





# Bristol Drugs Project Group Work Peer Support Pilot

December 2015 - July 2017

# **Bristol Drugs Project - Group Work Peer Support Pilot**

**July 2017** 



December 2015 - Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. In Autumn 2015, BAB began to commission sixteen pilot projects as part of the Group Work Peer Support Service. These pilots tested different methods of group work and peer support in tackling loneliness and isolation.

> Group work and peer support use peers to help people focus on their assets, abilities and potential routes to recovery and general wellbeing. It mobilises the insights and empathy of people who share similar problems or experiences to support their peers, in this case regarding loneliness and social isolation.

> This report provides an overview of the pilot project delivered by Bristol Drugs Project (BDP), including their outcomes for participants, their successes and challenges. In line with BAB's 'test and learn' approach, this report will highlight key points of learning and advice which may be useful for other projects within Bristol Ageing Better or the other thirteen Ageing Better areas funded by the Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

# **Project overview**

Bristol Drugs Project (BDP) recruited '50+ Alcohol Support Champions' who were aged over 50 and had current or previous problematic alcohol use. In March 2016, these volunteers each received 40 hours of training in group work and peer support, focused on topics such as using boundaries when telling their story, listening skills and public speaking.

Once trained, these volunteers:

- Delivered 57 peer-led Alcohol Brief Interventions 5 home visits alongside a BDP 50+ worker, 29 interventions within BDP's existing groups (for example a controlled drinking group and an alcohol detox group) and 23 within BDP events and drop-ins.
- Attended 3 representation opportunities the Bristol Drugs Project whole agency meeting in May 2016, the Bristol Ageing Better Conference in June 2016 and a Bristol Older People's Forum meeting in November 2016.

The volunteers also attended their own peer-support sessions in recognition that the role of Alcohol Support Champion may bring up issues for these volunteers which they may need support with. Three of these sessions were led by a facilitator, while the others were completely peer-organised and peer-led.

The role of Alcohol Support Champions was intended to validate the lived experience of older people with a problematic use of alcohol, motivating individuals to engage with help and raising awareness of older alcohol use within services in order to help these services to identify those in need and respond appropriately.

# **Participants**

10 participants provided information about their characteristics by completing BAB's CMF (Common Measurement Framework) forms. Of these, 3 were female (30%) while 7 were male (70%). Ages ranged from 50 to 65, with an average age of 57.

6 lived alone (60%), while 3 chose not to provide this information and 1 lived in residential accommodation. In terms of sexual orientation, 5 reported being heterosexual, 1 reported being bisexual, 1 reported being a lesbian and 3 people chose not to provide this information.

4 had a long-standing physical or mental illness or disability (40%). while 2 reported giving unpaid help to someone who was sick, disabled or elderly (20%). 40% of participants had high levels of loneliness and social isolation at the start of the project.

# **Project process ANALYSIS** DELIVERY RECRUITMENT of outcomes, reflection of 57 peer support of 6 volunteer Alcohol on learning and production interventions **Support Champions** of pilot report CMF TRAINING **EVALUATION** for the Alcohol Support QUESTIONNAIRES Champions in group work completed at the beginning and end of and peer support project involvement

# **Outcomes for participants**

Participants answered a set of questions at the start of their involvement with the pilot project, and then again at the end of their involvement. These were standardised questions in the form of BAB's Common Measurement Framework (CMF) – a series of questions completed by participants across the Bristol Ageing Better programme as well as within the thirteen other Ageing Better areas funded by The Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

5 participants answered the CMF questions at both the beginning and end of the project. The following outcomes are therefore based on the information provided by these 5 individuals. At the end of the pilot project:

- 60% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 20% of participants reported an improvement in at least one aspect of wellbeing.

The scales overleaf show the average scores relating to loneliness/isolation and wellbeing before and after participating in this pilot project.

More detailed outcomes information can be found in the appendices.

60%

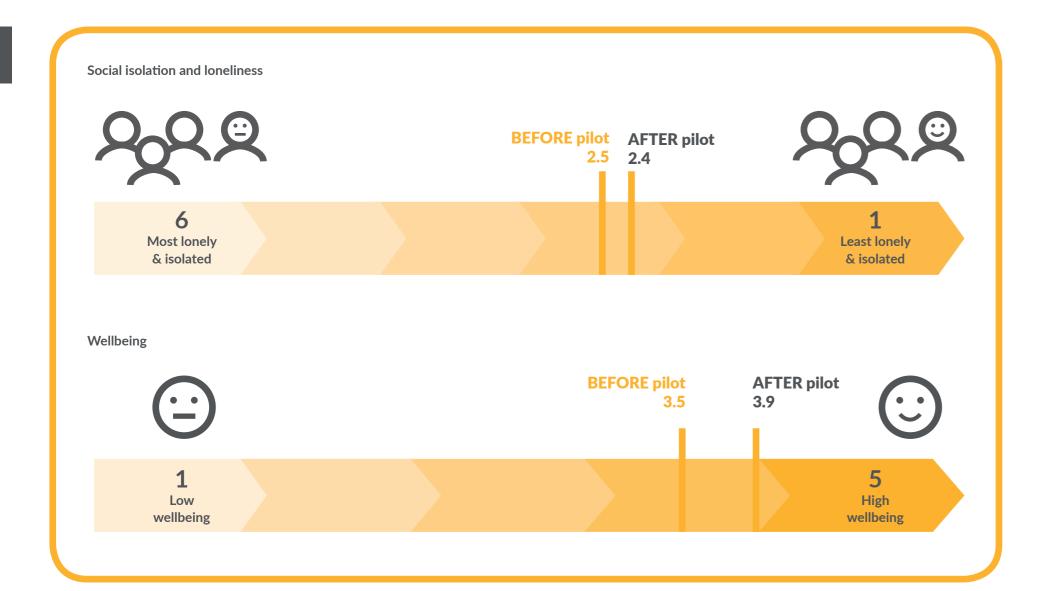
reported loneliness improved



20%

reported wellbeing improved





### Other project successes

# Successful training:

Peer champions reported that their confidence had increased by the end of the training programme. This related to specific skills (for example giving presentations or communication techniques), but also self-esteem and perceiving themselves as more capable than they had previously thought.

# Recruitment and retention of volunteer champions:

- A suitable number of volunteers were successfully recruited and the focus on those aged over 50 helped the Bristol Drugs Project to diversify its pool of volunteers.
- There was a high retention rate of volunteers throughout the project.

# Key challenges and what would be done differently in the future

### Volunteer recruitment:

- There were initial difficulties in mobilising appropriate older people to embrace the volunteering opportunity, as many lacked confidence about learning something new and had become used to being relatively inactive.
- In the future, the volunteering role would be defined more clearly from the beginning, as it was not a traditional form of volunteering.

# Delays in activities:

- The project initially aimed to deliver some peer-led awareness raising workshops within residential homes.
   However various delays were experienced which meant that this did not occur.
- In the future, an alternative plan would be identified earlier on in the project so that these awareness-raising workshops could still take place. Furthermore, BDP would make sure that expectations were clear from the beginning when working in partnership with other organisations.

It is important to ensure that volunteers feel valued and part of a cohesive group.

# Learning, recommendations and advice for similar projects

# Project delivery:

• This pilot project required more staff time than originally anticipated. Individual needs arose which were not expected at the beginning, which required additional staff support time. The administrative and organisational aspects also took longer than expected.

### Communication with volunteers:

• It is important to recognise the impact and benefits of volunteering for the volunteers themselves. It can work well to ensure volunteers feel part of a cohesive group, for example by sharing a weekly email or text update.

# Appendix 1

Outcomes for Participants: Social Isolation & Loneliness

The Big Lottery Fund identifies 10 intersecting dimensions of social isolation and loneliness<sup>1</sup>. At the end of the pilot project, 60% of the 5 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

The combined answers from these 5 participants can be seen in the table below:

	Before participating in the pilot	After participating in the pilot
I experience a general sense of emptiness	22% yes	20% yes
There are plenty of people I can rely on when I have problems	70% yes	60% yes
There are many people I can trust completely	40% yes	60% yes
There are enough people I feel close to	40% yes	60% yes
I miss having people around	30% yes	25% yes
l often feel rejected	10% yes	0% yes
How often do you lack companionship?	22% often	0% often
How often do you feel left out?	11% often	0% often
How often do you feel isolated from others?	11% often	20% often
How often do you feel in tune with people around you?	33% often	0% often

<sup>1</sup> From the De Jong Gierveld 6-Item Loneliness Scale

# Appendix 2

Outcomes for Participants: Wellbeing

Similarly, the Big Lottery Fund identifies 7 intersecting dimensions of wellbeing<sup>2</sup>. At the end of the pilot project, 20% of the 5 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions of wellbeing.

The combined answers from these 5 participants can be seen in the table below:

1 None of the time	<b>2</b> Rarely	<b>3</b> Some of the time	<b>4</b> Ofter	5 All of the time
	Ве	efore participating in the pilot (av	verage)	After participating in the pilot (avera
I've been feeling optimis future	tic about the	3.44		3.80
I've been feeling useful		3.56		3.20
I've been feeling relaxed		3.44		4.00
I've been dealing with pr	oblems well	3.56		4.20
I've been thinking clearly	У	3.56		4.00
I've been feeling close to	o other people	3.44		3.60
I've been able to make u about things	p my own mind	3.78		4.20

<sup>2</sup> From the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)



Bristol Ageing Better (BAB) is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.

Bristol Ageing Better Canningford House 38 Victoria St. Bristol BS1 6BY

Email: bab@ageukbristol.org.uk Telephone: 0117 928 1539

Website: http://bristolageingbetter.org.uk





