Improving mental wellbeing during the pandemic.

April 2021

Background

2020 and 2021 have been particularly challenging years. The EFL Trust and our network of 72 club charities have, like many other parts of the public, private and voluntary sectors, faced enormous challenges. The network adapted existing programmes and launched new support services to respond directly to the pandemic. This report uses two such programmes, selected from a huge volume of work, as examples of our contribution to the mental wellbeing of our beneficiaries.

Tackling Loneliness Together

Introduction

In April 2020, Office for National Statistics (ONS) data showed that widowed, older homeowners living alone with long-term health conditions were one of the three demographic groups at particular risk from chronic loneliness. During the coronavirus outbreak and the ensuing period of social distancing, the older population was advised to shield, thus increasing their risk of becoming isolated and lonely and their physical and social activity levels reducing.

Many older people relied heavily on social support, such as food deliveries and prescription collections. Our charity network responded to the pandemic by re-purposing and refocusing towards supporting elderly vulnerable people. Many clubs and their charities co-ordinated and/or delivered emergency aid and became part of the new 'front line' of social welfare.

Service Development and Delivery

EFL Trust's Tackling Loneliness Together programme comprised a range of locally delivered support services which fell under four broad categories. These were:

1. Socially distanced face-to-face visits
2. Welfare and befriending telephone calls
3. Information, support and befriending by post

4. Virtual sessions via web platforms.

The programme was delivered by 32 club charities selected using, among others criteria, the loneliness heat map created by Age UK.

The programme comprised of a wide variety of innovative local approaches; Zoom cooking lessons for widowed men in Derby, afternoon tea packs in Stevenage, doorstep visits in Plymouth, online walking tours in Blackpool, an online book club in Middleborough, hamper deliveries in Preston, birthday calls in West Bromwich, online quizzes in the Wirral, telephone befriending in Hammersmith, weekly football chat in Luton, tablets pre-loaded with the software to watch EFL matches in Northampton, activity packs in Burton, cake making kits in Exeter, online seated exercise sessions in Crawley, IT support in Sunderland, Christmas day telephone calls in Wigan and dinner delivered on Christmas day in Stoke.

Intended Outcomes

Our main focus was to support older individuals (aged 65+); however, as the project progressed and the pandemic continued, we also offered support to those below this age group who expressed a need for support. Using our Theory of Change, we identified five intended outcomes.

1. Increase the number of older people being supported during the pandemic
2. Increase the number of older people engaging in valuable social activities during the period of social distancing
3. Increase clients' sense of wellbeing
4. Decrease clients' feelings of loneliness
5. Increase clients' feelings of community belonging and social connectedness.

Our Scope & Reach

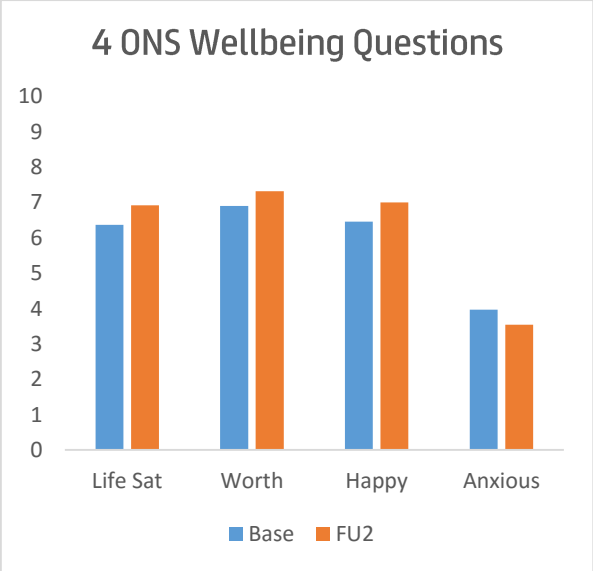
CCOs engaged with 32,654 service users of which 61% were male, 23% female and 16% did not disclose their gender. 36% were aged 75 or older, 40% were aged 65 to 74, 4% were aged between 45 and 54, and the remaining 20% were aged 44 or younger.

On average, clients received approximately four interactions each. Nearly 7,000 service users received six or more interactions, over 800 clients accessed intense support, receiving over 15 interactions. 38% of interactions were experienced via post (n=41,001), 30% (n=31,984) via phone calls, 17% (n=17,663) through online or virtual means, and 15% (n= 16,354) via socially distanced face to face visits.

Summary of Findings

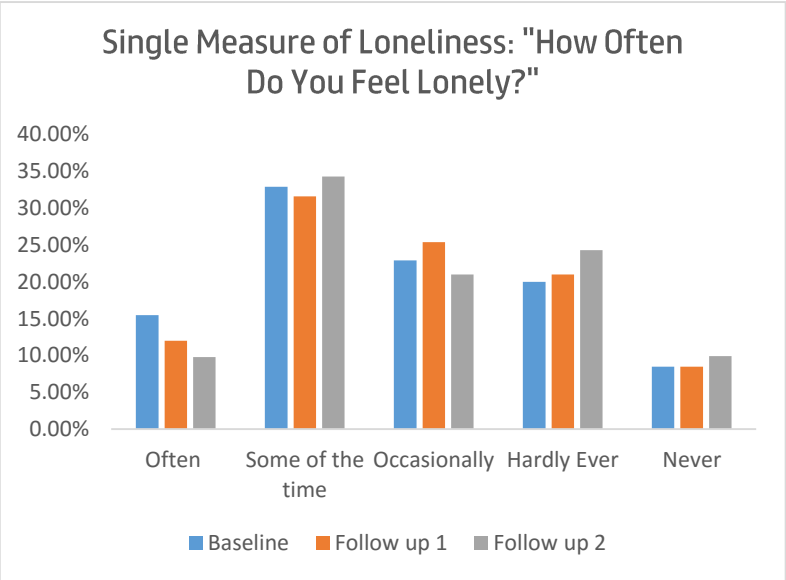
We gathered 1322 baseline surveys, 1010 follow up-1 surveys and 686 follow up-2 surveys. There was an increase in the average number of interactions received by respondents at each point of surveying. On average, respondents had received approximately three sessions at baseline, six sessions by follow-up 1 and over eight sessions by follow up 2. We therefore expect baselines measures to be slightly inflated.

We found a significant difference ($p<.05$) between time points for all of four ONS wellbeing measures. Anxiety scores dropped from 3.97 to 3.54 whilst life satisfaction increased from 6.37 to 6.92. Feelings of things in life being worthwhile increased from 6.90 to 7.32 and happiness increased from 6.46 to 7.00.



In response to the single item measure of loneliness, there was an increase in individuals responding "never" and "hardly ever" as well as "some of the time" when asked "how often do

you feel lonely?" Furthermore, there was a decrease in the number of respondents selecting "often" and "occasionally" from baseline to follow up 2.



We also used the three part UCLA Loneliness Scale. Our findings suggest that individuals have transitioned from feeling lonely often to either only some of the time, hardly ever or never.

	Baseline			Follow up 1			Follow up 2		
How often do you...	*Hardly Ever of Never*	*Some of the Time*	*Often*	*Hardly Ever of Never*	*Some of the Time*	*Often*	*Hardly Ever of Never*	*Some of the Time*	*Often*
Lack Companionship?	37%	40%	22%	40%	41%	16%	43%	43%	13%
Feel left out?	47%	37%	13%	51%	37%	9%	54%	37%	6%
Feel isolated?	32%	42%	25%	34%	45%	19%	35%	49%	15%

**Green* *indicates an increase in percentage selecting response and red indicates a decrease in percentage selecting response*

Lessons Learned

Despite our previous experience of providing older people's services, we would not consider ourselves as experts in tackling loneliness. We are, in truth, a non-traditional service provider. We have faced, and overcome, many challenges. We have encountered reluctance from some people to respond to our Tackling Loneliness Together campaign – loneliness is still undoubtedly a phrase that carries stigma. Despite setting out with a rapidly compiled campaign toolkit including image bank, and guidelines on tone of voice and messaging, we might, in hindsight, have branded our programme differently. We would emphasise the positivity of social connection rather than loneliness.

Our club charities were forced to respond rapidly to the emerging situation, and did so extremely effectively – many got new offers up and running within a few days or weeks. At local level they did not have the time to pursue a patient and methodical asset based community development approach. They found themselves in the eye of a storm and needed to make very quick decisions.

Most club charities developed a telephone support offer during the initial lockdown period. Many then experimented with remote delivery, often online but also group telephone calls and deliveries of resources to people's homes to enable them to participate in activities from home like arts and crafts packs, exercise equipment and plants and seeds to grow. Remote delivery enabled them to engage with people who may previously have struggled to access face-to-face support including those formerly involved in groups they had to leave due to declining mobility.

Local staff reported facing challenges when trying to collect personal data from clients during an initial friendly and informal phone call or interaction. Stories in the media of the plethora of scams preying on older people were often cited as a reason.

People in the clinically vulnerable/extremely vulnerable groups who were 'shielding' or those who live alone, and those who experience barriers to connecting digitally, or live with disabilities including sensory impairment and mobility issues, were particularly challenging to reach. A football club charity is not always the organisation people think of to ask for help.

However, our engagement numbers prove that the magnetism of football works in this context and we have been particularly successful with reaching older men.

Access to IT and the confidence/competency to use it have also been a common barrier. Several of our club charities have loaned IT equipment and provided IT clinics or support over the phone. Retaining digital provision will help to ensure there is a service for those who are anxious, nervous or not able to return to face-to-face activities.

Our next challenge is to emerge from the pandemic by transitioning clients from dependency on individual phone calls and visits to group sessions (whether they be online or face to face).

FIT FANS

FIT FANS is multi component lifestyle behaviour change programme for overweight adults.

The global pandemic, which resulted in a national lockdown from the end of March 2020, and at various points throughout 2020 and the start of 2021 meant that the delivery of FIT FANS was compromised, and the number of cohorts decreased. For Cohort 1, delivery moved online part-way through the programme; for Cohort 2 delivery was almost entirely online.

Despite the major disruption to delivery of the two cohorts of FIT FANS, there are positive findings emerging from those participants that completed the programme and those delivering it. Overall, 1,796 participants (1,196 males and 600 females) joined the programme in the first year, with 1,010 joining cohort 1 and 786 joining cohort 2.

Overall, 27% of participants in cohort 1 and 31% of participants in cohort 2 resided in the most deprived 20% IMBD wards.

The headline findings for cohort 1, where all four data points were included, were:

MALES

- 717 participants recruited, with 519 (72%) providing data on at least one outcome measure at baseline and 3 months, 328 at baseline and 6 months (46%) and 205 at baseline and 12 months (29%).

- There was a significant reduction in body mass, BMI and waist circumference, following the 12-week weight loss programme (n = 519), at 6 months (3 months post programme; n = 328) and at 12 months (n=198), which is 9 months post weight loss programme.

- There was a significant reduction in systolic and diastolic blood pressure at all three post-programme data points, although with much lower sample sizes.

- Some participants achieved a **clinically significant weight loss of at least 5% of their starting weight** (53% of the 479 participants who provided body mass data at 3 months, 58% of the 277 participants who provided body mass data at 6 months, and 55% of the 198 participants who provided body mass data at 12 months).

Activity levels

- At each of the follow-up data points, there was a reduction in the average sedentary time with those participants reporting activity at 12 months reducing the time spent sedentary from baseline to 12-months by an average of 1hr 15 mins.

- The proportion of the sample categorised as "active" was 35% at baseline (n=717). Participants reporting activity at 3 months saw 74% classified as "active" (n=519), participants reporting activity at 6 months saw 79% classified as "active" (n=328) and participants reporting activity at 12 months saw 72% classified as "active" (n=205).

Subjective wellbeing

- There was a significant improvement in all four subjective wellbeing measures between baseline and 3 months, with life satisfaction scoring the highest improvements.

- Participants maintained improvements in life satisfaction, their sense of being worthwhile and happiness at 6 months (n = 309). The level of anxiety improved at 6 months compared to baseline but was not statistically significant.

- At 12 months, improvements in life satisfaction, life being worthwhile, happiness and levels of anxiety remained, although the improvements at 12 months were only significant for life satisfaction and their life being worthwhile. The improvements in happiness and anxiety remained as a positive change but not significantly so.

FEMALES

- 293 participants recruited, with 193 (66%) providing data on at least one outcome measure at baseline and 3 months, 135 at baseline and 6 months (46%) and 88 at baseline and 12 months (30%).

- There was a significant reduction in body mass, BMI, waist circumference following the 12-week programme (n=193), at 6 months (n=135) and at 12 months (n=80). For those that returned the data, there was also a significant reduction in systolic and diastolic blood pressure, although with much lower sample sizes (n=26 at 3 months, n=6 at 6 months and n=14 at 12 months).

- Some participants achieved a **clinically significant weight loss of at least 5% of their starting weight**, 24% of the 169 participants who provided body mass data at 3 months, (n = 41), 38% of the 117 participants who provided body mass data at 6 months, (n = 45) and 43% of the 80 participants who provided body mass data at both time points, (n = 34).

Activity levels

- At each of the follow-up data points, there was a reduction in the average sedentary time with those participants reporting activity at 12 months reducing the time spent sedentary from baseline to 12-months by an average of 1hr 15 mins.

- The proportion of the sample categorised as "active" was 30% at baseline (n=293). Participants reporting activity at 3 months saw 79% classified as "active" (n=193), participants reporting activity at 6 months saw 72% classified as "active" (n=133) and participants reporting activity at 12 months saw 75% classified as "active" (n=73).

- Females saw an average reduction of sedentary time of 44 minutes, to just over 5 hours per day at the end of the programme. For those that continued to provide data, the reduction in sedentary time was maintained at 6-months (a 40-minute decrease). However, for those that returned their data at 12-months, the average time spent sedentary was only a 4-minute decrease in sedentary time compared to their baseline.

Subjective wellbeing

- There was a significant improvement in satisfaction with life, their sense of being worthwhile and happiness between baseline and 3 months (n = 193). The level of anxiety improved compared to baseline but was not statistically significant.

- Participants maintained improvements in life satisfaction, their sense of being worthwhile and happiness at 6 months (n = 133), however only the life satisfaction rating remained a statistically significant change. Anxiety level at 6 months was broadly the same as baseline.

- At 12 months, improvements in life satisfaction, life being worthwhile, happiness and levels of anxiety were evident although none of the subjective wellbeing indicators were significant, which may be a result of the low sample size between baseline and 12 months (n = 87).

Conclusion

Our impact stories provide a rich seam of stories about the human impact of our work and the difference we have made. Local staff tell us this has been the most rewarding period of their professional lives. Moreover we have been able to gather best practice and learning from both clients, staff and volunteers allowing us to identify ways to improve what we offer to clients in

the future. Our club charities have stronger local partnerships in place. They have received recognition for the role they have played which is leading to more referrals and in some places to further funding from local sources. There is still more to do but our network is better placed than before the pandemic to support people to improve their mental wellbeing.

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