful that they do have these things, and grateful that I can ring them up and say I need to go to the hospital on the 10th or something, and that they’ll sort out a driver for me.” – Beneficiary

“Because our buses, you don’t have to go to the bus stop or you don’t have to get up a step. All our buses are door-to-door service. All our buses have tail lifts which help people with mobility. So our driver will escort them to the vehicle, get them on to the vehicle, belt them into the vehicle yes.” – Volunteer

Community transport services did not aim to increase travel awareness, but rather provide transport services and social activities. Consequently, no evidence on travel awareness among beneficiaries was gathered, as might be expected.

4.3.2 Travel companions and advice

Age UK: Travelling Companions

Beneficiaries reported having little prior engagement with public transport, ranging from one to 20 years since they last used a bus, with volunteers reporting that some beneficiaries found it difficult to leave their home. Generally, their reason for this was a lack of travel confidence, alongside one beneficiary whose friend they used to travel with had recently died.

The one-to-one travel companion sessions (up to six were provided) were tailored to individual beneficiary needs, identifying an appropriate starting point to increase their travel autonomy. By the end of the sessions, beneficiaries reported increased travel autonomy manifested in different ways. This included continuing to use public transport independently to visit nearby towns, meet friends for coffee, and considering public transport to travel to future medical appointments. Volunteers added that some beneficiaries increased their autonomy through not being so reliant on friends and family to travel, whereas others were able to take new bus routes to different places. One beneficiary with a disability found that public transport was still inaccessible, due to their walker, but reported making progress on walking around the local area, increasing their autonomy when deciding to leave the house.

“I think really made it a success for me was having that programme first where I was out and about with somebody else, building my confidence up. I think that was critical to me actually being able to get on the bus for the first time in 20-odd years on my own, travel.” – Beneficiary

“The first trip, I was really, really nervous, and the second trip, I wasn’t so nervous, and then after the second trip, I started going on my own.” – Beneficiary

Given the starting point for the beneficiaries interviewed, increased travel awareness was evidenced through small, but important, steps. This included being accompanied to where the nearest bus stop was, being given the local bus timetable, being helped with route planning, support in accessing bus passes, and discovering easy walking routes nearby. Beneficiaries perceived these steps as having a positive impact on their travel awareness, with some reporting awareness of where to find information to inform ongoing independent travel.

Devon County Council: Travel Training

Evidence on impacts for primary beneficiary travel awareness and autonomy is limited. Trainees did report that, as a result of the training, they were able to support primary beneficiaries to make successful journeys. Furthermore, the orange travel wallet was perceived to increase beneficiary travel awareness by keeping resources in one place.

4.3.3 Group-led activities

Living Streets: Walking Connects

The project provided training to beneficiaries in Stoke-on-Trent (as well as Wigan and Bolton) so they could conduct Community Street Reviews (CSR), which involved surveying the local walking environment. The beneficiaries volunteered to conduct the reviews in their local area. They did so by using provided prompt cards, which focused on “space and crossing” (i.e., walking comfortably and cross safely), “pavement quality” (i.e., smooth and maintained pavements), “things you need” (i.e., benches, signs, and toilets), “feeling safe” (i.e., walking at night) and “spending time” (i.e., appeal of being outdoors). One CSR-trained beneficiary reported being more aware of potential barriers to walking for themselves and others (e.g., disabled people), while another expressed increased awareness of barriers to active travel for those with sight loss. The Walking Connects end of year report states that the main barriers Stoke-on-Trent street reviewers reported were cleanliness and litter, pavement surfacing, and pavement clutter (including pavement parking). These findings indicate increased beneficiary travel awareness, related specifically to active travel in the local area, as a result of taking part in CSR training and conducting street reviews.

There is indicative evidence that the walking groups impacted beneficiaries travel autonomy. Of those interviewed, they mentioned that walking had become a more viable option as a result of the walking group participation. This was attributed to increased fitness, confidence, and feelings of safety. For example, one beneficiary reported walking to the shops instead of taking the bus, whereas another felt safe and confident to walk along a canal they had not done so before. As stated above, these findings are indicative and could not be corroborated with other evidence.

Devon County Council: Tarka Line Creatives

There was limited evidence from the small number of interviews conducted that the activity increased travel awareness. For example, journeys were organised by the activity and beneficiaries were already aware of, or had, a bus pass. Regarding travel autonomy, one beneficiary reported increased confidence to use public transport made them less reliant on friends and family for lifts, whereas another felt better prepared to use public transport as they become less able to drive which may result in increased travel autonomy in due course.

5. VfM

This section presents findings from the Value for Money (VfM) assessment of four pilots, with project descriptions shown in Table 5.1:

Table 5.1 VfM Pilot Descriptions

Pilot	Brief description of pilot activities
Ride Side-by-Side – Bikeworks	Ride Side-by-side is a pilot delivered by Bikeworks in areas of East and West London. It aimed to address the negative physical and mental impacts of loneliness through providing a ride along e-cycle service, an alternative to typical “dial-a-ride” or taxi services.
Tackling Loneliness through Community Transport (Derbyshire) – Community Transport Association	Eighteen sub-pilots were funded, with the majority focusing on providing community transport services using cars and minibuses. They predominantly supported older people and disabled people in a range of locations across England.
Walking Connects (Wigan) – Living Streets	Living Streets’ pilot, Walking Connects, aimed to encourage walking as a social activity and tackle barriers to walking with the overall aim of reducing loneliness through walking activities and resources. Activities included volunteer-led walks, walking groups, delivering resources to encourage walking, volunteer walk leader training, and support for identifying and addressing barriers to walking in neighbourhoods.
Let’s Chat: Connecting People across the West Midlands (Walsall) – Transport for West Midlands	Pilot activities were composed of three main elements: Mobile community hub units going to deprived communities as somewhere to access advice, assistance, and provide social contact; Community meeting spaces in five local bus stations; and door-to-door transport using community transport minibuses.

The VfM assessment applied a Social Return on Investment (SROI) methodology, drawing on data from the four beneficiary focus groups, one beneficiary interview (Living Streets) and interviews with staff from Walsall Community Transport (WCT) and Community Transport Association (CTA). It is important to note that some of the CTA and WCT focus group participants helped organise pilot activities for specific groups, and they were often speaking on behalf of other beneficiaries. These participants are referred to as ‘beneficiary-organisers’ to avoid confusing them with end-beneficiaries. The aim was to identify the key pilot outcomes and ask beneficiaries to provide a monetary value for these, in combination with existing financial data and that from the CMD. Please see section 2.2 for an outline and Appendix A for a detailed description of the methodology. Recruitment challenges meant that the samples drawn on were smaller than anticipated and, for most pilots, skewed towards frequent users (section 5.1.1 expands on the recruitment challenges faced).

5.1 Outcomes

The staff interviews and beneficiary focus groups enabled collection of data about the key pilot outcomes for beneficiaries. While participants described the outcomes in different ways, the three main outcomes experienced were reduced loneliness, enjoyment from additional transport usage (e.g., getting to new places), and improved health and wellbeing. Further outcomes emerged for some pilots, including local history knowledge (Living Streets), and integrating into the local community (WCT and Living Streets).

5.1.1 Reduction in loneliness

Participants in all four focus groups agreed that reduced loneliness was a key outcome from their respective pilot without being prompted. For instance, beneficiaries of the Ride Side-by-Side pilot described how having conversations with the bicycle activity lead (referred to by the pilot as a “bicycle pilot”) and other beneficiaries reduced their overall loneliness, which in turn had additional benefits such as helping to “cheer them up” and give them “something to look forward to”.

Similarly, WCT beneficiaries who lived alone or were carers for their partners reported that meeting new people had been particularly valuable. Speaking to other beneficiaries also provided new or different perspectives on life, enabling them to discuss problems freely and get advice.

Living Streets beneficiaries expressed that while they did not feel lonely, the pilot helped build wider social connections with others in the local area. Of those who attended the activity with family members, it was perceived as a good bonding experience. Similarly, CTA beneficiary-organisers reported that the pilot helped people engage socially, keep in contact with their friends and family, and gave them something to look forward to. Overall, participants from all four focus groups felt that pilots were helpful to reduce loneliness levels through the use of collective transport, visiting a local destination (e.g., park, shopping centre) as a group, or the opportunity to gather in one of the local hubs.

“Loneliness is a big thing that we’re dealing with these days and the services in Let’s Chat hub are providing for it. It’s a safe space [for beneficiaries], they feel fine here, and they go on to make long-term friendships, which helps them in the long term.” - Beneficiary-organiser

5.1.2 Health and other wellbeing benefits

According to pilot staff and beneficiaries in all four focus groups, health and other wellbeing benefits were a key outcome from the pilot.

WCT staff highlighted examples of beneficiaries building their general confidence through participating in the organised activities. For instance, staff reported that one beneficiary living with post-traumatic stress disorder (PTSD) felt more confident to socialise with other people as a result of the pilot, while another felt confident enough to join the pilot as a volunteer. Furthermore, WCT staff noted that the pilot was particularly helpful for beneficiaries living with mental health challenges (e.g., living with depression), as it provided them with an opportunity to seek advice and share their concerns with people they could trust. It was also mentioned in a focus group by a WCT beneficiary-organiser that some of the activities organised were tailored to the needs of beneficiaries with mental health challenges, and the participants were provided with an additional level of support via extra staff time and an organised mental health support group.

CTA beneficiary-organisers reported that the pilot helped them connect with other people which, in turn, was associated with feelings of hope, optimism, and providing beneficiaries with a sense of identity, meaning, and empowerment. One beneficiary-organiser reported that using the pilot helped beneficiaries with anxiety or mental health challenges build their confidence to go to new places and use public transport. Similarly, a CTA staff member felt that the pilot had a positive impact on beneficiaries’ mental health as it encouraged them to meet new people. Beneficiaries shared with staff that this helped alleviate feelings of loneliness.

“There are a lot of people who suffer from mental health issues in the community, and the support is not there, and they are utilising talking to volunteers who are in a similar situation.” – Staff interviewee

Bikeworks' beneficiaries felt encouraged to leave the house and felt more open to start conversations with new people. One beneficiary mentioned that visiting nature as part of the pilot led to improved mental wellbeing, while another felt more motivated to complete daily tasks after participating. Those who could cycle reported a positive impact on their physical health and that cycling led to improved physical mobility.

Similarly, Living Streets beneficiaries highlighted that the mental health wellbeing benefits from walking were important to them. There are only limited findings to support this as most of the beneficiaries that participated in the focus groups had only engaged with one Living Streets event and are unlikely to have yet observed any long-term mental health benefits.

5.1.3 The value of additional transport usage or modal shift in transport use

Staff interviews identified that beneficiaries of the WCT and CTA pilots had specific transport needs. Some of the WCT beneficiaries were older people and could not access public transport on their own, while others felt reduced confidence to get on a bus by themselves. Furthermore, beneficiaries described the information provided at the WCT hubs as a good reference point for people who previously struggled with finding out more about bus timetables. According to a CTA staff member, beneficiaries also explored parts of the country they could not otherwise visit due to limited accessible transport options. Other perceived barriers to travel mentioned by staff included travel costs and lack of awareness or understanding of how public transport works.

WCT and CTA pilots met beneficiary transport needs by improving their understanding of bus timetables and travel options. Beneficiaries from the two pilots highlighted that organised group traveling helped build their confidence and encouraged them to continue using public transport by themselves.

The value of additional transport usage was also reflected as a key outcome by beneficiaries for two of the four pilots. Bikeworks beneficiaries noted that the bike ride was more flexible than other types of transport and provided them with opportunities to visit new places, such as local parks and gardens. Beneficiaries also reported feeling safe with the pilot team, even when going through busier places during the ride, which helped increase their travel confidence and reduce their travel anxiety. Participants in the CTA focus group felt that the pilot enabled them to visit places that they used to go to when they were younger but were currently unable to visit due to lack of public transport or inability to drive. They explained that public transport availability had been reduced in some rural areas, which affected how often they could use it. The pilot also helped them build their confidence in using transport again after the COVID-19 pandemic.

“But I wouldn’t visit these places at all on my own. I would stay indoors, looking after my wife and then I wouldn’t care about myself.” – Beneficiary

“The people that come to our group, it’s building their confidence up with going to new places and also using transport again, because a lot of them wouldn’t use it, with their anxieties and mental health issues.” – Beneficiary

WCT and Living Streets beneficiaries did not report reaching new places or a modal shift in transport use as an outcome for them.

5.1.4 Wider pilot outcomes

While the three key pilot outcomes (reduced social isolation and/or loneliness, transport, and wellbeing) were mostly cited by beneficiaries, other outcomes were also identified as valuable. For instance, beneficiaries in most of the focus groups (WCT, CTA, Living Streets) mentioned that the pilots helped them integrate better in

the local community, including White British beneficiaries reporting positive interactions with people from other ethnic groups (for Living Streets), and people from minority ethnic backgrounds reporting feeling more integrated in their local communities (CTA and WCT).

A WCT beneficiary-organiser highlighted that the hub made a significant difference for beneficiaries who did not have community connections and enabled them to better understand local community groups, their culture, and their traditions. Similarly, the Living Streets pilot was described as promoting inclusivity for disabled people as the organised walks by the canal enabled wheelchair users to participate. A CTA beneficiary-organiser also mentioned that 11 different minority ethnic groups were taking part in the activities they organised, and it had provided an opportunity for them to meet other community groups.

Finding out more about the local history was another outcome reported by focus group participants. For instance, the CTA pilot enabled beneficiaries to visit local historical areas that were otherwise inaccessible, due to the lack of appropriate transportation. Similarly, Living Streets beneficiaries found it enjoyable to learn more about the local history from people who were knowledgeable and highlighted that the walk was interesting and well led.

Finally, participants in some focus groups (Bikeworks and Living Streets) reported the pilots as being “good fun” and giving them something to look forward to.

5.2 Valuation of outcomes

In each of the focus groups, a Value Game exercise (see Appendix A) was used to collect data on the perceived value of pilots for beneficiaries, their priority outcomes, individual needs, and how valuable the pilot was for specific groups.

There were some challenges to valuing outcomes (see section 5.5). Beneficiaries struggled to compare the value of individual outcomes, perceiving these as interconnected, and consequently most participants provided values for outcomes as a whole. All beneficiaries, other than in the Living Streets focus group, were frequent pilot users and felt that outcomes were cumulative. Therefore, they were asked to provide a valuation of their overall pilot participation (i.e., the total perceived outcome), rather than a single use. The Living Streets participants valued a single use of the pilot.

The valuations below should be interpreted in the context of these challenges. Valuations are presented as indications of the scale of individual valuations of benefits, rather than precise estimates.

5.2.1 Valuation of the pilots as a whole

Beneficiaries from all focus groups tended to provide high valuations of the pilots, which aligns with the number and extent of outcomes reported by beneficiaries above. This could also be related to the fact that most of the focus group participants were regular users of the pilots and had engaged with them multiple times (see Section 5.5.1 below).

Some beneficiaries felt that comparing the outcomes of the pilot with purchasable goods and services was difficult. For instance, some WCT beneficiaries felt that the benefits from the pilot were greater than most things a person could buy.

“The three outcomes that we picked outweigh any material things that you can buy or possess.” – Beneficiary

However, following discussion and explanation of the purpose of the exercise, all participants were able to provide a valuation of outcomes through the Value Game exercise approach.

The table below provides details of the valuations of outcomes provided by beneficiaries through the focus groups, and the average valuation provided per participant.

Table 5.2 Valuations of outcomes from beneficiaries

Pilot	Valuation provided through the Value Game exercise by FG participants	Average valuation per FG participant
Bikeworks	As all beneficiaries were frequent users, they valued their participation as a whole. Perceptions on valuation were very high for all participants. Some beneficiaries felt that their participation was much more valuable to them than a three-day holiday in the UK. Some could not identify a material good more valuable to them, while one felt that it was less valuable than a car. One beneficiary felt that it was similar in value to a three-day holiday.	£1,600 value for frequent users (those who used the service five times or more)
CTA	Beneficiary-organisers valued outcomes on behalf of beneficiaries they organised activities for. They valued all outcomes as a whole as they felt they were too closely linked to value them separately. All were frequent users of the CTA pilot and therefore valued use of the pilot as a whole (rather than a single use). They all agreed that frequent use of CTA activities was slightly more valuable to beneficiaries than a 3-day holiday in the UK.	£620 value for frequent users
WCT	Beneficiaries valued all outcomes as a whole. All were frequent beneficiaries, and they valued their use of the service as a whole. It was felt that the pilot was slightly more valuable to them than a 3-day holiday in the UK. All users were engaging predominantly with the WCT community hubs when describing the outcomes of the pilot and had limited engagement with the organised trips or mobile hubs.	£620 value for frequent users
Living Streets	Beneficiaries again valued all outcomes as a whole, although they felt that the health and wellbeing outcomes were more important to them than social connections and learning about the local history. All beneficiaries were infrequent users so provided a valuation of a single use of the pilot. Three participants felt that using the pilot one time was as valuable to them as a travel card for a month, and one felt that it was more valuable than a smartphone.	£130 value for a single use of the pilot

5.2.2 Value of individual outcomes

Only Living Streets beneficiaries initially ranked the value of individual outcomes in the Value Game exercise, ordering health and wellbeing higher than social connection and learning local history. While the latter two were still perceived as valuable, beneficiaries felt that the enjoyment of most products would be *dependent* on good health and wellbeing. Similarly, the Living Streets beneficiary interviewed mentioned that they would rank the pilot's mental health outcomes highest, even though other benefits, such as physical wellbeing, were also valuable.

Beneficiaries in the other three focus groups found it difficult to rank the value of individual pilot outcomes, as they felt that these were closely interconnected (e.g., that reduced loneliness can contribute to improved wellbeing).

5.3 Deadweight, displacement and drop off

This section discusses findings related to:

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- Deadweight: funding of activities that participants would have done anyway;
 - Displacement: activities that beneficiaries stopped doing to take part in the pilots;
 - Drop off: whether benefits would persist beyond the lifetime of the pilot.

5.3.1 Deadweight and displacement

Beneficiaries in all four focus groups agreed that there was no comparable alternative to the pilot they participated in. Some Bikeworks beneficiaries reported that, prior to the pilot, they used expensive taxi services or Dial-A-Ride transport, which was perceived as less flexible.

Similarly, CTA beneficiaries mentioned that they would have to go back to relying on other public or private transport (e.g., buses or coaches) after the pilot comes to an end, which would be much more expensive for them. A CTA staff interviewee confirmed that they had noticed a drop in usage of CTA's regular-priced day trips, (which were comparable in type but higher in cost than those provided through the pilot) since the pilot was launched and cost was a key consideration for pilot users, so felt this fall was likely attributable to the CTA pilot. Some beneficiaries also experienced anxiety related to their experience of the COVID-19 pandemic, which prevented them from using public transport.

Finally, WCT staff felt that local pilot alternatives either could not meet key beneficiary needs or would be too costly for them. For instance, getting together in cafes or pubs was too expensive for many of the users. While there were other options for accessing information and advice, such as visiting the local library or Citizens' Advice centre, these options did not address beneficiaries' social connection needs.

5.3.2 Longevity

Focus group and interview participants were asked how likely outcomes were to persist beyond the pilots. Some participants found this hypothetical question difficult to answer, and for some participants the question created anxiety about the withdrawal of the service, so only limited data was collected on this point.

According to staff and beneficiaries, some pilot outcomes such as reduced loneliness and improved wellbeing were directly linked to regularly participating in the pilot activities. Consequently, the outcomes were not expected to last beyond the pilot duration. For instance, according to staff interviewees the improved wellbeing associated with wider opportunities to socialise and visit new places was not expected to last long in the absence of other programmes to replace Let's Chat and Tackling Loneliness with Community Transport in the future.

"It's a routine for them, it's a regular routine for some people. If that stopped for whatever reason, I think it would have a negative effect on their wellbeing health-wise." – Staff

Other wider outcomes which were not mentioned above, such as improved confidence, greater motivation, and desire to talk to others, were expected to last beyond pilot duration. Furthermore, staff highlighted that many beneficiaries had built long-term friendships as part of the pilots and expected to continue to keep in touch. For instance, one Living Streets participant mentioned that they expected to continue visiting some of the places covered during the organised walk, and to meet the people that attended it.

"But hopefully it would get everyone into a place where they're able to enjoy other things in their life after one time or two times or three times going there [participating in the pilot]. A bit like therapy; after six sessions, you sit out on the table, and you are able to move on with your life. A little bit like that." – Beneficiary

5.4 Value for money assessment

Beneficiaries' valuations, provided through the Value Game exercise, were used alongside CMD and wider pilot financial data to estimate the aggregated monetary benefits associated with each pilot. Where possible, these aggregate benefits were compared to the aggregate costs of running the pilot, forming an assessment of value for money or 'Benefit to Cost Ratio' (BCR). It is also relevant to compare aggregate benefits to recurrent costs, which are the costs that would be required to continue running the programme (such as staff costs) after the initial outlay on 'capital costs' (such as purchasing of equipment).

The valuations shown in table 5.3 were used to estimate a 'central estimate' of aggregate benefits. The central estimate provides a best estimation of aggregate benefits on the basis of the data available but recognises the uncertainty around this estimate and that there is a roughly equal chance that aggregate benefits were either higher or lower than this estimate. The central estimate of aggregate benefits to beneficiaries of the Bikeworks pilot is slightly lower than the costs of running the pilot, implying a BCR of 0.87. The aggregate benefits also exceeded the recurrent costs of the pilot, demonstrating that value for money may improve if the pilot were continued (since capital costs would be lower in future years). However, there is substantial uncertainty around this estimate, due to several assumptions being made to estimate the aggregate costs (all assumptions are fully detailed in Appendix A). Due to this uncertainty, sensitivity analysis was conducted to estimate BCRs under alternative assumptions, which is fully detailed in Appendix A.

Given the uncertainty around aggregate benefits, calculating switching values can be a useful way to understand how likely it is that, in reality, aggregate benefits outweigh aggregate costs. A switching value is the value that the benefit required per frequent user would need to be for aggregate benefits to exceed aggregate costs for the pilot. For the Bikeworks pilot, the switching value is £1,840, which is only slightly larger than the central estimate of the benefit per frequent user of £1,600, which suggests it is certainly possible that aggregate benefits exceeded aggregate costs for the pilot.

A comparison of benefits and costs for the CTA pilot suggests, on the basis of the data collected and the analysis conducted, this provided lower VfM than Bikeworks. The central estimate implies a BCR of just 0.23. The two main drivers of the lower BCR for the CTA pilot were (i) the lower valuation of benefits provided through the Value Game exercise approach for CTA than Bikeworks, despite CTA participants still finding the pilot very valuable, and (ii) high costs per frequent and non-frequent users for the CTA pilot. However, note that the latter is dependent on CMD data provided by the CTA pilot, and any undercounting of users in this data would lead to an underestimate of the BCR. The implied switching value of £2,700 is much larger than the central estimate of the benefit per frequent user of £620. On the basis of these calculations, the aggregate benefits did not exceed the aggregate costs for the CTA pilot.

However, it must be stressed that there is considerable uncertainty around these estimates, since the valuation of benefits is based on the results of the Value Game exercise approach with a small number of participants. In addition, the estimates of aggregate benefits and of switching values are dependent on the number of frequent and infrequent users identified by the CMD data provided by the pilot. Any undercounting of beneficiaries in this data would lead to an underestimate of aggregate benefits and an overestimate of the switching value. For example, if the CTA pilot reached double the number of beneficiaries as counted in the CMD data then the central estimate of the BCR would increase to 0.46 and the switching value fall to £1,350. Please see table 5.3 below for the comparison of aggregate costs and estimated benefits for each pilot:

Table 5.3 Comparison of aggregate costs and estimated benefits for each pilot.

Pilot	Spend on pilot (£000s)	Estimated aggregate benefits to participants (£000s)	Switching value = benefit required per frequent user for benefits to exceed costs	Overall number of users for each pilot
Bikeworks (London)	349	304	£1,840	871
CTA	498	114	£2,700	2141
WCT: Let's Chat (Walsall)	Unknown*	368	n/a	2331
Living Streets in Wigan	Unknown*	70	n/a	350

It was not possible to provide a VfM assessment for the Living Streets or WCT pilots. At the start of the evaluation period it was anticipated that financial data would be provided for each sub-pilot. However, in the final financial data provided, only financial data for the pilots as a whole was shared. As the evaluation team did not have access to specific sub-pilot data that was required for the VfM assessment, only for the national-level pilots, it was therefore not possible to assess the size of aggregate benefits relative to cost.

For Bikeworks and CTA, the cost and benefit estimates relate to activities across all pilot sites (for Bikeworks across several Boroughs in East London and for CTA across all pilots nationally), since it was considered that the activities across similar areas were sufficiently similar to aggregate benefits across them. While Living Streets also conducted similar activities in different areas of the country, there were large differences in the average frequency of use of participants across areas, and therefore it was felt that there would be too much uncertainty that the size of benefits would be constant across areas to estimate aggregate national benefits.

5.5 Reflections on SROI approach

Assessing VfM for each of the pilots was challenging, given that the main beneficiary outcomes relate to wellbeing benefits, such as reduced loneliness and improved mental and physical health. SROI was chosen to provide a flexible approach that can capture a wide range of outcomes, including wellbeing. However, the experience of conducting an SROI approach for this evaluation demonstrates that these benefits remain difficult to measure and to attach a monetary value to outcomes, whichever approach is taken, for the reasons set out below.

5.5.1 Recruitment challenges

Participant recruitment was a challenge, as each of the selected pilots had only shared contact details for a few participants, resulting in a small participant sample for the focus groups. The achieved samples fell below the intended size for each pilot, which was six to eight participants (see Appendix A for achieved sample).

Due to the small sample size, it was impossible to compare participant responses according to frequency of engagement with the pilot. Some beneficiaries declined to participate in the focus groups, citing their infrequent participation in pilot activities.

A common limitation of focus groups is that it is difficult to ensure a representative sample. For that reason, there is a strong risk of a selection bias towards beneficiaries who were frequent users and more engaged in the pilot activities, and who were more likely to still be in touch with the organisations. Due to their higher engagement, it is likely the participants provided higher valuations of the pilots. However, a quantitative survey approach would have faced a similar challenge, since there would have remained the underlying issue of not

having a sufficient pool of participants with contact details from which to draw a sample that would be reflective of the population who participated in the pilots.

Providing a full VfM assessment was further complicated by pilot survey data collection being more limited than expected. The original intention was to triangulate findings from the focus groups with information from pilots' survey data collection, including on self-reported loneliness measures, however this data was rarely collected. Consequently, the VfM assessment for each pilot had to rely heavily on the qualitative data.

5.5.2 Valuing outcomes

Many participants found it challenging to compare non-material wellbeing outcomes to material products and services, although with some explanation through the Value Game exercise all participants were able to provide a valuation that informed the VfM assessment.

The original intention was for participants to provide a valuation of each outcome of the pilot separately. For example, a separate value for the reduction in loneliness experienced to the value of improved physical health. However, participants perceived these outcomes as too closely linked to separate out their value from each other. Focus groups therefore explored valuing all outcomes from the pilot as a whole, meaning it was not possible to provide separate valuations of each type of benefit as originally intended.

Participants also tended towards high valuations and described reduced loneliness or improved wellbeing as 'invaluable', with some participants describing these outcomes as more valuable than any material goods. To some extent these high valuations are likely to reflect the value of improved wellbeing outcomes, and many beneficiaries described such changes vividly in the focus groups. However, high valuations may also reflect that the Value Game exercise approach is a *stated preference* approach to valuation, due to 'hypothetical bias' (i.e., the value ascribed is hypothetical and therefore may not reflect participants' actual willingness to pay for the service).

5.5.3 Comparison with alternative VfM approaches

Other methods that were considered at scoping stage were impractical, such as valuing changes in loneliness based on the wellbeing approach developed by Fujiwara (2013)⁹ and applied to loneliness by Peytrignet et al. (2020)¹⁰. This was ruled out due to concerns about the very high monetary value attached to changes in loneliness. The planned survey data collection by pilots, that was necessary for this approach, was not conducted as intended and so this approach would have proved infeasible.

A stated preference survey approach was ruled out on the basis that it would have been difficult to reach a sufficient sample of users through a survey. The difficulties of reaching participants for the focus groups demonstrates that this would have proved unfeasible (the HM Treasury Green Book recommends a minimum sample size of around 250 for a stated preference survey).

The SROI approach did prove feasible, albeit with challenges outlined above. It was possible to identify and value outcomes with beneficiaries using the Value Game exercise approach, whereby all participants identified outcomes and a valuation. This demonstrates that SROI may be a feasible approach for similar programmes of

⁹ Fujiwara, D. (2013) *A general method for valuing non-market goods using wellbeing data: three-stage wellbeing valuation*. CEP Discussion Papers (CEPDP1233). London: London School of Economics and Political Science. Centre for Economic Performance.

¹⁰ Peytrignet, S. et al (2020) *Loneliness monetisation report. Analysis for the Department for Digital, Culture, Media & Sport*. London: Simetrica Jacobs.

work if challenges are addressed, potentially providing a reasonable alternative to traditional Cost-Benefit Analysis approaches in the absence of quantitative survey data.

5.5.4 Lessons for applying the SROI approach for future projects

The experience from applying the SROI approach to evaluate VfM for these pilots provides several lessons for evaluating future projects:

- It would be helpful to gather permission for participation from beneficiaries early on, including consent for sharing contact details with an evaluator, to improve the chances of reaching intended samples;
- Ideally, qualitative data collection should be complemented by quantitative data collection – which could include pre- and post- measures for key outcomes (e.g., changes in loneliness) and/or traditional Cost-Benefit Analysis Stated Preference approaches – to inform the triangulation of findings, rather than relying too heavily on qualitative data collection alone;
- Data collection on benefits should be done at the same geographical scale as the data that will be available on costs. For example, if only aggregate data on national costs will be available, then data collection on benefits needs to be conducted to enable an estimate of benefits at a national level rather than for specific local pilots; and
- Valuing wellbeing outcomes is a challenge for all stated preference approaches (i.e., asking people how much they would hypothetically pay for something) since hypothetical bias may lead to an overestimation of the value of outcomes. Revealed preference approaches may provide better estimates of the actual value that participants place on outcomes where they can be applied. However, a revealed preference approach would be very difficult to apply to these pilots as beneficiaries did not incur non-financial costs to participate in them (for example, the costs of travel to participate in activity is frequently used to estimate people's willingness to pay for it, but that approach would not be possible here).

6. Conclusion and lessons learned

This concluding section brings together findings from the process evaluation alongside relevant lessons learned, the theory-based impact evaluation, VfM assessment, and learnings from the evaluation process.

6.1 Experience of the application and funding process

The Fund aimed to understand how transport could potentially help to tackle loneliness, while developing the relevant evidence base. This provided an opportunity for organisations to trial new ways of working, either via including an element of transport into interventions or by reaching new beneficiary groups in different ways.

A greater number of Expressions of Interest (EOIs) were received than DfT expected (n=248), which were subjected to a partial review to identify 50 for a more in-depth review, before selecting 12 to progress to the business case stage. DfT then worked collaboratively with pilots to develop a business case. DfT staff suggested that additional or tighter criteria, such as setting a minimum project value, could have helped reduce the number of applications. While pilots felt positively about the application stages, particularly around communication from DfT, some reported that the amount of data required for the business case was disproportionate to the EOI.

Key lessons learned regarding the application and funding process include:

- Pilots were positive about DfT's management style and communication, particularly around responding flexibly to required adaptations;
- Although the programme was designed to attract a wide range of pilots, the scope of work for future programmes could be more focused around specific transport typologies or ways of working. This would ensure that the application process is manageable.

6.2 Pilot implementation

Partnerships were essential for reaching target beneficiaries, providing additional capacity and training, and for adding value to activities, particularly by making them more accessible or tailored to the needs of beneficiaries. While some pilots successfully started to deliver activities quickly, often employing a tried and tested partnership approach (e.g., with community groups VCSE networks, and local councils), many experienced delays to their intended start dates. This was attributed to setup challenges related to procurement and establishing new partnerships, whereas existing partnerships were often quicker to leverage and were more effective in the time pilots had to deliver activities.

Some pilots reported that the overall delivery timeline was insufficient to meet their intended targets and outcomes, which were set in the business case stage. This was, in part, reported to be as a result of delays, particularly in the setup phase for pilots trialling new approaches leaving them with a reduced period for delivery. Many pilots felt that activities had just gained momentum as the closedown period had started, impacting their ability to meet objectives, which is a notion supported by DfT staff interviewees. The decision to extend pilot

activities from May to July was welcomed. However, making this decision in mid-May 2023, resulted in some pilots being unable to take full advantage of the extension.

Many pilots highlighted that building peoples' confidence to use transport (often affected by the COVID-19 pandemic) was an essential prerequisite to engaging them in activities. Pilots worked with socially isolated beneficiaries, some of whom had not left their homes for long periods due to illness, frailty, poor mental health, lack of public transport options, or geographical location. This often required extended time to build trust with beneficiaries as part of the onboarding process.

Community transport activities enabled beneficiaries to feel safe while using transport and catered to special needs. This suggests the importance of community transport to fulfill the unmet needs left by public and private transport, emphasising the value of the relationships built with drivers and the support provided for those with additional needs, including disabled people. Other external factors that affected the delivery and outcomes of the Fund included, but may not be limited to, shortage of staff and volunteers, and seasonality (see section 6.3).

Key lessons learned regarding implementation:

- A tried and tested partnership approach, which can leverage existing local networks, can enable pilots to set up and start delivery quickly; and
- Programmes that aim to reduce loneliness in new and innovative ways should factor in additional time for setup, identification and mitigation of potential risks, and should build in additional continuous support for grantees through the life of the programme.
- The requirement for implementing extensions should be monitored, identified and decided on as early as possible to maximise effectiveness. For example, by building in and agreeing on the decision process at the start of the project to encourage a streamlined approach.

6.3 Reaching beneficiaries

As well as reaching beneficiaries through partnerships, pilots did so through marketing campaigns, community outreach, and targeting recruitment at specific community organisations (e.g., churches and women's groups). The stigma around loneliness was a challenge to this type of recruitment as it was perceived to dissuade participation, which, in one instance, was mitigated through re-branding activities as opportunities for social engagement. In addition, some pilots experienced lower than expected engagement during the early implementation period, which was partly attributed to cold weather during winter months.

According to the CMD data, almost one third (31%) of the original number of target beneficiaries specified in pilots' business cases were reached. While Community Rail, Leeds Older People Forum, and Living Streets overachieved their respective target beneficiary numbers (by 206%, 128%, and 156%, respectively), the remaining six pilots that collected relevant data reached between 7% and 89% of their targeted beneficiary numbers. Pilots reported a range of challenges in recruiting beneficiaries, especially for those they considered vulnerable, resulting in adaptations being made to accommodate needs and the required time to build trust. While some pilots adapted their approach to focus on delivering more meaningful services to fewer beneficiaries, it was also reported that initial beneficiary targets were in some cases optimistic. According to CMD data, the two months delivery extension enabled many pilots to increase beneficiary numbers by between 16% and 51% of their overall proportion.

The overall type of beneficiaries that pilots reached tended to be older (46% were over 70 years old), female (63%) and White (75%). This trend was found in all but two pilots, Community Rail and Volunteering Matters,

whereby beneficiaries were younger (average age 17 and 28 years older, respectively) and a more even gender split was observed. It should be noted that this might be expected, given that the majority of pilots targeted older beneficiary groups, whereas Community Rail and Volunteering Matters focused on younger people. Disabled beneficiaries living with one or more health conditions were also reached across the fund (54%). Some of these groups, particularly women and disabled people, are at higher risk of reporting loneliness; however, the most at risk age group as identified by previous research¹¹ was underrepresented, with only 21% of the overall beneficiaries aged 39 and younger.

Key lessons learned for reaching different types of beneficiaries:

- When running transport activities, it may be most beneficial to start delivery in summer months rather than winter months, as it can be more difficult to achieve initial engagement with people during winter; and
- To support someone who is chronically lonely, interventions require extensive relationship building activities and are therefore much more resource-intensive, time for which should be built into project planning.
- Future projects should consider the greater lead time required to set up pilots, especially those working with new partners and working with people considered to be vulnerable, alongside the seasonality of the delivery period (i.e., starting delivery in Spring).

6.4 The contribution pilot activities made to observed loneliness and transport outcomes

A theory-based impact evaluation was conducted with a sub-set of pilots. This assessed if inferences could be made whether the pilots made a difference and contributed to the impacts observed. The impacts, assessed through contribution statements, were increased social connection, reduced feelings of loneliness, increased travel confidence, reduced travel anxiety, increased travel awareness, and increased travel autonomy. While some beneficiary impacts were observed, the evidence often relied heavily on one evidence source and could not be corroborated with other quality sources, resulting in a weak evidence assessment for all contribution statements. Firstly, the small sample sizes and ways by which pilot survey data was collected, resulted in either low confidence of findings or being unable to analyse the data. Secondly, pilots' own evaluations varied in type, quality, and outcomes, which hindered the ability to corroborate evidence. Thirdly, case study interviews experienced beneficiary recruitment challenges which were, in part, due to concurrent fieldwork activities with pilots, resulting in a smaller than expected sample size. This does not mean that the observed impacts were not positive, or that the Fund specifically did not have an impact on beneficiaries, but that the level of available evidence is not sufficient to make a causal claim. Please see section 6.6 for lessons learned regarding monitoring and evaluation.

6.5 To what extent pilot activities delivered Value for Money

The SROI approach provided a value per user metric for four pilot projects: Bikeworks; CTA; Living Streets; and WCT. Respectively, these valuations were £1,600 for a frequent beneficiary, £620 for a frequent beneficiary, £130 for an infrequent user, and £620 for a frequent beneficiary. These metrics are based on valuations of benefits that beneficiaries provided themselves during the Value Game exercise.

The VFM approach relied primarily on qualitative information collected from beneficiaries through focus group discussions and interviews to provide a monetary value of benefits. The intention of the approach was to triangulate these qualitative findings with pilot level survey measures on loneliness and other outcomes.

¹¹ DCMS (2022), Investigating factors associated with loneliness in adults in England. Available at: <https://www.gov.uk/government/publications/factors-associated-with-loneliness-in-adults-in-england/investigating-factors-associated-with-loneliness-in-adults-in-england>

Using SROI to value the beneficiary outcomes and comparing this to the total cost of each pilot (BCR), it was possible to provide a VfM assessment for Bikeworks and CTA. The BCR for Bikeworks in London was 0.87. The same ratio for CTA was 0.23. This implies that the costs of these pilots outweighed their benefits¹². These valuations and ratios should be used with caution because it is likely that the ratios would improve over time (e.g., because capital costs reduce), but also due to the low quality of available data. It was not possible to assess the BCR for Living Streets and WCT, due to the approach taken focusing on specific sub-pilots of these national pilots, whereas cost data was only available for the national level pilots.

6.6 Learnings for future monitoring and evaluation activities for similar projects

A key lesson learned for future evaluations is to commence evaluation planning earlier. Due to the tight timescales for delivery, scoping work for the evaluation commenced after pilots had received grants and were in the set-up process. As a result, pilots reported difficulties in understanding what data on which outcomes to collect and how to collect them, with further concerns reported around collecting data that is disproportionate to the offered activity, particularly those which are one off or ad-hoc. The evaluators were also unable to provide evaluation advice and guidance during the pilot selection process. Organisations applying for pilot funding had built individual pilot-level evaluation plans into their business cases, in part because evaluability was one of the criteria against which funding proposals were to be assessed. At the time the Fund evaluation plan had been confirmed (December 2022), pilots had started to implement their own evaluation plans as delivery was due to end in May 2023. This limited the influence the evaluators had on surveys, outcomes to measure, and fieldwork that would have informed the corroboration of evidence. It is recommended that, where possible, future funds build in time to involve evaluators earlier to assess the objectives of the Fund, identify evaluation questions, and set a common set of outcome measures.

There were also difficulties in recruiting beneficiaries for interviews, which was due to fieldwork being conducted concurrently with pilots' own evaluations and the lower-than-expected number of beneficiaries reached. It is recommended that, where possible, future funds align the timing of fund-level and pilot-level evaluation design to limit competition for beneficiary interviews, beneficiary burden and support complementary approaches.

There were also several challenges to conducting the VfM assessment, however SROI may still work well as a VfM approach in similar contexts. Where VfM is required, funders should consider a number of factors in pilot design early on, including the need for strong quantitative and cost data. In addition, care should be taken when choosing whether to use stated preferences or revealed preferences to estimate the value of outcomes. Whilst not feasible for the Tackling Loneliness with Transport pilots (see section 5.5.4 for discussion), revealed preference approaches may be employed for similar pilots where participants incur non-financial costs to participate, such as time taken to travel or to enroll in a pilot. Where a revealed preference approaches is infeasible, a stated preference approach is likely to be required and minimising hypothetical bias is likely to be the key methodological consideration. See Fujiwara and Campbell (2011) for further discussion of managing hypothetical bias.¹³

¹² A BCR of <1.0 implies that the costs outweighed the benefits in the analysis; whereas a BCR >1.0 implies that benefits outweighed the costs

¹³ -Fujiwara, D. and Campbell, R. (2011). Valuation Techniques for Social Cost-Benefit Analysis: Stated Preference, Revealed Preference and Subjective Well-Being Approaches, A Discussion of the Current Issues. HM Treasury. https://assets.publishing.service.gov.uk/media/5a7b9e3be5274a7318b8fd4c/greenbook_valuationtechniques.pdf [accessed 21/03/24]

