

Staying Active & Independent  
for Longer (SAIL) Project  
Expert Evaluation Team Report

April 2019

Bournemouth University



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## Introduction

This report outlines the contribution to date made to the SAIL project by the research team at Bournemouth University. Sections of text which are emboldened highlight key points to emerge from the research of the team thus far.

The **Best Practice Review** focuses upon the concept of social innovation which is informed by the literature on how the concept has previously been applied. Of particular interest to the Bournemouth University Team was literature that offered insight as to how the success of social innovations had been previously captured by evaluative studies. These indicative factors were used to develop the questions for the Wiki data collection which would inform the feasibility study.

The **Analysis of Current Practice** outlines the analysis so far undertaken of the data from SAIL Phase One: Explore stage. This data was submitted by the pilot sites to the Wiki.

The report also includes a brief **Overview of Economic Impact and Cost Effectiveness** of the SAIL Project and outlines what the data at this stage suggests might be the **Key Success and Failure Factors** for the SAIL pilot projects.

Finally, the report presents drafts of **Planned Publications** of which there are currently two:

1. A methodological Paper: The application of the principles of grounded theory through the use of an Expertise Management Methodology (EMM)
2. A literature review of social innovation as it relates to supporting older people to remain active for longer.

The report concludes with a **Reflective Report**.

## Best Practice Review.

The SAIL Project is based upon the concept of social innovation. In understanding how the planned interventions develop during the life time of the SAIL Project is it useful to have a robust understanding of current best practice utilising the concept of social innovation. The literature highlights how the use of social innovation has been more closely scrutinised in more recent times, following the introduction of austerity measures within many countries due to the global financial crisis (Neumeier 2017) however, the ideas behind the concept have a much longer history and are rooted in sociology (Nicholls and Dees 2015).

The Centre for Social Innovation at Stanford Graduate School of Business defined social innovation as:

“the process of inventing, securing support for and implementing novel solutions to social needs and problems” (Phillis et al. 2008, p.1).

It is noted within the literature that interest in the application of social innovation has received much greater attention from academics over the last decade (Agostini et al. 2017) and although the knowledge base is expanding the ‘state of knowledge continues to be fragmented’ (van der Have and Rubalcaba, 2016, p.1923). **This suggests that there is scope for the SAIL project to make a contribution to the current body of knowledge on the application of social innovation within the health and social care sector.**

A literature search was considered helpful to gain an understanding of how the use of social innovation might influence the outcomes for service delivery. Findings of this nature would be helpful in constructing the data collection questions posed within the EMM (see Appendix 1).

Initial searching illustrated the point by van der Have and Rubalcaba (2016) that:

“The diversity of the conceptualizations creates ambiguity in the use of the term”  
(p.1925)

Therefore, any search strategy required careful consideration to ensure the literature gathered focused upon the use of social innovation within the context of the health and social care sectors. In particular the literature should relate to service delivery activities that would enable older people to live independently for longer within the community. Although the focus of the literature search was upon peer reviewed journals a further hand search was made for grey literature that might provide additional insights. It was also apparent from initial searches that the concept of social innovation was used in many different countries throughout the world, all of which had different political and cultural contexts that needed to be taken into account when appraising research findings.

It was also noted that previously there had been several large scale research projects that might offer highly relevant data that could assist the SAIL Project. The World Health Organisation (WHO) had commissioned a research project from RAND Europe to explore community-based social innovations aimed at promoting healthy living which focused on middle income countries. A specific area of interest was the measurement of benefit to participants. Other WHO activity of note is their Global Forum on Innovation for Ageing Populations which might offer useful insights.

An EU funded research project known as Innovage which was active between 2012 and 2014 could be a further source of relevant data for the SAIL Project Team.

The literature which defined social innovation assisted in identifying what type of data might be useful to assess the success or failure of social innovation projects. For example, The Young Foundation (2012) suggest that social innovations:

“do not need to be completely original or unique. However, they do need to be new in some way to qualify as a social innovation- either new to the field, sector, region, market or user, or to be applied in a new way.”

This definition stresses the need for the intervention to have some degree of novelty. Thus data that demonstrates how the intervention can be deemed to be new is important to gather and as these various domains illustrate, it is important to capture the context into which the pilot intervention has been placed and establish how it differs from previous service delivery activity or what different experience does it provide service users that they cannot gain elsewhere. Therefore in applying this to the wiki data collection process, questions were included about the nature of the problem being addressed. The intension was to establish:

1. What was the issue that the pilot would address?
2. How had the issue emerged in that area?
3. Was it a new issue or had it become a more significant issue for some reason? If so, what contributed to this change?

A question about stakeholders would also contribute to understanding how this pilot could be defined as a social innovation as a list of those involved may indicate a new delivery partner for example. Alternatively the data, when analysed, could highlight that although to those involved their partnership working was normal practice that when compared to other areas it in fact differed in some unique way from other areas or regions.

A key element of social innovation is engagement with and involvement of the people for whom the social innovation is intended to support, in this case older people (Kinder 2010). Therefore it was important to include a range of questions which could demonstrate and track the development of the relationship between the pilot team and the older people from the area in which the intervention would operate. These sections of the Wiki included questions about who the target group were, how ideas were generated and the acceptability of the intended intervention not only to the stakeholder

organisations but to the older people who would be the intended service users. Other sections which fed into the process of understanding service user engagement and involvement in the planning stages were questions related to the adaption and integration of intervention into the community.

Given that each section of the Wiki had been devised with reference to the literature on how to evaluate a social innovation it was important that those questions were addressed as fully as possible by each of the pilot teams. However, in practice there were some initial issues with completion which delayed the start of the analysis of Phase One Explore data. It is this data which is considered within the next section of this report.

## Analysis of Current Practice

### *Identifying a target group*

An important point to note when reviewing the data was that the project teams did not all begin work at the same time. Also each of the SAIL Project teams had identified different aspects of ageing that they wished to explore during the research. The different focus of each project also meant that the various projects would be directing their research towards developing interventions for different groups within the local ageing population. Some were explicit about which age groups they intended to target while other projects were not. However, information given about their plans seemed to indicate that although they had not stated an age group the project teams had in their minds a particular age group they wished to target. Table 1 indicates the age focus of projects.

Age Groups	Number of projects working with this age group
55+	1
60+	1
70-79	1
Age group not stated	5

Table 1: The age focus of projects

Although five project teams did not specify an age the implications of the project descriptions or use of the term elderly suggested that their focus was on older people who were at least past retirement age and probably older. The other two projects could have been aimed at older people approaching retirement. **For the purposes of later analysis it would be helpful to have more clarity on the target age group of each project.** This information would be beneficial for several reasons. Firstly, knowing the target age group for each project would assist when assessing how effective the pilot was at engaging their specified age group. Secondly, to establish whether the target age group found the format of the pilot appealed. **Effective engagement of target age groups could indicate whether age at intervention was a key factor in the success or failure of a social innovation.**

In relation to the target population, it is of note that, all but one project focused upon a population residing within a geographical area, often a village. However, one project team had drawn its participants from a specialist home for older people. Given the domestic circumstances of these participants both pilots being delivered by this team potentially fell outside the intended remit of SAIL. Participants engaging with these pilots were not as independent as those included within other projects. Indeed some of

these less independent participants, the pilot team reported, had severe neurocognitive conditions.

In terms of the research populations of other projects it is of note that many projects directed their interventions at both the resident population as well as older people who are in-comers to the area either as recently settled inhabitants or individuals spending prolonged periods of time within their area as second home owners. A further group that some projects targeted were tourists. Indeed one project specifically stated that older tourists were a group they particularly wished to engage with to make the local business economy more stable. However, all projects seeking to engage tourists or semi-permanent residents found it difficult. **Therefore, it is likely that the data will have limited value on understanding how a local social innovation can engage with semi-permanent or short term visitors to an area.**

In describing what had led the project teams to undertake their intervention seven projects referred to an evidence base they had compiled. Only one project mentioned evidence that had been specifically obtained through a local survey of older people's views. Another project referred to a local survey that had identified there was a lack of connection between sections of the local community which could be of greater significance to older people. However, this was implied in the project description rather than specifically stated. In some cases the data supplied made reference to projects using general research evidence on ageing and reflecting upon how the findings could relate to the needs of their local population with the use of local data sources.

Some projects referred to external drivers influencing their decision to undertake a project. A stated key driver for three of the projects was to reduce the cost of health and social care. Other project teams referred to the project being a vehicle to enhance tourism and generate economic improvement to the area. **Therefore, it may be useful to clarify with the project teams what their specific external drivers were or whether their prime reason for developing their intervention was from recognition of needs of their older population.**

It was of note that the majority of projects described how their intervention would bring people together and extend social networks. However, very few specifically stated that this social dimension was a primary aim or referred to any research evidence to support their plans. This was in contrast to those who outlined their plans for projects based upon physical exercise. All these projects linked their reasons for embarking on their intervention back to research evidence. This difference raises questions such as was there less awareness within the project teams about the relationship between social isolation and poor health. It is perhaps possible that projects did not appreciate the significance of social inclusion to their specific populations however there is a body of research which emphasises the importance of the issue for example Windsor et al. (2016) and Gardiner et al. (2016).

Within the data there are also gaps in how decisions or choices were made. For example, one project aim is to improve the quality of food consumed by the elderly but there is no indication of how the project team knew that the elderly consumed poorer quality food. Likewise, with the pilots based within specialist homes it is unclear how the team identified that this was an issue which needed to be addressed. **Overall there is a need to be clearer on the evidence bases that were used to define the scope and nature of the projects.**

The overall aim of many of these projects is to bring about change within the lives of older people either by engaging on an individual level through encouraging physical activity or at a community level by re-engineering a locality to become more inclusive and resilient. These two goals are often coupled with the need to enhance the economic sustainability of an area. It is not explicit from the data available but it would appear that most of the projects focused on villages but a clearer indication in terms of population size and/or geographical area would be beneficial as the literature makes a distinction between the health of older people in urban and rural areas (Hodgkin et al. 2018). Such findings have implications for gauging the effectiveness of each pilot intervention as the scale of improvement could be masked by either a lower or higher starting point in terms of the health status of the population. Only one project highlights specific health differences between the areas of residence. This pilot notes that older people living within the city centre area have poorer health compared to those living in the surrounding urban areas. **Overall, greater detail on the geographical area, population size and health status of pilot sites would be beneficial to contextualise project outcomes.**

### *Refining project plans*

Some of the projects supplied very limited information on how they developed their ideas with older people or how they engaged with existing local assets that could be influential in taking forward their project. A difference in approach between project teams as to how they developed their interventions was detected within the data supplied. Some project teams focused more on developing links with local assets which included other departments within their local governmental framework or businesses, charitable or voluntary organisations. This contrasted with other project teams who focused upon pursuing methods of engaging older people and capturing their views on what would be beneficial. It appeared from the data that only one project began by gathering ideas from older people and then engaged with relevant stakeholders who could offer guidance in delivering what the older people wanted. At the other end of the spectrum there appeared to be one project that predominantly focused on gathering the views of local assets and there is little reference to engaging with older people. It is therefore important to reference the literature which suggests that effective social innovation comes about through a bottom-up approach to service development. Schachter et al. (2012) describe how:

Participative processes and citizens' empowerment are considered crucial aspects of social innovation' (p.672).

**Thus, the current range of approaches taken by the project teams may offer some indication of what the effective balance is between user engagement and organisational influence in the development of a successful social innovation.**

Those projects that sought to engage older people adopted a variety of approaches and it would seem that the most effective method was to focus upon places and organisations that older people had direct and regular contact with. Projects that set up public engagement events appeared only to attract a small number of people for the effort involved. Other methods used to obtain the views of older people were surveys, focus groups and reflections on attending social events but the latter was only recorded by one project team.

Most projects focused their attention upon local assets. Only a few project teams made contact with expertise outside of their locality to develop their intervention. This is possibly a limitation for projects going forward. It is possible that by restricting themselves to only local expertise that they have not fully explored the potential implications of their plans or drawn on the experience of others undertaking a similar initiative. Possibly this had less relevance to the project teams because they were meeting each other and gained knowledge from other European colleagues. There is evidence within the data that the introduction of the buddy scheme may have formalised this process of learning from each other. For example, two project teams record in their wiki discussion that they had learnt from another pilot and highlight what expertise they gained. **Having a more detailed record of learning from each other would provide a clearer picture of the depth of research or 'fact-finding' activity that each project undertook when thinking about their project development.**

The variation in approaches taken by project teams when developing their project will be of particular interest as the expectation is that those who focused more on gathering the views of older people would be in a better position to deliver an intervention that was embraced by the target group. However, developing strong partnerships with the most suitable local assets may also be a vital activity. **Given that there are gaps in the data regarding how this stage played out it will be important to gather additional data from some project teams so that the feasibility study is able to address more effectively where the focus of the delivery team needs to lie when developing future projects that will be well received by the target group.**

Although the majority of project teams stated that older people were the beneficiaries of their intervention there are a few projects which highlighted other groups such as local businesses and local authorities.

#### *Selecting interventions to take forward*

The data indicates that many ideas were generated. Table 2 indicates the range of ideas that the pilot teams gathered and entered into the Wiki.

Ideas generated by older people	Number of pilot sites that report the idea
Walking	4
Sailing	1
Dog walking	1
Swimming	1
Cycling	2
Volunteering	2
Cooking together	2
Eating together	1
Gardening related	2
Shopping related activities	3
Attending sports facilities	1
Getting out into the natural environment	2
Adding facilities to support going out (Additional benches, public toilets and picnic tables)	1
Intergenerational activities/events	4
One off event (age group not stated)	1
Educational activities (public lectures and opportunities to learn about technology)	4

Table 2: Ideas generated across all pilot projects

When reporting the ideas generated by older participants there was a tendency for project teams with more than one pilot to submit the same or nearly the same list of ideas. This was problematical as it was unclear whether the ideas were a collective list from all pilot sites or a list specific to the data collection within the area where the pilot would operate. **Overall there is a need to investigate exactly which ideas were generated from which pilot sites.**

Many of the ideas could be categorised into four types of interventions. A key category across most projects was the provision of social events mainly themed around a sport or an activity such as listening to live music, dancing or eating different foods. These ideas reflected a cross-generational/community based activity that was not age specific and could reflect a desire by older people not to be labelled or identified as different from the rest of the population. It was of note that four pilot sites made reference to opportunities for intergenerational activities/opportunities. A second category was making suitable adaptations to the local area that would promote the use of public spaces by older people. These ideas included additional seating provision both fixed and mobile, more provision of public toilets and also better information about the location of such facilities (seating and toilets). A third category was introducing facilities that would promote outdoor activity such as picnic tables, walking trails and motion fitness devices suitable for use by older people to replicate those available to young people. The latter idea was echoing a trend within the data to make the local environment more inclusive. A fourth category was ideas that employed the time and intellect of older people and some of these were innovative ideas such as open lectures on topics of local

interest, opportunities to gain digital skills and also to support the local tourism industry during high season when the sector experienced staff shortages.

Several project teams noted that the ideas generated had surprised them and one highlighted how many of the older people were looking for semi-leisure activities that included doing small repair tasks, gardening or looking after children. One project team reflected that this was not what the SAIL team had initially thought would be the case. However, this differing outlook that the present generation of older people has is reflected within the literature (Kendig et al. 2016). **An early finding could be that those seeking to support older people in remaining independent for longer should have no fixed view in terms of what older people will seek to support their wellbeing and it will vary from one generation to the next therefore interventions that work now may be less effective in the future. This means that intervention will need frequent review to ensure continued value to the target group.**

When looking at the motivation behind the ideas of the older people a recurring theme was social contact. Many of the suggested ideas for interventions either offered the opportunity to meet people, or to feel part of a community. A strong theme was that these opportunities should not be just for older people. It was apparent that events such as music festivals or family fun days were selected to enable intergenerational contact and ensure that older people came in to social contact with younger people. Reference was also made to being able to spend time with children (as a carer) or with young people at a public lecture.

Although some organised physical activities were suggested such as organised walks there was a stronger emphasis on adaption of public spaces to enable older people to be more active when it suited them. For example more public toilets and bench seating within the town centre. Therefore the motivation of the older people does seem to reflect two things. Firstly, recognition that they will need adaptations to be made to continue enjoying activities they have always done such as walking into town. Secondly, that the older people had a strong desire to be in and contribute to the community. **There would also seem to be an implied view that older people did not necessarily want organised activities that were intended only for older people. Given this preference it will be interesting going forward with the SAIL project to see how successful any interventions which are solely focused on older people will be compared to those that take a community-wide approach. It is also important to be mindful that the degree of success for community-wide projects will not only depend on older people engaging but other parts of the community embracing the idea of intergenerational activities.**

#### *Developing plans to introduce interventions*

Most projects reported enthusiasm from that various stakeholders for developing a project. Stakeholders referred to were local business or local government organisations. A few projects included older people as stakeholders and reported that they too were enthusiastic. A number of the projects had intended to include non-permanent residents within their plans but all of these projects reported difficulties in engaging participants from this section of their local community.

One project had particular difficulties in assessing acceptability of their proposed intervention because of the older people their project was targeting. The team reported that those participants within the specialised home due to the severity of their cognitive conditions were unable to offer feedback on intervention. This left the project team without a direction on how to proceed.

#### *Demand for the interventions*

The data collection process sought information on the potential scale of the projects by asking about demand. However this question was interpreted by project teams to be seeking information on how they knew what the older people wanted in terms of an intervention. **Therefore, follow-up work is required to capture some statistical data on how many people sought this type of intervention and so that some idea of what the optimum size and scale of any intervention might be or indeed what is the smallest number at which the intervention can effectively operate.**

#### *Practical issues related to implementation.*

The data indicated that implementation had either been relatively straight forward because existing resources were being adapted or re-directed or it had been difficult because there was a need to secure new or additional funding. Where projects were looking for additional money, a key purpose was to deliver additional training of existing staff to support the delivery of the new intervention. In one case the additional funding was also to adapt an existing space to better accommodate the proposed activity. However, where interventions were new and there were no existing resources to re-directed, project teams had to seek funding from other sources such as, local authorities through a bidding process. There were also difficulties within this as changes in staffing meant that established relationships between the project team and other partners were broken and time was needed to develop new relationships, a common issue in partnership working (Crossen-White et al. 2018).

An alternative source of support for one project team was local businesses however, the involvement of these businesses could be quite situation-specific as the reported motivation was that the owners of the business had a strong community bond having spent all their lives within the locality.

Although only one project team reported using an older person's organisation to provide publicity for their intervention it is highly probably that other teams did this but it was not recorded within the wiki.

Developing some of the interventions also required new skills and expertise that needed to be sourced but there is no detail on how this was achieved and indeed how it was funded.

### *Adaptations to pilot projects*

Few project teams reported adaptations to their interventions with the exception of one who through the delivery of the pilot found that one partner was less flexible in approach than anticipated and as a result they will in the future work with a different delivery partner. However, there is a lack of detail as to how the alternative partner was identified. Given the comments about the breakdown of established partner relationship slowing down other projects it would be helpful to explore this partner switch further. Greater understanding of the situation could inform future projects of either how avoid delays due to relationship breakdowns or how to minimise the impact on delivery.

As highlighted earlier the project team working with older people living in specialist homes had specific issues in relation to establishing whether adaptation was needed and what these changes should be due to the limited ability of their participants to express their views.

### *Concluding comments*

Throughout this section issues that require further investigation or clarification have been highlighted. To address these issues the Bournemouth University Team propose that additional data collection is undertaken in the form of one-to-one interviews with members of the project teams.

## **Overview of Economic Impact and Cost Effectiveness**

It is important to remember that the economic impact of the projects is not the main purpose of this research project. However, moving forward as highlighted in the previous section data collection will need to incorporate more detail in relation to costs of delivery and scale of take-up. It is evident that some resources are being re-directed but there are also additional resources being introduced either in terms of the financial amount or in-kind contributions and this detail needs to be captured to enable any assessment of economic impact.

In terms of in-kind contributions, in an ideal world it would also be useful to have some mechanism to assess how local businesses that supported projects benefited economically. Theoretically, if a business was identified by the community as contributing to the projects it is likely that residents may have a more favourable view of the business. This could lead more people to choose that business over another in recognition of what the business is putting into the community, in a sense a form of brand loyalty. If this proved to be the case then it could be that this would be an incentive for other businesses to contribute in the future. This may overcome some of the difficulties currently being captured within the data concerning identifying additional funding to develop pilots into fully operational projects.

At this test phase of the project it is hard to undertake any assessment of cost effectiveness. Also it would appear that most of the initiatives being developed through the SAIL project are new, which makes effective comparisons more problematic. However, it may be possible to compare the impact measures of the SAIL projects against 'usual practice' within each area. Early indications are that in many project sites there would appear to be limited provision for older people. However, the data so far reports that older people largely are not seeking specialist provision that targets older people. Instead they are seeking intergenerational activities therefore both the SAIL data and the literature indicate that the notion of 'usual practice' may be much harder to define and use as a basis for assessing cost effectiveness.

Furthermore, it is likely that the areas of gain for the SAIL projects are likely to be more evident over time and as they relate to issues such as the cost of future care. Thus quantifying these outcomes would extend well beyond the duration of current projects and require a longitudinal study to pinpoint at what stages of ageing benefits accrue most.

Therefore, with these issues in mind the Bournemouth University Team have been considering other means of assessing effectiveness. A dominant theme to come from Phase One: Explore data was what type of activities and opportunities that older people valued. As a result it could be of highly beneficial to consider undertaking an analysis that looked at the social value attached to these projects. Currently, the Bournemouth University Team is reviewing how such an assessment can be best implemented.

## Key Success & Failure Factors

As the project progresses the expectation is that further data will enable the identification of a greater number of influential factors in the delivery process. At this stage of the data analysis the following factors have been identified. As there is still much more data to receive from the projects, it is likely that the factors so far identified will be modified as further data becomes available and others added to the list.

### *Success factors:*

- Projects that are created by re-directing existing funding are more likely to move forward at a quicker pace compared to projects without the required financial resources in place. Those projects requiring new funding have needed to put significant time into securing funding rather than promoting and delivering their project.
- Developing partnerships with businesses could provide in-kind support for projects which may offer a vital funding source for future projects.
- The more successful projects are likely to be those that recognise that older people seek social inclusion rather than to be treated as a distinct group requiring specialist services. The data so far demonstrates a desire to engage in intergenerational activities and that age for many is not a limiter or a barrier to being involved in a wide range of activities including those that use technology.
- There is an apparent shift in what older people see as appropriate support and a successful project is likely to have in-built mechanisms to monitor this trend and have strategies in place to respond to emerging signs of change.
- A period of consultation with older people is important to identify the right focus for any successful project.
- Successful projects are likely to have a wider network of partners to ensure continuity of project delivery. As identified within the SAIL data one delivery arrangement did not work out but the project team had available to them an alternative partner who they could call upon to ensure that project delivery was maintained.
- Older people thus far have highlighted that as they age they are aware they will need to modify how they approach regular activities. For example they may need to take regular stops on walk that previous they could complete without taking a break. Therefore, projects which work with older people to identify and develop suitable adaptations to public spaces and/or current opportunities for taking exercise or meeting up socially are likely to be well received by older people

*Failure factors:*

- Projects that neglect the importance to older people of building and maintaining social networks across age ranges are likely to have less appeal to older people.
- Projects that solely focus upon physical activity have the potential to be less appealing to older people as the dominant trend within the data is for a wide range of activities but that these should always involve making social contact with other people.
- Projects that set out to specifically target older people may be less popular than projects which seek instead to adapt and enhance the local environment to ensure older people are not excluded due to the effects of ageing. The data provides clear indications of the types of adaption required. These ideas focus on inclusivity and aim to make public spaces more accessible and user-friendly for older people but equally they could support access for other people with specific conditions or needs.
- Those projects which need to seek new funding may find the delay between initial consultation with older people and the delivery of the project is a factor that results in failure. Older people may see the delay as frustrating or perceive the lack of progress through to delivery as a lack of interest in their views and as a result disengage with the project.
- Selecting types of projects to deliver without consultation with older people is likely to lead to failure as has been identified in the initial SAIL data.
- A difference in approach between project teams and delivery partners is an area that could lead to the temporary or permanent stoppage in project delivery. Hence it is necessary to have a clear shared understanding at the outset as to how a project is to be delivered.

The literature also highlights particular factors that can influence success or failure. For example Neumeier (2017) suggests the size of the area in which the social innovation operates might affect success with smaller areas being more likely to be succeed. One explanation for this outcome could relate to there being a higher socio-emotional bond within a small area.

In addition, Neumeier (2017) highlights that there is evidence to suggest that areas that are familiar with the participation process or have a history of collective action may be areas more likely to embrace the introduction of social innovation projects. This is a view also supported through earlier research by Edward-Schachter et al (2012) who state that 'Participative processes and citizens' empowerment are considered crucial aspects of social innovation' (p672). **Thus it could be useful moving forward to develop some profile of the areas in terms of size and the residents past experience of participatory processes to test these previous research findings with regard to positive factors that influence the success of social innovation projects.**

## **Planned Publications:**

Currently there are two papers that have been drafted which reflect the phases of work so far undertaken. These are:

- Methodological paper (draft)
- Literature review concerning social innovation

### **Paper 1: A Methodology Paper: The application of the principles of grounded theory through the use of an Expertise Management Methodology (EMM)**

This paper discusses the use of grounded theory methodological principles and their application through the mechanism of an EMM model used to inform an international feasibility study focused on evaluating ten projects using social innovation strategies across four countries to improve the health and wellbeing of older people. This endeavour was entitled the SAIL project standing for Staying Active and Independent for Longer.

An expertise management methodology (EMM) helps to capture human expertise and aims to describe and improve complex situations in which people interact with often conflicting world views in order to achieve goals. Cross agency working with older people to achieve social innovation is such a complex situation with each agency and the older people involved bringing their own world views, and underpinning beliefs and values.

#### *Grounded Theory*

Charmaz (2006) sums up the defining features of the process of grounded theory as follows: We gather data, compare them, remain open to all possible theoretical understandings of the data, and develop tentative interpretations about these data through our codes and nascent categories. Then we go back to the field and gather more data to check and refine our categories.

Grounded theory involves the process of identification and integration of categories of meaning from data. It is the process of data collection and category identification and integration (the grounded theory method) and its product (a grounded theory). The

method provides us with guidance on how to identify categories, how to make links between these and then how to establish relationships between them.

A grounded theory is the end-product of this process; it provides us with an explanatory framework to understand the phenomenon under investigation in this case social innovation involving older people. In order to identify, refine and integrate categories, and ultimately to develop theory, researchers use a number of strategies, including constant comparative analysis, theoretical sampling and theoretical coding.

The EMM offers a framework for capturing knowledge on a particular domain systematically. By studying one or more situations models can be developed that explain the phenomenon under study which can then be further tested (De Bruin & Rossing 2017). In the study methodology presented here the project team aimed to explore multiple examples (10) of social innovation across four countries through a feasibility study. This offered great complexity in terms of the different teams working on the project and their experiences of introducing and developing social innovation projects with older people. However it also offered substantial learning through the project and the EMM provided an opportunity to collect this knowledge as it developed through an online wiki primarily which enabled the grounded theory to develop systematically over the three and a half years of the SAIL project.

Let us take a closer look at the major analytical constructs, or building blocks, of the grounded theory method and its application through the use of the EMM model.

### *Categories*

These designate the grouping together of instances (events, processes, occurrences) that share central features or characteristics with one another. Categories can be at a low level of abstraction, in which case they function as descriptive labels (Strauss and Corbin 1990). As grounded theory analysis progresses, the researcher is able to identify categories at a higher level of abstraction. These categories are analytic rather than descriptive. They interpret, rather than simply label, instances of phenomena. Both descriptive and analytic categories are based upon the identification of 'relations of similarity and difference' (Dey 1999); however, they function at different levels of abstraction. Categories in grounded theory emerge from the data, they are not mutually exclusive and they evolve throughout the research process.

The EMM is a valuable tool to develop categories as it collects information on questions which can be developed further as the data collection progresses, it allows participants to log into a wiki to answer questions at any time, helping to capture their experiences, and learning as it happens. In addition for this project further data collection occurred at particular points in the development of the social innovation to complement the EMM data captured on the wiki and to further explore complex situations needing clarification. Particularly at the start of the projects in order to undertake participant observation focused on the process of engaging with older people to develop the social innovation and later in the project in order to further explore in detail emerging theory and issues needing clarification.

### *Coding*

This is the process by which categories are identified. In the early stages of analysis, coding is largely descriptive. Here, descriptive labels are attached to discrete instances of phenomena so new categories emerge frequently as a result. As data collection and analysis progresses, the researcher is able to identify higher-level categories that systematically integrate low-level categories into meaningful units. In other words, analytical categories are introduced. Because grounded theory aims to develop new, context-specific theory, category labels should not be derived from existing theoretical formulations but should be grounded in the data. Ideally, category labels should use words or phrases used by the participants in the study. This helps the researcher to avoid importing existing theory into the analysis.

### *Constant comparative analysis*

This ensures that the coding process maintains its momentum by moving back and forth between the identification of similarities among and differences between emerging categories. Having identified a common feature that unites instances of a phenomenon, the researcher needs to refocus on differences within a category in order to be able to identify any emerging subcategories. Constant comparative analysis ensures that the researcher does not merely build up categories but also breaks them down again into smaller units of meaning. In this way, the full complexity and diversity of the data can be recognized. The ultimate objective of constant comparative analysis is to link and

integrate categories so that all instances of variation are encapsulated by the emerging theory.

The EMM enables this process of constant comparative analysis through offering a platform for the capture of experiences and learning as it occurs, and offering a record of responses as in this case from ten projects across four countries which is systematic and organised against the questions required from a feasibility study thus enabling the researcher to navigate through all responses around one area as codes, categories and theories emerge.

#### *Negative case analysis*

This ensures that the researcher continues to develop the emerging theory from their evidence as it is collected. Having identified a relationship between categories, grounded theory researchers need to look for 'negative cases' or examples of data where their theory does not fit. The identification of such examples allows the researcher to elaborate on the emerging theory, adding depth and density to it, so it can capture the complexity of the data on which it is based.

#### *Theoretical sensitivity*

This is what moves the researcher from a descriptive to an analytic level. In grounded theory, the researcher interacts with the data. The researcher engages with the data by asking questions, making comparisons and looking for opposites. This may involve going back to the sources of the data to collect further data. Data collection and coding are both part of the process of grounded theory analysis.

As identified here the EMM offers a simple way of capturing the data and enabling the researcher to quickly adapt questions and analyse responses as they happen.

#### *Theoretical sampling*

This involves collecting further data in the light of categories that have emerged from earlier stages of data analysis. Theoretical sampling means checking emerging theory against reality by sampling incidents that may challenge or elaborate a developing theory. While the earlier stages of grounded theory require maximum openness and flexibility to identify a wide range of predominantly descriptive categories, theoretical

sampling is concerned with the refinement and, ultimately, saturation (see below) of increasingly analytic, categories.

### *Theoretical saturation*

Ideally, the process of data collection and data analysis in grounded theory continues until theoretical saturation has been achieved. In other words, the researcher continues to sample and code data until no new categories can be identified, and until new instances of variation for existing categories have ceased to emerge. At this point, a set of categories and subcategories captures the bulk of the available data. However, theoretical saturation functions as a goal rather than a reality. This is because even though we may (and ought to) strive for saturation of our categories, modification of categories or changes in perspective are always possible.

### *Memo-writing*

This is an important part of the grounded theory method. Throughout the process of data collection and analysis, the researcher maintains a written record of theory development. This means writing definitions of categories and justifying labels chosen for them, tracing their emergent relationships with one another, and keeping a record of the progressive integration of higher- and lower-level categories. Memos will also show up changes of direction in the analytic process and emerging perspectives, as well as provide reflections on the adequacy of the research question itself.

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## **Paper 2: Literature Review of social innovation as it relates to older people**

### Introduction

This paper relates to preparatory work undertaken to inform an EU funded research project that used the concept of social innovation to find new ways to support active ageing within four countries across Europe (the Netherlands, Belgium, France and the UK). The research involved a number of academic partners and each had research collaborators from within their local areas that were either based within local government or part of the third sector. The aim of the research was to develop projects within each of the geographical areas that responded to the specific local needs of older inhabitants. The overall purpose was to deliver activities that would help ensure older people lived active and independent lifestyles for long within their community.

The growth of the ageing population world-wide is of particular concern given the implications this has for increasing the costs of health and social care provision particularly in an period of financial constraints. Hence there is a need to look as new and different strategies for addressing health and social care in the future. One solution could be to introduce support mechanisms now that could maintain the independence of older people for longer. One concept that may be able to deliver new thinking with regard to this aim is the concept of social innovation. As a concept it has received increasing attention from academics over the last few decades (Agostini et al. 2017) and even more so following the global financial crisis (Neumeier 2017). However the literature highlights that although there has been increasing research interest in the concept the situation still remains that the 'state of knowledge continues to be fragmented' (van der Have and Rubalcaba, 2016, p.1923) with regard to how social innovation can be effectively employed. Therefore, the project team wished to contribute to the current knowledge by considering how the concept could work with a specific group who have particular needs that being older people.

An initial search of the literature indicated that there was a wide range of contexts within which social innovation had been utilised. However, from this cursory review of

the literature there appeared to be limited research on what impact the use of social innovation can have upon actual service delivery. As a result it was decided to undertake a literature search that would identify if this initial indication was in fact correct.

### *Literature search*

As indicated above the literature highlighted that constructing the literature search may be problematical because:

“The diversity of conceptualizations creates ambiguity in the use of the term”

(van der Have and Rubalcaba 2016 p.1925).

This indicated that rather than using a single term to define social innovation within the search strategy several may be required. The initial review of the literature for example identified the term social entrepreneurship which appeared to be used interchangeably in some sections of the literature. In addition it was apparent that there was widespread use of the concept within a range of disciplines ranging from rural development (Neumeier 2017) to applications of technology assisted care options (Kinder 2010). There was also a wide range of countries where the principles of social innovation had been applied including richer nations as well as those that were emerging economies.

As the purpose of the literature review was to better inform the research team on how social innovation could be effectively used with older people in the context of health and social care provision the search was constructed around 3 domains. The first domain reflected terms to describe the concept of social innovation; the second domain refined the search to focus on health and social care and the third domain aimed to further focus the literature search employing terms that defined older people. The search was piloted and had to be refined through several further versions until there was confidence in the precision.

The finalised search strategy was then applied to the Academic Search Ultimate database that provided access to over 17,000 peer-reviewed journals and can simultaneously search multiple databases which include Medline Complete, CINAHL,

EBSO Host, PsycINFO and SocINDEX. Limiters were applied to the search and these restricted the search to articles published within the previous five years (2014-2019) and written in English language.

As predicted, although there were high yields within the first two domains – those focusing upon terms for social innovation and health and social care, when these yields were combined with the third domain – terms for older people the yield reduced significantly leaving a yield of 43 articles. After initial review and removal of duplications this was further reduced to a precision of 19.

However, from initial online searches the research team had identified several large scale social innovation projects that focused on older people for example the InnovAge, an EU funded project and work undertaken by RAND Europe for the World Health Organisation (WHO). Despite these large projects a cursory review of the results only identified one article relating to either of these research projects. Therefore it was decided to undertake a hand search for additional articles based on the reference lists of retrieved precision and also do further online searches for an additional grey literature of relevance.

#### Description of retrieved articles

The literature search identified articles from a wide range of journals which reported on projects from around the world. Table 1 provided information on the articles such as source of publication, country of origin and methodological approach. A number of the articles focus on specific situations which are more unique such as supporting older people rebuild their lives following an earthquake or returning to daily life after a period of conflict. There is also a mix of urban and rural locations. A strong theme that resonates from these articles is the importance of interventions being focused on providing opportunities for social interaction. The range of activities captured within this search initially indicates that the type of intervention is perhaps less relevant it is rather a vehicle that enables individuals to grow their social networks within their community and thus report greater sense of wellbeing.

Author/s	Year	Journal	Title	Country	Research Approach
Adisa, O	2018	Older People 22(3) p.148-153	Third sector partnerships for older people: Insights from live at home schemes in the UK	UK	Qualitative and Quantitative
Chipps, J. & Jarvis, M.A.	2016	Ageing and Mental Health20 (12) p. 1264- 1270	Social capital and mental wellbeing of older people in a residential care facility in Durban South Africa	South Africa	Quantitative Descriptive survey
Colistra et al.	2016	Journal of park and recreation administration 35(2) p.37-50	The meaning of relationship building in the context of the community centre and its implications	USA	Qualitative
Focic, A	2017	International journal of integrated care	Overcoming social exclusion and promoting dignity of older people in a post-war country	Bosnia	Project description
Gonzalez- Ortiz, et al.	2015	International journal of integrated care 15 (Conference abstract)	Independent living for older people: What could we learn from Switzerland?	Switzer- land	Qualitative (Secondary data)
Grant, et al.	2017	Qualitative Health Research 27(11) p1701- 1712	The social relationships of a health walking group: An ethnographic study	UK	Qualitative (Ethnographic)
Hodgkin et al.	2018	Rural and remote health, 18, 4547	Predicting wellness among rural older Australians: A cross sectional study	Australia	Quantitative

Author/s	Year	Journal	Title	Country	Research Approach
Liamputtong, P & Sanchez, E.L.	2018	Activities, adaptation and ageing 42 (2) p.124-142	Cultivating community: perceptions of community gardens and reasons for participating in a rural Victorian town	Australia	Qualitative
Litwin, H & Stoeckel, K.J	2014	The Gerontologist 54 (5) p.762-772	Confident network types and wellbeing among older Europeans	European countries	Quantitative
Mani, G.	2017	Family medicine and community health 5(3) p208-10.	Social prescribing for healthy ageing: sustaining social capital in India	India	Literature based
Merriam, S.B & Kee, Y	2014	Adult Education Quarterly 6 (2) p 128-144	Life-long learning important factors in health ageing.	Various	Literature based
Pan, H,	2018	Social Work 63 (1) p75-82.	Social capital and life satisfaction across older rural Chinese groups: does age matter?	China	Quantitative
Paldnesu, C.	2014	Management and marketing challenges for the knowledge of society 9 (2) p105-118.	Current trends in social innovation research: social capital. Corporate social responsibility, impact measurement		Literature review
Rutschmann, C.	2017	International journal of integrated care 17(5) p1-8	Active empowerment and young at heart	Bulgaria	Qualitative

Author/s	Year	Journal	Title	Country	Research Approach
Sinigaglia, A. & Neary, D.	2015	International journal of integrated care	Putting users at the heart of care: engaging the 'cared for' in integrated innovation	European	Qualitative
Joe et al.	2019	Age and Aging 48 p87-93	Community Involvement, trust and health related outcomes among older adults in India	India	Quantitative
Yiengprugsawan et al.	2018	Quality of life research 27 p1277-1282.	Changes in social capital and health outcomes mid-later life social connectedness	Australia	Quantitative
Yotsui et al.	2016	Aging and society 36 p1052-1083	Collective action by older people in natural disasters: the great eastern Japan earthquake.	Japan	
Zhang, Z & Zhang, J.	2017	Journal of environmental psychology 51 p82-94	Perceived residential environment of neighbourhood and subjective well-being among the elderly in China: Mediating role of sense of community.	China	Quantitative

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Kinder, T., 2010. Social innovation in services: Technology –assisted new care models for people with dementia and their usability. *International Journal of Technology Management*. 51(1), pp106-120.

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## **Reflective Report**

Thus far the commitment from all member of the SAIL project team has been substantial for the overall project itself particularly engaging with older people to focus on developing social innovations and improving their health and well being.

From the perspective of the evaluation team interacting with the rest of the project teams has been primarily through the twice yearly meetings of the SAIL project team overall. As a team we have also met at these regular twice yearly meetings ourselves and in addition have met either in person or on line early in each year of the project to ensure co-ordination of our evaluation activities is on going.

We have presented our ideas and plans for evaluation including the data collection matrix and the EMM Wiki each time we have met. It has taken some time (three meetings) for all the project teams to understand the structure, principles and requirements of WP3 the feasibility study and for all the teams to realise that participation in the evaluation is an essential component of the SAIL project.

Using the EMM Wiki is proving to be a very useful methodology for capturing the learning of the project teams in relation to social innovation with older people. Our one issue however is encouraging and enabling the teams to complete the online questions promptly.

Most recently the SAIL project manager has suggested that starting to build the case studies from the WIKI responses may help to engage the teams as the site will become more attractive and more individualised to their own projects. This will be our next strategy to enable all teams to complete all the questions required from all four phases (explore, design and develop, test and evaluate) of the SAIL project.

It is important to also mention the added value which has been offered by our evaluation team so far, as some of the academic partners are focused on evaluating projects which include those with cognitive issues some specialised insights are being discovered to help facilitate the social innovation process with those individuals and groups to enable a focus on health and wellbeing for them in the future. This is innovative and essential work to improve the quality of life for older people living with a variety of issues.

Currently the evaluation team is collecting the efficacy testing data with our project partners and the older people engaging with the SAIL project activities.

In addition further additional data collection is planned through interviews with teams and the older people involved with the social innovation in order to further explore the emerging theory on what makes a successful social innovation and what key success and failure factors may be.

Overall the learning from the SAIL project will be important and relevant for the development of successful social innovation in the future on the vital area of enabling us all to stay active and independent for longer.

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## **Appendix 1: Questions used in the EMM data collection process that inform the Feasibility Study**

To gather data for the feasibility study each project was asked to respond to the following questions for each phase of SAIL. These questions were devised based upon research evidence about what factors might contribute to a successful social innovation project.

### *Phase One: Explore Phase*

Project information:

Pilot Title and Project Manager (also indicate who is contact for ensuring completion of WiKi data)

Project description:

1. **What is the problem/issue you are trying to address?**
2. **Pilot aim:**  
What is it and how did you arrive at it?
3. **Stakeholders on your pilot:**  
People and organisations represented, number of stakeholder meetings and total number of people at each stakeholder meeting.
4. **Pilot Beneficiaries:**  
Who will benefit from this pilot?  
What is the goal that you are trying to achieve with this pilot?
5. **Adaptation:**  
Have you made any changes to your original plans in the application, why did you make the change and what information did you base your new plans on?
6. **Ideas generated:**  
What ideas were generated from your stakeholder meetings?
7. **Values for selection:**  
Based on the information collected at the stakeholders meetings and other interviews or conversations held in the location, what are important underlying values for your project? For example, valuing the opinions of your users or needing your project to be cost neutral at this stage for some of your partners?
8. **Acceptability:**  
How did the project team, other organisations and your participants react to the project idea?

What is the level of involvement/commitment from each group at this stage?  
Evidence could include: participant observation at initial project meetings and the reflections of the project group.

**9. Demand:**

What is the demand for your project?  
How do you know about levels of demand?  
What information did you use to help you identify demand?

**10. Implementation/Practicality/Organisational/Financial Feasibility:**

How feasible does your project look to your team at this stage in terms of practicality, and financial feasibility?

**11. Additional assets or resources:**

Do you need any additional assets or resources including expertise to help you deliver your project?  
When did you identify this need?

**12. Adaptation:**

Have you made any changes to your original plans?  
If so, why did you make the change?  
What information did you base your new plans on?  
Types of changes could include: changes you made to the context, format, timing, setting or population at this stage?

**13. Integration:**

Do you think this project will work within the current local setting/structures?  
What changes need to be made to integrate your new project into existing infrastructure or programs?

**14. Selected ideas, themes or approaches for the next phase of SAIL:**

Based on the areas stated above, which ideas from your meetings have been selected for Phase 2 of SAIL: Design and Development?

***Phase 2: Design and Development***

**1. Description of the project and the local area:**

Please include any relevant needs assessment or/and, other data sources focusing upon for your target population and area.  
Is there a history in your area of social innovation or collaborative action with communities? If so please include an example.

**2. Assets or resources available to your project:**

For example what expertise has your team got that helped you get started with this project?

**3. Geographical setting:**

Please describe where your project is based. For example, is your project based in a rural or urban area?

What is the area of catchment for participants?  
Does your project operate on a single or multiple sites?

4. **Current situation:**

What currently happens` in relation to the problem or issue which your project hopes to change?

Is your project new or are you building on an existing project?

5. **Demand:**

What would you anticipate the demand might be for your proposed project at this stage?

What information have you used to forecast this level of demand?

6. **Expansion:**

Are you planning to expand an already-successful project with a different population or in a different setting? Please describe your reasons for this and what information you used to inform your decision.

7. **Information capture for the project.**

Please make a plan and decide what strategies you are going to use and when. As a minimum everyone needs to keep their meeting minutes/notes and attendance details. Other ideas are photos/videos/diaries/attendance numbers/participant feedback/log book. In relation to the SAIL feasibility study you will need to be able to say who attended your project and when also including the participants age and gender if possible.

8. **Acceptability:**

How was the project proposal recieved by a) your team members/organisational partners b) your target community/potential participants? Evidence would include: participant observation at initial project meetings, qualitative interviews with participants and project staff or correspondence related to the proposal ie emails exchanges.

9. **Adaptation:**

Have you made any changes to your original plans, why did you make the change and what information did you base your new plans on?

10. **Identification of key contributors:**

This could be individuals, including participants or organisations that are central to the success of the project. In what way do they benefit your project?

Phase 3: Test

1. **Efficacy Testing**

Appropriate measures will be undertaken at three specific points (before, during and after participant`s involvement in the projects) and this will capture change over time. Measures are needed from all projects these may include (to be discussed):

- a. Perceived wellbeing
- b. Perceived health
- c. Levels of empowerment
- d. Levels of independence
- e. Levels of social isolation
- f. Physical activity
- g. Eating habits

**2. Participants self-identification of change**

Do the participants feel that any changes have occurred for them through participation in the project and if so what?

This information is ideally collected through qualitative methods, such as open questions on an evaluation form or interviews.

*Phase 4: Evaluation*

**1. Acceptability:**

How did the project team, other organisations and your participants react to the project?

What was the level of involvement/commitment for each group?

Evidence could include: participant observation at initial project meetings and qualitative interview's with participants and project staff in this evaluation phase.

**2. Introducing your new project:**

Did you offer taster sessions or introductory sessions on your project? Do you think this influenced uptake on your project?

**3. Demand:**

What was the demand for your project?

Evidence would include: numbers of attendees, indication of any particular activities that were either more or less popular with participants. Also record instances of higher/lower demand for resources offered.

**4. Implementation/Practicality/Organisational/Financial Feasibility**

Were the projects fully implemented as planned?

During implementation, were there any issues related to resources?

Resources could include: people, time commitment, transport or finance.

**5. Additional assets of resources:**

Did you need any additional assets or resources including expertise to help you deliver your project?

**6. Adaptation:**

Have you made any changes to your original plans?

If so, why did you make the change and what information did you base your new plans on? Areas to reflect on are: the context, format, timing, setting or population.

**7. Integration:**

Does this project work within the current local setting/structures?  
What was the level of change needed to integrate the new project into existing infrastructure or programs?

**8. Influence of the project:**

Has your project had any wider influence on other individuals, groups, organisations or the wider community? If so, in what ways?

**9. Barriers to delivering the project:**

Did you feel there were particular barriers to delivering your project? For instance financial, resources, timing, lack of organisational support or other.

**10. Enablers for the project:**

Did you feel there were particular enablers to delivering your project? For instance financial, resources, timing, strong organisational support or other.

**11. Identification of key contributors:**

Were there key individuals including participants organisations or relationships who were central to your project, and in what way did this benefit your project?