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As our insights fed into the national Ageing Better learning, it was really important that we gained evaluation to discover if the project was having a positive impact.

We did this in two ways, collecting both quantitative data (questionnaires) and qualitative data (case studies).

For the data collected from the questionnaires to be academically validated, we needed to get a relatively large number of people to complete both the baseline questionnaire at the beginning and the follow-up questionnaire at the end. At times it proved quite difficult to get the number of questionnaires returned to meet our targets, however we persevered and gained a good data set.

For the first five years of the project we commissioned Centre for Health Service Studies, one of the research units of the University of Kent's School of Social Policy to conduct our evaluation. This was really important, as it ensured that our data was academically validated and robust.

The four key areas we wanted to evaluate were:

- Loneliness
- Social Isolation
- Quality of Life
- Mental Health and Wellbeing

The following page outlines what measures we used. If you would like to find out more information about our evaluation, please get in touch via the details on the back page.



# How did we measure our impact?

## LONELINESS



The De Jong Gierveld 6-item loneliness scale was used to assess social and emotional loneliness. Emotional loneliness is caused when someone feels they lack close relationships, while social loneliness takes hold when a person is missing a wider social network. Scores from these two areas are added together to work out their overall 'loneliness' score. The total score ranges from 0 to 6, with higher scores suggesting greater levels of loneliness.

## SOCIAL ISOLATION



To measure social isolation the UCLA 3-item loneliness scale was used. The scores are added together to give a possible range 3 to 9. Those that score between 3 and 5 are considered to be not lonely, and those that score 6 to 9 are viewed as lonely.

## QUALITY OF LIFE



The Casp-19 scale was used to assess quality of life. The scores from the questionnaire are added together to form a total score. This can range from 0 to 57. Lower scores indicate reduced quality of life, while higher scores indicate greater quality of life.

## MENTAL HEALTH AND WELLBEING



We used the short version of the Warwick-Edinburgh Mental Wellbeing Scale to evaluate mental wellbeing. This scale includes seven questions. Each question is scored from 1 'none of the time' to 5 'all of the time'. Higher scores indicate greater levels of mental wellbeing and lower scores indicate lower levels of mental wellbeing.



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