

WP3: Setting the baseline and measuring results



WP3: Setting the baseline and measuring results; evaluation: pre-defining areas for consideration

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Contents

1	Introduction	3
2	Part 1 - Preparation	3
2.1	How the I2I partners have worked together to develop baseline indicators.....	3
2.2	Measurements Across Regions - Getting a Baseline.....	4
2.3	Baseline Data collection approaches:	6
2.3.1	Indicator 1: Number of involved citizens (in community or neighbourhood) feeling less lonely or isolated.....	6
2.3.2	Indicator 2: Improved efficiency of delivery of public social services in order to improve social inclusion and counteract loneliness in NSR communities and neighbourhoods .	11
2.3.3	Indicator 3: Improved innovation capacity of the public sector to generate innovation demand and innovative solutions to combat social exclusion	12
3	Part 2 - Implementation of baseline and evaluation surveys	14
4	Part 3 - Approach to transnational results	23
5	Conclusion	26
6	References	26
7	Appendices	29

1 Introduction

Abertay University is the WP lead for WP3. The purpose of WP3 is to determine the impact of the activities, new interventions, and services developed and implemented during the lifespan of the I2I project. This report provides an evaluation of the results of the surveys and interviews combined for all partners at the start of project activities, providing a baseline for the I2I interventions. Abertay coordinated with all I2I partners to develop approaches for baseline data collection and the collation of this report. Approaches and results reported in this Baseline Report will be the basis of the Evaluation Survey Report at the end of the I2I project.

2 Part 1 - Preparation

2.1 How the I2I partners have worked together to develop baseline indicators

Abertay has been working with each partner to develop an integrated approach to ensure the outcomes of each partner can be reported transnationally as well as for each individual area. Several WP3 sessions were held with the partners to ensure the evaluation tools were fit for purpose and suitable for all partners. To this end, all partners were involved in the creation of the survey approaches and development of interview questions.

Working groups were established in the first 6 months to establish how the surveys and interview questions will be prepared. This was achieved with the help of specific stakeholders with knowledge of surveys and the types of questions required to elicit feedback regarding isolation and social exclusion. The key expert stakeholders that initially worked with Abertay during this phase of the project included Region Värmland and the Campaign to end Loneliness (CEL).

The Abertay Team have had weekly meetings around indicator development and providing support for I2I partners' survey / questionnaire development and application. The I2I partners were also supported on the WP3 channel in MS TEAMS (useful information and chats) and from direct partner emails including drop-in sessions to assist with developing surveys and choosing the appropriate number and style of questions to be included in questionnaires. This also allowed partners to share their practice, contribute to the definition of Baseline Indicators and support and inspire each other to define data collection strategies for the surveys and interviews.

The surveys and interview approaches were then finalised for all partners to use directly or adapt as required for their specific target audience. Application of this approach, together with WP 4 and WP5 activities in the first year of the project provided the content for the following Baseline Report.

2.2 Measurements Across Regions - Getting a Baseline

The following result indicators were defined by the partners for I2I (Table 1). Result indicators 2 and 3 were defined at the project application stage with Indicator 1 developed following feedback from the Interreg Europe Joint Secretariat (JS).

Table 1 Result Indicators

1	Number of involved citizens in (neighbourhood) interventions feeling less lonely/isolated
2	Improved efficiency of delivery of public social services in order to improve social inclusion and counteract loneliness in NSR communities/neighbourhoods
3	Improved innovation capacity of the public sector to generate innovation demand and innovative solutions to combat social exclusion

The project partners jointly approached development of indicators with the following questions in mind to achieve JS intervention logic project outputs and results (Figure 1).

- How will we ensure that we can compare and contrast the evidence of our innovations ?
- How will we obtain baseline measurements?
- Is it feasible to stick to the same measurements across the different stakeholder Pilot projects?
- Will there be enough data to enable us to link to Economic Measurements and potential cost savings?

Programme specific objective

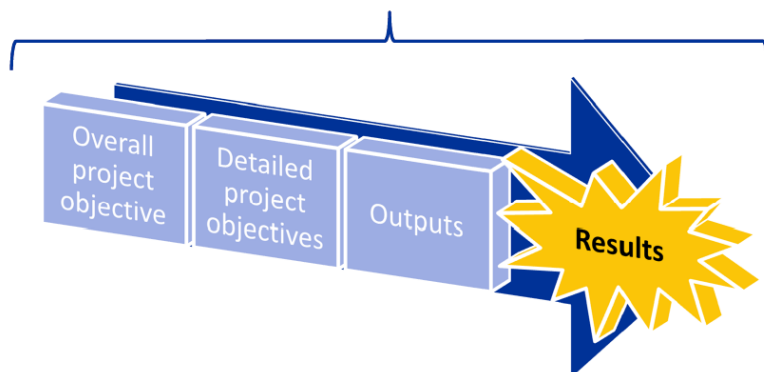


Figure 1 JS intervention logic – Results

From these questions, it was evident at the outset that we needed a strategy which ensured the tools are suited to all I2I partners across the North Sea Region. Key stakeholders from all project partners were involved in the creation of the evaluation tools.

Baseline measurements were then obtained by individual partners in the project using the co-developed evaluation tools. This was planned for the first 12 months for the project, however due to the Covid pandemic, due to the nature of target groups and planned activities, some partners had to delay stakeholder interactions and data collection. The premise of applying the evaluation tools is that they would be applied again, either at the end of an individual intervention or the end of the I2I project to measure the effectiveness of an intervention in meeting the desired outcomes.

Through the development of the approach during working groups, the partners planned the activities where baseline measurement could be applied. Stakeholder and neighbourhood analysis helped to identify who the users of the service were. Setting the scope activities and cocreation sessions helped identify and provide baseline information (Figure 2).

- The stakeholder analysis was designed to collect data for indicator 1
- The neighbourhood analysis was designed to collect data for Indicator 2
- The cocreation sessions were designed to collect data for Indicator 3

Timing – indication activities

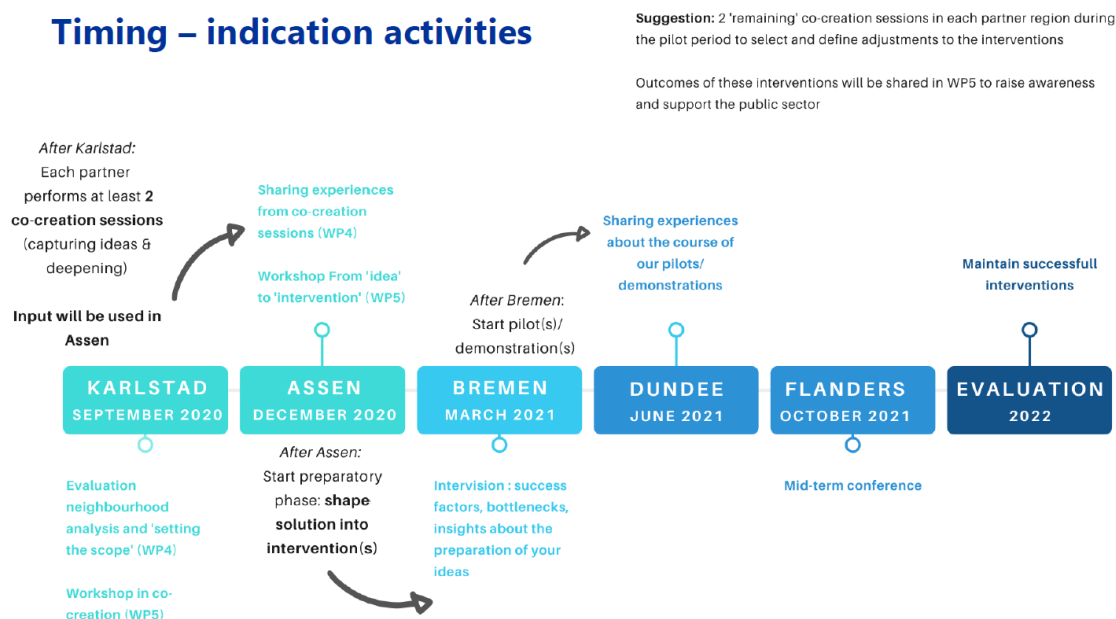


Figure 2 WP3 data collection relationship with setting the scope and codesign activities

2.3 Baseline Data collection approaches:

To effectively collect baseline and end data we needed to determine when to undertake a survey and what type of approach should be used. The following timelines were identified as data collection points over the timescale of the I2I project.

- At the start of the intervention
- At the co-creation sessions developing the interventions/implementation
- At the end of an individual intervention or the I2I project

2.3.1 Indicator 1: Number of involved citizens (in community or neighbourhood) feeling less lonely or isolated

Result indicator 1 will be measured as a number. This will be the number of citizens feeling less lonely or isolated following the successful implementation of a new intervention or service – how these feelings changed over time i.e., before and after the intervention. This indicator requires questions that examine feelings of loneliness or isolation at a personal level.

There were a number of Ethical Issues that required consideration by the I2I partners before data collection could begin as taking part in research on loneliness may highlight the fact that people are

lonely and worsen wellbeing. (i.e., especially for control groups or those not participating in any positive interventions).

- Links were provided to relevant support services i.e., <https://www.thesilverline.org.uk/> (a free confidential helpline providing information, friendship and support for older people in the UK)
- Reference was made to useful articles such as Barbosa, Neves & Sayago (2019): Unintended consequences conducting ethical sociotechnical research with / for older people
- Reference was also made to Useful Guides for public service providers developing measurement Indicators for loneliness such as: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/measuringlonelinessguidanceforuseofthenationalindicatorsonsurveys>

One of the challenges was to select a preferred framework for partners to follow. Four frameworks or tools were explored: 1/ The Campaign to End Loneliness (CEL) tool; 2/ The De Jong Gierveld 6-Items of Loneliness Scale; 3/ the UCLA 3-Items of Loneliness Scale; or 4/ a single item scale.

There were already several reviews of these tools available such as the CEL comparison (CEL, 2015) as shown in Figure 3 where the different tools' strengths and limitations depending on context and circumstance were presented at a partner workshop.

Which tool to use?

Comparison from CEL

Useful for academic comparisons with other projects/interventions

The Campaign to End Loneliness Measurement Tool Scale 1

Length: 3 Questions
 Language: Positive wording
 Initially developed for: Service providers
 Does it mention loneliness? No
 This scale is for you if: you want a short and sensitively-worded tool that is easy to use.

De Jong Gierveld Loneliness Scale Scale 2

Length: 6 Questions
 Language: Mixes positive and negative wording
 Initially developed for: Researchers
 Does it mention loneliness? No
 This scale is for you if: you want an academically rigorous tool that distinguishes between different causes of loneliness.

Elise/Gwen using a slightly shortened version of this

The UCLA Loneliness Scale Scale 3

Length: 3 Questions
 Language: Negative wording
 Initially developed for: Service providers
 Does it mention loneliness? No
 This scale is for you if: you want a short and academically rigorous tool, with a simple scoring system.

Single-Item 'Scales' Scale 4

Length: 1 Question
 Language: Negative wording
 Initially developed for: Researchers
 Does it mention loneliness? Yes
 This scale is for you if: you want to get to the heart of the issue with just one question.

Short & to the point

Figure 3 Comparison of loneliness frameworks (Source Campaign to End Loneliness, 2015)

1. The Campaign to End Loneliness Tool contains 3 Questions related to loneliness / isolation

These questions are positively / sensitively worded designed to be non-intrusive for a wide range of service users and unlikely to cause any embarrassment. The questions also help build up a rapport in face-to-face interview situations. Example survey questions used by Abertay University are provided in appendix 1.

1. I am content with my friendships and relationships
2. I have enough people I feel comfortable asking for help at any time
3. My relationships are as satisfying as I would want them to be

To provide a score and interpret the results for this tool: for each question, respondents are asked to give one of the following answers: Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree / Don't Know

Using this scale: responses are scored as follows: Strongly disagree = 4; Disagree = 3; Neutral = 2; Agree = 1; Strongly agree = 0.

The scores for each individual question are then added together. This gives a possible range of scores from 0 to 12, which are read as follows:



2. The UCLA 3 Items of Loneliness Scale

This scale measures personal relations, social connectedness, and self-perceptions of isolation. The questions use negative wording that may be difficult to ask. We recommended that questions could be rephrased slightly so that they did not seem so negative (indicated in brackets below). Example survey questions used by the University of Agder are provided in appendix 2.

1. How often do you feel that you lack companionship? (Do you ever feel like you lack company?)
2. How often do you feel left out? (Do you ever feel left out?)
3. How often do you feel isolated from others? (Do you ever feel isolated?)

This scale uses three response categories: Hardly ever; Some of the time; Often

Using this scale, responses are scored as follows: hardly ever = 1; some of the time =2; often = 3.

The scores for each individual question can be added together to give a range of scores from 3 to 9.

Researchers group people who score 3 – 5 as “not lonely” and people who score 6 – 9 as “lonely”.



3. The De Jong Gierveld 6-Items of Loneliness Scale

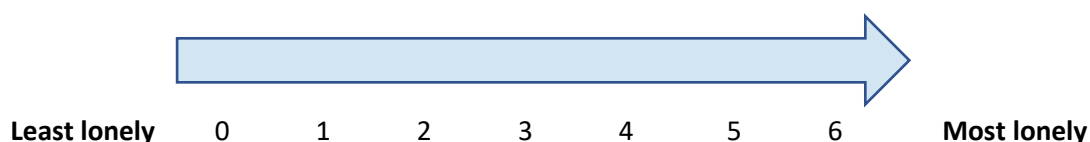
This scale provides statements related to emotional loneliness (EL) i.e., missing close relationships and social loneliness (SL) i.e., missing a wider social network. These questions have been developed for academia (as opposed to service providers) for large population surveys and like UCLA uses negative wording that may be difficult to ask. The number of questions are also viewed as a limitation. Example survey questions used by Bremen are provided in appendix 3.

1. I experience a general sense of emptiness [EL]
2. I miss having people around me [EL]
3. I often feel rejected [EL]
4. There are plenty of people I can rely on when I have problems [SL]
5. There are many people I can trust completely [SL]
6. There are enough people I feel close to [SL]

The scale uses three response categories: Yes; More or less; No

Using this scale, responses to the negative, emotional loneliness questions (1-3) are scored as follows: Yes = 1; More or less = 1; No = 0 and responses to the positive, social loneliness questions (4-6) are scored as follows: Yes = 0; More or less = 1; No = 1.

The scores can be divided into individual emotional (EL) or social loneliness (SL) scores (a range of 0-3) for each scale or added together to provide a range from 0-6.



4. Direct Single Question:

This type of question asks directly for an individual's own assessment of how lonely they feel. This measure is often used in academia and there are several variant questions on this theme:

- How often do you feel lonely?

The scale uses three response categories: Hardly ever or never; Some of the time; Often.

Following working group consultations, it was agreed that each partner could use any of the approaches detailed above. Some partners were already using The De Jong Gierveld as part of their regional surveys or UCLA and would continue using this approach. For partners that were not already using UCLA or DJG they were asked to select which set of questions they preferred to use based on their local situation and the nature and number of their stakeholders (local, regional, national etc.). However, we recommended applying CEL questions as they are positively worded in addition to asking the 'direct measure of loneliness' question as an additional more direct indicator of improvement in loneliness or social isolation.

2.3.2 Indicator 2: Improved efficiency of delivery of public social services in order to improve social inclusion and counteract loneliness in NSR communities and neighbourhoods

Result indicator 2 will be measured as a percentage of service delivery improvements that increases social inclusion and counteracts loneliness across I2I partners. Linked to WP4 activity (Figure 4) to improve efficiency of service delivery, the multidimensional approach (the 7 items for accessibility of services) developed by Region Värmland, Flemish public health provider for cities and communities was adopted. Each partner has developed questions around accessibility of service based on their target group and intervention. These may not be worded exactly the same but will use the same framework for comparability of approach. Some partners felt that the number of questions were excessive or that some of the questions were not needed for their local situation. It was agreed that two core questions were required for measurement comparability: Availability and Accessibility of services (in red below). Example survey questions used by Turnhout are provided in appendix 4.

7 items for Accessibility of services – multidimensional approach

- **Availability** = *The degree to which the service is easily available, including administrative and other barriers; but also the extent to which latent needs are met. i.e., is the service available to me - it might only be available in certain parts of the town, or county, not to me, or only available to different age groups or other qualifying criteria?*
- **Accessibility** = *How, when and where the service can be reached. i.e., If it is available, can I actually access it? Does it meet my specific communication, mobility / access needs?*
- **Comprehensibility** *The degree that communication / information is clear, not complex. Does the service suit a users needs? How well does the service provider(s) communicate? e.g. I know a service exists, do I understand the service enough to be able to access it and use it, is it clear what solution or provision is on offer?*
- **Familiarity / Publicity / Awareness** *The extent to which the service is known with the citizens. i.e., Do I know the service exists?*
- **Reliability** - *The degree to which a service provider / service is reliable. This influences mental barriers (such as fear / prejudices). e.g., does the service function the same way every time I try to access it? Are there inconsistencies/lack of reliability in service provision including connecting to a service provision (i.e. public transport links to hospital) affecting accessibility or availability?*

- **Usability** - *The degree to which the service meets the needs of citizens, including specific target groups.* e.g., once all the above steps have been met, can I use the service - does it adapt as I use it more (or is it only designed for a specific problem / time period / user case?)
- **Affordability** - *The degree to which price is a threshold.* e.g., a service is available but if you can't afford it then you can't access it. Also the psychological 'price' or effort it takes to use the service.

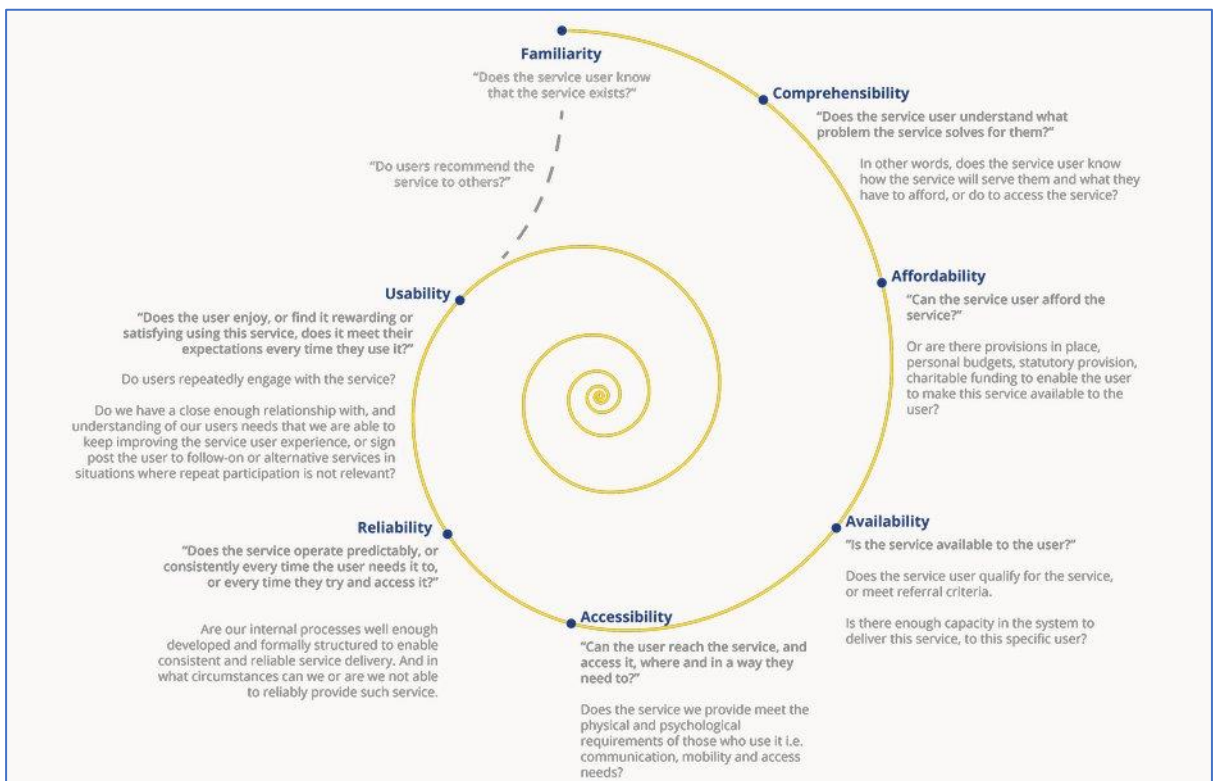


Figure 4 Supporting graphic for 7 items of accessibility (Source Region Värmland)

2.3.3 Indicator 3: Improved innovation capacity of the public sector to generate innovation demand and innovative solutions to combat social exclusion

Result indicator 3 will be measured as a percentage of improved innovation capacity of the public sector to generate innovation demand and innovative solutions to combat social exclusion across I2I project partners. Associated with WP5 activities, the Oslo manual for measuring public sector innovation (OECD, 2019) was selected as the project approach to help identify opportunities to improve innovation capacity. Example survey questions used by Aalst are provided in appendix 5.

- **Mobilising**: How effectively it is possible for new ideas or working practices to be mobilised within the organisation.

- **Experimenting:** How possible it is for individuals within the organisation to conduct experiments and test out new ideas in practice.
- **Institutionalising:** How successful the institution is at evaluating experiments and scaling up new ideas, or ideas that have been piloted at small scale, or turning small scale and time limited collaborations into structural forms.
- **Balancing:** How effective the organisation is at identifying risks, disadvantages and tensions around new ideas, and conducting debate around these. How effective the organisation is at managing conflicts within the innovation process and discussing ethics.
- **Coordinating:** How effective the organisation is at financially supporting new ideas, as well as facilitating knowledge exchange between stakeholders, including creating and maintaining a culture that facilitates and nurtures new ideas – i.e., training, information exchange, toolkits etc. To what extent the organisation has a vision around innovation.

A simple user guide was then developed to assist partners with gathering the data required to provide result metrics for the three indicators to measure I2I project impact. The guide explained the rationale for the indicators and signposted to useful work package materials to assist with implementing questionnaires and surveys to gather the required data (Figure 5).

I2I Result Indicators User Guide

Three Indicators have been developed to measure I2I project impact.

[For Final Result Indicator metrics \(or measurements\) click here.](#)

What we want you to do for each Indicator:

1/ please provide baseline Indicator metrics before applying your chosen intervention(s).

2/ please repeat the process at intervention (or project) end to provide Final metrics.

Indicator 1 for WP3. Number of citizens feeling less lonely / isolated due to I2I intervention(s)

WP3 Impact / effectiveness of WP4 (interventions) and WP5 (services) outputs.

Remember the excellent resources in I2I Teams WP3 Files - here you will find useful documents on evaluation and measuring loneliness + some completed examples

Several measurement criteria have been used. Some questions are difficult to ask at a personal level. We have suggested a sequence / order. Very often, you will find that once the person you are speaking to is comfortable (you have built up a rapport), they will lead the conversation / interview and provide answers to the more 'awkward' questions indirectly.

Indicator 2 for WP4. Improve interventions to enhance social inclusion and counteract loneliness

WP4: co-designed services to develop effective and innovative community based interventions that encourage engagement and social cohesion.

Remember the excellent resources in I2I Teams WP4 Files - i.e. Setting the Scope and Neighbourhood Analysis will help you complete this Indicator

*Measurement criteria used are the 7 items of service accessibility. There are several questions for each item. Please select those questions that are the most appropriate for your intervention. There are 2 items that are **core I2I measurements: barriers to innovation and the extent that user needs are met**. Please complete indicators highlighted in **red (availability and accessibility)** then select as many as possible from the other items (where relevant).*

Indicator 3 for WP5. Improve innovation capacity of the public sector in service design.

WP5: increased service provider capacity to counteract loneliness and improve social isolation through collaboration and novel co-designed services.

Remember the excellent resources in I2I Teams WP5 Files - i.e. Stakeholder Mapping and Quadruple Helix approach will help you complete this indicator

Measurement criteria used are from the Oslo Manual for Measuring Innovation. WP5 training in September 2020 will help you complete (pre / post evaluations for) these questions.

Figure 5 Result Indicator User Guide

3 Part 2 - Implementation of baseline and evaluation surveys

I2I partners discussed how to measure loneliness and looked into the different questions posed by the Campaign to End Loneliness, UCLA and De Jong Gierveld. For example, the University of Agder decided to use UCLA's 3 questions about loneliness and include these in the questionnaire that will be distributed to elderly home residents who are moderate users of municipal home care services.

These questions have also been used previously in regional surveys, which provides a basis for comparison for the University of Agder. Aalst and Assen used De Jong Gierveld surveys, adapted to their specific context and target groups. Abertay University administered their survey to the Young Adult Carers that attended a user workshop, which included CEL measurement tool questions for the

users. Canal & River Trust plans to compare their target groups with England’s national levels of loneliness using the harmonised loneliness question and the three UCLA questions.

Other relevant measures are being used including resilience and happiness as these all contribute to general wellbeing and counteract negative thoughts. Aarhus Kommune set their baseline to encourage more young people to utilize www.genlydaarhus.dk in order to be exposed to more open invitations to decrease social exclusion. As surveys and interviews with users and customers of centres and services in Bremen were impossible to realize during the lockdown phases of the pandemic related restrictions, the baseline findings are connected with the data pools of the German 2017 "Alterssurvey" and will be specified during the next steps of work when contacts to people who are not used to online surveys and events are possible again. The COVID-19 call centre for the elderly in Turnhout was an intervention which resulted in the recruitment of an outreach worker for senior adults who works from the welfare centre. The following information provides more detail for each partner and their data collection process including baseline results if available.

Partner	Baseline Indicator collection activities
University of Agder	1. A survey was distributed among older adults aged 65+ in Arendal municipality (N=126) January/February 2021. The purpose of the survey was to map the extent to which older people experience social support and opportunities to participate in social activities. In addition, Agder wanted to map how the corona pandemic affected opportunities for social activity and the use of various technologies (e.g., telephone, tablet, PC) to maintain social contact over distance. The survey included questions about: <ul style="list-style-type: none"> • self-reported health • self-reported quality of life • experience of social support • social network • loneliness • activities • use of technology • the effect of corona restrictions on social isolation

	<p>2. 10 interviews with employees were undertaken in Arendal municipality to investigate experiences of social innovation. Research questions included: How do actors in Arendal municipality experience culture for change, collaboration in sectors and opportunities for implementing innovative measures? The questions were based on the Oslo Manual. The informants were asked to range the answers on a Likert scale (1-5). The interviews will be further analyzed during 2022.</p>
<p>Turnhout</p>	<p>1.Survey</p> <p>Turnhout undertook 30 surveys about accessibility of the welfare centre. These were distributed to: the team of social workers at the welfare centre with 9 participants(online); seniors advisory board who are representative of the target group with 17 participants (online); the target group who were users over a period of 1 year (September 2019 - September 2020) with 4 participants (online and face to face interview).</p> <p>The results were averaged over the 3 surveys: Accessibility: 55%; Availability: 54%; Familiarity: 35%; Usability: 70%; Comprehensibility: 71%</p> <p>2. Online survey + Interview about innovation were undertaken before and after the 3 workshops with 10 external stakeholders.</p> <p>The results: Mobilising: 3 -> 4,2 ; Experimenting: 3 -> 4 ; Institutionalising: 3 -> 4; Balancing: 3,1 -> 3,9 ; How: 3,1 -> 4,2</p> <p>3. The recruitment of a link worker elderly, was an intervention that resulted from de COVID-19 callcenter.</p> <p>The linkworker for the elderly reached and helped 115 elderly (unique individuals) in 2021.</p> <p>16 of those had problems regarding social isolation or loneliness. The linkworker for the elderly tried to guide these persons to other relevant services or meeting</p>

<p>places, by using volunteer services. For one person psychological help was necessary.</p> <p>10 of those attempts were a succes (= there was a follow up and registration).</p> <p>The other referalls weren't consired succesfull (for example; there wasn't a good match with a volunteer), the person did not want any help or the person moved to a retirement home or passed away</p> <p>(one person counted twice: telefoonster and buddyproject was set up for this person).</p> <ul style="list-style-type: none">• Telefoonster (a project of the local care center: these are volunteers who regularly contact the person by telephone to have a chat): 4• Buddyproject of of the local nurse-education-center: 5 (weekly meetings between cliënt and student; the goal is that the student lowers the threshold to existing services and meeting places).• Psychological support by a specialised center: 1• Volunteer by local care center to go to social meetings together: 1 <p>Staff of Turnhout is examining how we can qualitatively measure the different kind of supports installed.</p> <p>These numbers were counted because: 'Telefoonster' is a project similar to 'Zilverlijn belservice' that was mentioned as an effective way to tackle loneliness (https://www.beteroud.nl/nieuws/50-manieren-eenzaamheid-bestrijden). This connects with the elderly in an outreaching manner as described by 'Silver empowerment', De Witte, J., and Van Regenmortel, T., (2019). This is also important with respect to prevention of loneliness and social isolation ", (Van Regenmortel,(2015).</p>
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<p>Aarhus Municipality</p>	<p>In 2021, staff in the Municipality of Aarhus had different approaches to identify the need for intervention in the target group (18-30 year olds). Staff interviewed two users of the platform genlydaarhus.dk. The qualitative interviews focused on the platforms accessibility and what initiatives could be launched to make the platform more attractive and accessible to young adults. One interview was conducted face to face and another was conducted by telephone. To measure the impact of our initiative “the DIY-club” staff conducted quantitative surveys, sent to participants after each club had been held (three clubs in total). The survey focused on the participants quality of social life, as they perceived it and whether participating in the DIY-club had made a positive influence on their social life. The participants were also asked if they had any input or ideas for new initiatives or any ideas or wishes for improving genlydaarhus.dk.</p> <p>Staff then held a co-creation session, to gather further knowledge prior to interventions that will be launched in 2022. The goal of the co-creation session was to get ideas and input on how to make an attractive and accessible initiative, that also gives participants the chance to create new networks or a community with each other. The content was based largely on co-design tools that were presented by other partners in the I2I project as part of WP4.</p>
<p>Assen</p>	<p>We designed a questionnaire for residents in the neighborhood we had chosen. The questionnaire is based on the liveability questionnaire that we conduct every two years across the city. Based on that data we chose the neighborhood and target group for our I2I project as reported in the Setting the Scope report from WP4. A few more questions were added on the advice of a lecturer from NHL Stenden. In June 2021, we posted 1500 questionnaires to all residents of the Pittelo neighborhood with more than 200 returned questionnaires.</p> <p>The questionnaire included 6 questions based on De Jong Gierveld's method for measuring loneliness. About 60 residents indicated that they wanted to contribute to the development of interventions and services for inclusion. In September 2021, we closed the survey period and analyzed the results. These</p>

	<p>are recorded in a report. A summary of this has been published on the website of My Neighborhood Assen (MNA) so that residents can take note.</p> <p>In the questionnaire about loneliness, we also included questions about the accessibility, availability and reliability of social services in this neighborhood by the MNA-organisation. These questions are based on the example provided by I2I-partner Turnhout. There were also more than 200 residents that answered these questions. The results have also been processed and recorded in a report.</p> <p>We have designed a questionnaire for the professionals of My Neighborhood Assen. This is a collaboration between the municipality of Assen, the welfare organisation and a housing association. The questionnaire is based on I2I partner Aalst. The list was plotted in November 2021 for 80 professionals, with 26 professionals completing the questionnaire. This inquiry informs the baseline situation to measure the innovation capacity. A few more questions have been added on the advice of the lecturer from NHL Stenden.</p>
Bremen	<p>Bremen baseline findings are connected with the data pools of the German 2017 "Alterssurvey" and will be specified during the next steps of work when contacting people who are not used to online surveys and events are possible again.</p> <p>The response to our intention to co-create such services and the inputs at the I2I partnership meetings / work groups gave us a helpful boost and inspiration to proceed. From interviews and talks with staff and volunteers (the perspective of users still missing due to contact restrictions) we developed some baseline data on the accessibility and efficiency of our services to refer to in next steps – using the “items of accessibility” brought forward in the transnational knowledge transfer of our partnership (see annex provided - a memo summing up our discussions, all results require confirmation by representative user statements which we hope to get soon after reopening of services).</p>

	<p>A network is now in place where innovation capacity can be developed and innovations generated. During online sessions with stakeholders we enhanced our capacity to understand and evaluate recent developments, but a concise co-designing of innovative tools has not yet begun.</p>
<p>Canal and Rivers Trust</p>	<p>We plan to compare our Target Groups with England’s national levels of loneliness using the harmonised loneliness question. Further individual measurement at local level will be taken once activities start tracking not only loneliness but other relevant measures including resilience, happiness and mental wellbeing.</p> <p>Online 'Pre' survey questionnaire is designed for completion on registration for activity (Eventbrite). This is QR code enabled for easy access – “just scan the code to complete the 'Post' survey online after activity”.</p> <p>A questionnaire was prepared for use with participants. Digitally (QR code) enabled for easy access. Estimated data collection timeline: First round of surveys with participants will be March to June 2022</p> <p>We plan to use the key tools set out by I2I partners (e.g. the Oslo Model) to measure innovation improvements in the organisations we will be working with. We additionally plan to engage a panel of experts (our stakeholders) in a Delphi Panel to explore the innovation capacity and how this has been/could be improved.</p>
<p>Abertay University</p>	<p>The Dundee Carers stakeholder workshop (Nov 11th 2020) primarily provided information about the roles of the inter-agency collaboration and services and activities that they provide to Young Adult Carers. Attendees completed a google docs survey obtain baseline measurements for indicator 3, innovation capacity. Attendance: 7 stakeholders; 2 x Dundee Carers, 2 x secondary school, 2 x Dundee City Council, 1 x independent business. The survey had 12 questions related to Oslo Manual for Measuring Innovation Criteria (Measuring Public Sector Innovation: Why, When, How, For Whom and Where). We also included a question related to C-19 pandemic and service delivery. Generally, all service providers had gone above and beyond to maintain support in new ways (primarily digital platforms) that captured even more young carers than before</p>

	<p>the pandemic. Individual responses indicated that ensuring essential services / working with vulnerable groups was paramount during the pandemic – staff ideation across sectors was employed to ensure continuation of these services and also staff development to build digital skills indicating that the organisations may be more responsive to implementing change in the future – an example of shock change for improving services.</p> <p>During the stakeholder workshops we trailed the digital white board app Miro. This new technology was hailed as a success with Dundee Carers later reporting that they now use this technology for ideation / brainstorming processes during zoom meetings.</p> <p>We also conducted a user workshop with the Young Adult Carers (Nov 20th 2020) who completed a Google Survey related to loneliness (CEL 3 questions) and the 7 items of accessibility of services to help us obtain baseline results for Indicators 1 and 2. Google Survey results are displayed as soon as responses are received and are presented as pie charts / histograms that can be exported as an excel spreadsheet. The Young Carers workshop (5 participants, age 18-26, all female) and questionnaire responses highlighted that Dundee Carers function exceptionally well as service providers (primarily 5 on the Likert scale – 100% strongly agree for 6 out of 7 questions) but this group had real concerns about the support / service offered when transitioning from school to FE / HE. They all experienced problems where support offered was poor leaving them feeling isolated amongst their peers with reduced confidence to continue their education. It was decided that this would be the area to focus on - develop a new support service for young adult carers at Abertay University. This is underway with a view to delivering future co-design workshops with: a secondary school identified during the service provider workshop that ran a successful ‘carers hub’; Dundee Carers; young adult carers from the service users workshop; and Abertay students association including student carers.</p>
Aalst	No interventions have been developed yet. A survey was developed to assess accessibility of services. Baseline measurement performed with citizens was

based on doorstep interviews (N=79). The citizens who participated, we were happy to have several interested to be involved in futures participative steps. Some important insights: Multicultural and intergenerational population with different needs; Opportunity to work on accessibility of the local health centre, since it is not well known; Time and price of actions/interventions are important, also engagement and other participants; Fear to come together due to COVID-19 but even more the need to connect; "Only the people on my street" is what most people talk about; Involving other 'solutions' in the process than BBQ, flea market, receptions, the concept of mental health is not easily comprehensible.

On availability and accessibility: 90% respondents agreed that it is important that work is taking place on a topic like mental health, in their neighbourhood; only 15% know about the site 'De Oever'; 35% know of the other site -the local health centre (Daenshuis); only 23% know what a local health centre stands for; only 6% know about cycling and exercise lessons and 6% know the CO2 Neutraalst game (to stimulate going by bike to a local shop). On social inclusion (CEL): 53% agreed they are content with friendships and relationships; 48% agreed they have enough people to feel comfortable asking for help at any time; 43% agreed that their relationships are as satisfying as they would want them to be.

It is important to mention that we were at the door unannounced as strangers. We suspect that many socially desirable answers were given. Yet COVID-19 also provided the unique opportunity to openly talk about mental health and social relationships. For example, 10% of respondents dared to indicate that they do not feel at home with the people who live in their neighbourhood.

A semi structured survey was developed to gain a baseline measurement for Indicator 3 with staff of the local health centre (N=6) about their knowledge on innovation in their own organisation, based on the OSLO Model. We adjusted the items to be more comprehensible questions for the staff. For example, we examine in this survey about the vision/culture on innovation, how easily innovations/changes can take place, how well they involve their target group and stakeholders. Furthermore, we ask about the impact of changes during COVID-19 and their point of view on neighbourhood oriented care.

Varmland	<p>We have begun the process of co-creation on interventions that will ultimately fulfil this objective. We have approached all of the local authorities in Värmland to understand how they are currently delivering services that may benefit or support socially isolated or lonely people. We have had replies from six and begun to map and summarise together with their service delivery processes so we can understand current service provision in Värmland.</p> <p>In developing a new software tool we have delivered a new "innovation support" to our organisation. Previously, it was not possible for public health strategists to visualise population health data at a hyperlocal (DeSO området) level. In this project reporting period, and through the I2I project we have developed a new tool that enables them to do that. This using the definitions from the Oslo Model of Innovation represents a new way of "Mobilising" information within our organisation - through the software new ways of visualising and presenting the population health data. This new form of mobilisation of information will help public health strategists in the organisation to think differently about the problem of both social isolation, and also other public health problems.</p>

4 Part 3 - Approach to transnational results

Each of the partners are now conducting surveys / questionnaires that they developed to drive interventions. Results and findings are a driver of interventions or provide a snapshot of the existing situation prior to an intervention. Interventions can be considered as; Activities, Tools, Instruments, Services, Cooperation, Technology, or all of these in an adjusted form of what already exists.

Our approach in this project has applied a bottom-up and community-oriented mechanism to co-create intervention solutions based on identified local needs. This means that the approach used is:

- different across all partners.
- something that makes “an intervention” in people’s lives.
- providing changes in the service delivery processes for decision makers and frontline staff, and quality of service delivery for end users.

The purpose of WP3 is to determine the impact of the activities, interventions, and services developed and implemented during the lifespan of the project. The evaluation process should provide credible and useful information to enable the lessons learned to be utilised in the future by others. The desired outcomes for I2I have been defined by the indicators, which give targeted improvements in specific objectives to meet, e.g. the aim to improve the accessibility of services and interventions by 10%.

Measuring Results Indicators – setting targets

Following implementation of interventions, results of surveys and interviews will be combined for all beneficiaries. At a partner level, this will mean a repeat of the base line survey for the partner organisations and their stakeholders. These will then be combined on a project level based on the starting point (the baseline) and the change evidenced following intervention by the I2I partner /partner activity. Cumulatively, this will enable the change the project has achieved to be identified. The I2I results will contribute to application objective 1.3. *"Number of improved or new innovation support measures launched for public service delivery"*

To measure the impact of interventions each result indicator was assigned a target (Table 2) to be reached by the end of the project. Result Indicator targets had to be realistic and achievable.

Table 2 Result Indicator plus target values

Indicator	Target	Unit	Definition
1. Number of involved citizens in (neighbourhood) interventions feeling less lonely/isolated.	300	Number of people	Number of people feeling less isolated due to the developed interventions (10 per intervention on average and 3 interventions per partner on average)
2. Improved efficiency of delivery of public social	10	Percentage	Improved accessibility of (preventive) services, interventions and / or

<p>services to improve social inclusion and counteract loneliness in NSR communities/neighbourhoods</p>			<p>technology introduced in neighbourhood / pilot location (based on the 7 dimensions of accessibility of services: see C1.3) (through mixed-method: survey and interview on results)</p>
<p>3. Improved innovation capacity of the public sector to generate innovation demand and innovative solutions to combat social exclusion</p>	<p>10</p>	<p>Percentage</p>	<p>Improved innovation capacity through collaboration - Measuring scale of engagement in co-production / innovation, organisational support, red tape and personal autonomy (through "mixed method": Survey + interview on survey results) Baseline is 0 (Method: qualitative interviews with involved citizens, storytelling etc.)</p>

5 Conclusion

Each project partner has carried out different activities to progress and implement interventions and work towards achieving the main objectives of the project. However, I2I has taken an integrated approach to ensure the outcomes transnationally as well as for each individual area. To do this we established pre-defined areas for consideration in the surveys and Interviews (based on the four frameworks described in section 2). To ensure the tools were suited to all partners so that they were locally applicable and developed into a user-friendly format, key stakeholders from all partners were involved in the creation of the survey and interview questions during the first 12 months of the project. This enhanced transnational collaborations and was primarily achieved by sharing examples of completed questions for the indicators by partners that were further ahead in the process than others. This helped inspire and focus other partners to developing surveys and questionnaires for their local situation.

As part of the development of the baseline, consideration has been given to the challenges for transnational comparability:

- *Strengths and limitations of approaches to assess loneliness* (as discussed in section 2.3.1). Partners will use the approach most appropriate from their stakeholder group. Any difficulties encountered of the approach taken and the questions applied will be documented and shared with the I2I partners to enhance the knowledge base. i.e., difficult to ask some types of questions. It is noted that some interventions will rely on local government or national survey data. It is recognised that partners may have less choice of method of data collection in this case.
- *All partner activities are different.* To make transnational comparison, the change in the I2I indicators associated with local interventions will be considered for each intervention at Partner level. The change in the I2I Indicator related to these interventions will be compiled, and then averaged to develop indicator on a Project level.
- *Measuring impact of interventions with no initial baseline.* If opportunities for interventions emerge, it should be possible to ask questions retrospectively e.g., comparison of experience of a service before and after intervention. Support to define and apply these questions will be provided to the partners by WP3 lead and other subject experts in the project.

6 References

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7 Appendices

Appendix 1 Example Survey for Indicator 1 CEL Tool 3 Questions – Abertay University

End Users

A survey to inform researchers working on the I2I project (<https://northsearegion.eu/i2i>) which is trying to reduce social isolation and loneliness. Your answers will help us to better understand how we can support people. All responses will be treated as confidential and the survey is anonymous. By completing the survey, you are agreeing that we can use the anonymised responses in future scientific publications and or in Project reports. For more information on this research please contact p.forbes@abertay.ac.uk

...

From isolation to inclusion: Dundee Carers survey (Indicators 1 & 3) WP4 Interventions



I usually have enough people that I feel comfortable asking for help at anytime *

1 2 3 4 5

Strongly Disagree Strongly Agree

I am content with my friendships and relationships *

Strongly Disagree Strongly Agree

My relationships are as satisfying as I would want them to be *

1 2 3 4 5

Strongly Disagree Strongly Agree

Appendix 2 Example Survey Indicator 1 The UCLA 3 Items of Loneliness Scale - Arendal and University of Agder.

15	How often do you feel like you are missing someone to be with? <ul style="list-style-type: none"> - never - rare/seldom - 1-3 times a month - weekly - daily 	FHI, UCLA loneliness scale, loneliness Corresponds with CEL? <i>My social relationships are as good as I want them to be</i>
16	How often do you feel left out? <ul style="list-style-type: none"> - never - rare/seldom - 1-3 times a month - weekly - daily 	FHI, UCLA loneliness scale, loneliness Corresponds with CEL? <i>I am happy with my friends and my social relationships</i>
17	How often do you feel isolated from others? <ul style="list-style-type: none"> - never - rare/seldom - 1-3 times a month - weekly - daily 	FHI, UCLA loneliness scale, loneliness

Appendix 3 Example Survey Indicator 1 The De Jong Gierveld 6-Items of Loneliness Scale – Bremen

		trifft genau zu exactly agree	Trifft oft zu Often agree	Trifft selten zu rarely agree	Trifft gar nicht zu Not agree
(1)	Ich vermisse Leute, bei denen ich mich wohl fühle. <i>I miss people to feel myself comfortable with them</i>	4	3	2	1
(2)	Es gibt genug Menschen, die mir helfen würden, wenn ich Probleme habe. <i>There are people enough who would help me if I have got problems</i>	1	2	3	4
(3)	Ich fühle mich häufig im Stich gelassen. <i>I often feel left alone in a critical situation</i>	4	3	2	1
(4)	Ich kenne viele Menschen, auf die ich mich wirklich verlassen kann. <i>I know many people I can rely on</i>	1	2	3	4
(5)	Ich vermisse Geborgenheit und Wärme. <i>I miss the feeling to be well protected and warmth</i>	4	3	2	1
(6)	Es gibt genügend Menschen, mit denen ich mich eng verbunden fühle. <i>There are enough people I feel to whom I feel well connected</i>	1	2	3	4

Appendix 4 Example Survey Indicator 2, the 7 items for Accessibility of services - Turnhout

Questionnaire accessibility seniors Welfare reception (WZO) (service provider)

Target group: former clients of the service provider

1. ACCESSIBILITY

To what extent do you agree with the following statements?

1. Do you think that the WZO is physically accessible (building, parking, concrete...). Did you experience any practical obstacles in taking this step? Was the building easy to reach (parking, location, building)?
2. Free text field for comments, concerns, other...
3. Do you find the opening hours appropriate for you?
(Without appointment: Monday to Friday: Every morning from 9 a.m. to 11 a.m.). On Monday, Wednesday, Thursday and Friday we can be reached by phone between 13h and 17h).
4. Free text field for comments, concerns, other...
5. Do you think that you are sufficiently visited, reached and contacted at home, even if you do not take the initiative yourself (by phone, home visit, ...)
6. Free text field for comments, concerns, other...
7. Were you able to easily go to the WZO to ask your question? Was there anything that held you back or made it difficult for you?
8. Free text field for comments, concerns, other... (provided per question)

2. AVAILABILITY

To what extent do you agree with the following statements?

9. Did you quickly find your way to the WZO? (Not the feeling of being sent from pillar to post?)
10. Free text field for comments, concerns, others...
11. Were you able to find information from this service easily?
How did you find it? (Online, folder, word-of-mouth)
12. Free text field for comments, concerns, other... (NOTE to be taken into account for processing)
13. Were you kept well informed? Did you have to wait long for an answer or for an explanation? Were you "really" helped? If they cannot answer: Multiple choice: Less than 1 week/More than 1 week/longer (do we mean after first action or in total?)
14. Free text field for comments, concerns, other...
15. Were you listened to properly?
16. Free text field for comments, concerns, other...
17. Do you think your peers find their way to the support of the welfare office/bridge counsellor (Ils) when they need it?
18. Free text field for comments, concerns, other...

3. AWARENESS (see 2)

To what extent do you agree with the following statements?

19. Did you know the welfare office before you contacted it?
20. Free text field for comments, concerns, other...
21. Do you have the idea that you now know what WZO offers? (What is the added value without refinement???)

1. Checkbox of the life domains (financial, housing, well-being/psychological, health, administration, other)
2. Free text field for remarks, concerns, others...
3. (Did you find it easy to get information from this service?) see 2)
4. (How? (Online, leaflet, word-of-mouth: instead of yes/no/sometimes?) see 2)

1. BRUCEABILITY

To what extent do you agree with the following statements?

5. Have you been sufficiently helped by the information you received?
6. Free text field for comments, concerns, other...

2. AFFORDABILITY
NOT

3. COMPREHENSIBILITY

To what extent do you agree with the following statements?

7. The conversation was clear and easy to understand
8. Free text field for comments, concerns, others...
9. The information provided is clear and easy to understand
10. Free text field for remarks, concerns, other...

RELIABILITY

To what extent do you agree with the following statements?

11. If you have a question in the future, will you go to the WZO again?
12. Free text field for comments, concerns, other...

Appendix 5 Example Survey Indicator 3, Oslo for manual measuring public sector innovation– Aalst

4. How good can new ideas/working methods be developed in your organization?

Score: not good at all - not good - neutral - good - very good

- a. What (organizational) conditions are important to develop/implement new ideas or methods effectively?

5. How easy is it for you (as an individual) to experiment or test new ideas independently within your organization?

Score: very difficult - difficult - neutral - easy - very easy

- a. Does your organization encourages and/or supports you in doing so?
- Yes/No
- Why? Why not?(open question):
- b. What do you need (personally)? What conditions are important to you (can be in different areas: feeling, freedom, space, trust, hours, infrastructure, material, etc.)? (open question):
- c. Do you experience administrative difficulties/obstacles to achieve innovation?
- Yes/No
- If yes, which ones? (open question):

6. How successful is your organization in testing new ideas/working methods?

Score: not successful at all - not/little successful - neutral - successful - very successful

- a. How successful is your organization in testing on a small scale? (e.g. very local, in one department, with a few people, etc.)

Score: not successful at all - not/little successful - neutral - successful - very successful

- b. Does the organization succeeds in evaluating and possibly scaling up the innovation?

- Yes/No

- Why?/Why not?(open question):

7. How would you rate your organization at identifying risks, disadvantages or struggles surrounding new ideas and having an open discussion about them?

Score: not good at all - not good - neutral - good - very good

8. Does your organization support you while implementing new ideas (= innovation)?

- Yes/No

- a. Is there (enough) financial support for innovation?

- Yes/no

- In which areas could there be more financial support? (open question):

- b. Are there sufficient training opportunities (e.g. education, practical training) and tools available to achieve innovation?

- Yes/no

- Which opportunities are desirable? (open question):

9. Does your organization have a (clear) vision of innovation?

- Yes/No

- a. Is there a culture within your organization that encourages the creation of new ideas and information sharing?

- Yes/No

- Why?/Why not?

10. What does co-creation mean to you? (open question)

- a. How easily can you involve your target group(s) ('users') within your organization in what you want to achieve?

Score: very difficult - difficult - neutral - easy - very easy

- In which way are the target group(s) ('users') involved? (open question):

- b. How easily can you involve stakeholders in what you (want to) do?

Score: very difficult - difficult - neutral - easy - very easy

- In which way are they involved? (open question):

- c. Does your organization provide knowledge exchange...

- Internally (with colleagues)?

o Yes/No

o Would you consider this desirable?

- Yes/no?

- Why?/Why not? (open question):

- Externally (with target groups ('users')/stakeholders)?

o Yes/No

o Would you consider this desirable?

- Yes/no?

- Why?/Why not? (open question):

11. How would you rate the capacity of your organization to anticipate to the current Covid-19 crisis?

Score: very difficult - difficult - neutral - easy - very easy

Possible explanation (open question):

12. How can we work together on 'mental health' in a neighborhood? (open question)

- a. How do you perceive your role in it? (open question):